DEPT. 65

JOB- 13

REEL- 55

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

KP 2390

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health, BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Record's Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. ☐ Establish retention period for records which are accumulating daily.

B. ☐ Dispose of present accumulation, no additional accumulation anticipated.

C. ☐ Microfilm and destroy originals.

D. ☒ Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES ☐ NO ☒

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber, M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A	B	C
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	☐ To be sold as scrap or waste paper	☒ To be Burned or shredded	☐ Historical, (to be transferred to Dept. of Legislative Reference.)

REMARKS: 2 negative Rolls

C P Force 3/29/63
Records Management Officer Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

KP 23907

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

D/00000

HEALTH DEPARTMENT—CITY OF BALTIMORE

D190000

CERTIFICATE OF DEATH.

8-4 113

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia Brooks

(Residence in Baltimore: No. 2117 N. Mura St St.; yrs., mos. 14 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PRINTING, [illegible]

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	white	single

6-DATE OF BIRTH. June 17-25, 1..... (Month) (Day) (Year)

7-AGE. .....yrs. .....mos. 14 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER, George Brooks

11-BIRTHPLACE OF FATHER, (State or Country). Balto. Md

12-MAIDEN NAME OF MOTHER, Maggie Constance

13-BIRTHPLACE OF MOTHER, (State or Country). Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Brooks

(Address) 2117 N. Mura St

15. JUL 2 - 1925 ROBERT R. KRAUTER Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) July 1-25 (Day), 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to.her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro-intestinal Indigestion
Acidosis

.....(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....(Duration) .....yrs. .....mos. .....ds.

(Signed) J S Wallis M. D.
(Coroner.)

7-2-25 192.... (Address) 508 E. northAve

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	July 3rd 1925
20-UNDERTAKER,	**ADDRESS**
Henry Hosch Son	1301 E Eager St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97556

CERTIFICATE OF DEATH.

6-3 90

Registered No. D 97556

1-PLACE OF DEATH

City of BALTIMORE: (No. 214 N. Montford Ave St., ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henderson Ruffin

(Residence in Baltimore: No. 214 N. Montford Ave 15 St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	col	mar

6-DATE OF BIRTH. July 18-1888 (Month) (Day) (Year) 1

7-AGE. 36 yrs. 8 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Common

9-BIRTHPLACE. (State or Country). North Carolina

PARENTS.

10-NAME OF FATHER. Robert Ruffin

11-BIRTHPLACE OF FATHER. (State or Country). N.C.

12-MAIDEN NAME OF MOTHER. Fannie Farman

13-BIRTHPLACE OF MOTHER. (State or Country). N.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Susie Ruffin (wife)
(Address) 214 N. Montford Ave

15- Filed APR 19 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 15-25 (Month) (Day) (Year) 192

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cardiac Insufficiency
Probably valvular

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J S Wolfe M. D. (Coroner.)

4-16-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death. yrs. mos. ds. In the State. yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Asbury cemetery	April 19th 1925

20-UNDERTAKER. Milton Davis ADDRESS 315 N Eden St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

97557

47 D 97557

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 S. Washington ST., V-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbra Wolf

(a) RESIDENCE NO. 32 S. Washington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Friedrich Wolf

6 DATE OF BIRTH (month, day, and year) Feb 28 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Keeping

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) Butt

(State or country)

PARENTS

10 NAME OF FATHER Conrad Dumler

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Sandler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Philip Stack

(Address) Lakewood & Harford ave

15 APR 19 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1925 to Apr 16 1925

that I last saw h[illegible] alive on Apr 10, 1925

and that death occurred, on the date stated above, at 9:50 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast.

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Phlebitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Dec 1/24

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) [illegible], M. D.

, 19 (Address) 1453 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL April 21 1925

20 UNDERTAKER Wendell Bryce Son

ADDRESS 3781 Fleet

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97558

CERTIFICATE OF DEATH.

D 97558

5-1 31

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank proffitt

(a) Residence No. 250 N. Exeter st. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1881

7-AGE.	If LESS than 1 day.
43 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown 040

(c) Name of employer Unknown

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm. James Proffitt

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Virginia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Hospital Records

(Address) M.T.H.

15- Filed APR 19 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr. 18, 1925

17- I HEREBY CERTIFY, That I attended deceased from August 27 1924 to April 18 1925

that I last saw h. im alive on April 18 1925

and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:

: Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Laboratory

(Signed) J. F. Whitten M. D.

4-18- 1925 (Address) Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Leitwood Cem.

DATE OF BURIAL. 4/20. 1925

20-UNDERTAKER. J. Dickinson Sons

ADDRESS Lemmon Maryland

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97559

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97559

CERTIFICATE OF DEATH.

4-3 129

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. Mercy Hospital St., ...Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME.. George L. Ball

(a) Residence No.... 612 E. Pratt St., ...Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
M	W.	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Ball

6-DATE OF BIRTH (month, day and year) Dec. 19 1860

7-AGE,	If LESS than 1 day,
65 yrs. ..... mos. ..... ds.	.... hrs. or .... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... 030

(b) General nature of industry, business, or establishment in which employed (or employer) Engineer

(c) Name of employer..... Md

9-BIRTHPLACE (city or town) (State or Country), ...

PARENTS.

10-NAME OF FATHER Robt Ball

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Sweden

12-MAIDEN NAME OF MOTHER, Ann Steigert

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Ella Ball

(Address) 4227 Potter ave

15- APR 20 1925 ROBERT B. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 4/17/25

17- I HEREBY CERTIFY, That I attended deceased from 4/15/25, 19..... to 4/17/25, 19.....

that I last saw h— alive on 4/17/25, 19.....

and that death occurred, on the date stated above, at 4-35 P. m.

The CAUSE OF DEATH* was as follows:

Stone in Prostate

Urethra

Chronic Interstitial Nephritis (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of 4/16/25

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) K. W. Dilley, M. D.

, 19 (Address) Mercy

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
High Cathedral Cemetery	April 20 1925
20-UNDERTAKER	ADDRESS
John A. Moran	E. Baltimore

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97560

D 97560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. Louis M. Kuemmel

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 11 Batavia Ave Balto Md Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mr. Louis M Kuemmel

(a) Residence No. 11 Batavia Ave St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. — mos. 11 ds. How long in U. S., if of foreign birth? ——— yrs. ——— mos. ——— ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Elsie Kuemmel

6-DATE OF BIRTH (month, day and year) Apr. 8 1873 ~~1873~~

7-AGE, ~~53~~ 52 yrs. ~~11~~ mos. ~~11~~ ds. K. W. Gelley

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) Sheet Metal Worker

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Adam Kuemmel

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER Caroline Suchobrader

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto Md

14- (Informant) Mr Elsie Kuemmel

(Address) 11 Batavia Ave

APR 20 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 4/19/25

17- I HEREBY CERTIFY, That I attended deceased from 4/7/25, 19....., to 4/19/25, 19....., that I last saw h~~e~~r alive on 4/19/25, 19....., and that death occurred, on the date stated above, at 1.30 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis (Septic)

Angina Pectoris

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) K. W. Gelley M. D.

4/19, 1925 (Address) Mercy

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Woodlawn Cemetery	Apr. 22, 1925
20-UNDERTAKER.	ADDRESS
Henry Hoeck Son	1301 E Eager St.

SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 9756I

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

25-74 D 9756I

Registered No. C.....

City of BALTIMORE: (No. 257 Patapsco St. Westport. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME.... Hester Ann Vanskiver.

(Residence in Baltimore: No. 257 Patapsco St. Westport. St.; 83 yrs., 8 mos., 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female.	White.	Widow.

6-DATE OF BIRTH. August 9, 1841 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
83 yrs. 8 mos. 8 ds.	....hrs. or....min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Thomas Morgan.

11-BIRTHPLACE OF FATHER, (State or Country). Baltimore, Md.

12-MAIDEN NAME OF MOTHER. Do nct know.

13-BIRTHPLACE OF MOTHER, (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Vanskiver.(son)

(Address) 257 Patapsco St. Westport.

15-

Filed..... 192.... ROBERT R. KRAUTER Registrar.

APR 20 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 17, 1925. 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) found that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

April 18, 1925 (Address) 1017 E. Charles St.

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Loudon Park Cemetery	April 21, 1925.
20-UNDERTAKER,	ADDRESS,
Nelson & Stiles	320 Md. Ave Westport.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Only authorized forms of certificate should be used. Supplies. AGE should be stated EXACTLY. PHYSICIANS should

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97562

CERTIFICATE OF DEATH.

129 D 97562

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1928 E. 31st. St., 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas ann Leonhardt

(a) RESIDENCE No. 1928 E. 31st. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, ~~Married~~, Widowed, ~~or Divorced~~, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late William Leonhardt

6 DATE OF BIRTH (month, day, and year) Sept. 16 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Quitman Foster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Thomas A. Fisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs H. Knight (Address) 1928 E 31st St.

15 Filed APR 20 1925 19.... ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17 1925

17 I HEREBY CERTIFY, That I attended deceased from ~~April~~ Mar 25 1925, to April 17 1925, that I last saw h~~e~~r alive on April 16 1925, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopical

(Signed) Semple Lyon M. D.

19 25 (Address) 2718 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	April 21 1925
20 UNDERTAKER	ADDRESS
George J. Ruth	1735 Harford Ave.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97563

CERTIFICATE OF DEATH.

90 D 97563

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 536 W. Franklin ST., 17-3 WARD)

2-FULL NAME Rosa Carnaggio

(a) RESIDENCE NO. 536 W. Franklin ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married,~~ Widowed, ~~or Divorced,~~ (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Late Joseph Carnaggio

6 DATE OF BIRTH (month, day, and year) Sept. 15th 44

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Italy.

PARENTS

10 NAME OF FATHER Joseph Carnaggio

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy.

12 MAIDEN NAME OF MOTHER Rosa Carnaggio

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy.

14 Informant Mrs. Estella Carnaggio
(Address) 536 W. Franklin St.

15 Filed APR 20 1925 ROBERT N. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-17-1925

17 I HEREBY CERTIFY, That I attended deceased from 1-17-1925 to 4-17-1925

that I last saw h[illegible] alive on 4-16-1925

and that death occurred, on the date stated above, at 9. P. m.

The CAUSE OF DEATH* was as follows:

General arteriosclerosis
Hypertension

(duration) 2 yrs. or more mos. ds.

CONTRIBUTORY (Secondary) Myocarditis.

(duration) yrs. 3 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) S. Damasco, M. D.

4-17-1925 (Address) 1604 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

New Cathedral Cemetery April 21 1925

20 UNDERTAKER — ADDRESS

Geo. J. Ruth 1735 Harford Ave.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-23—M&T—1500 Blks.

180283 D 97564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 D 97564

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 2 ST., 6-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Hicks

(a) RESIDENCE NO. 217 N. Bethel St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Wm Hicks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Emma Venable

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL.

15 Filed ..... 19 ..... ROBERT A. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 1925

17

I HEREBY CERTIFY, That I attended deceased from April 11 - 1925 to April 16 - 1925, that I last saw her alive on April 16 - 1925, and that death occurred, on the date stated above, at 5-40 p m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

Type IV

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Pneumococcus Septicemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? 217 N. Bethel St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood culture

(Signed) Trevor Owen, M. D.

(Address) Johns Hopkins Hosp. Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Brunswick Va	April 21 1925
20 UNDERTAKER Edward Bryan	ADDRESS 1631 Orleans st

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

97565

CERTIFICATE OF DEATH.

1925 No. 97565

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 404 N. Ostend ST., 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph. Endler.

(a) RESIDENCE No. 404 N Ostend ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Endler

6 DATE OF BIRTH (month, day, and year) Feb. 25 1878

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker.

(b) General nature of industry, business, or establishment in which employed (or employer) 003

(c) Name of employer Mr Ruff.

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Joseph Endler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Barbara Pfeffer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant (Address) Mrs. Margt Endler 404 N Ostend St

APR 20 1925

ROBERT N. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17 1925

17

I HEREBY CERTIFY, That I attended deceased from June, 1924, to April 17, 1925, that I last saw him alive on April 15, 1925, and that death occurred, on the date stated above, at 11:55 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Inst. Nephritis

(duration) yrs. 10 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) W. H. Kindle, M. D.

, 19 (Address) 109 W. Lee St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross a Ac	4-20 1925
20 UNDERTAKER	ADDRESS
E & B Harle 115	E Mad St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AGE should be stated EXACTLY. PHYSICIANS should state information should be carefully supplied.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 97566

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97566

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 253 E. Hamburg ST.: 24th (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Andrew, Eliason

(a) RESIDENCE. No. 253 E. Hamburg ST., 24th WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. 1 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Eliason

6 DATE OF BIRTH (month, day, and year) Feb 20, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Andrew Eliason

11 BIRTHPLACE OF FATHER (city or town) (State or country) United States

12 MAIDEN NAME OF MOTHER Rebecca Smith.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Daughter Emma Hagner

(Address) 236 E. Cross St.

15 APR 20 1925 ROBERT A. KRANTZ Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17, 1925

17 I HEREBY CERTIFY, That I attended deceased from April 16, 1925, to April 17, 1925, that I last saw him alive on April 16, 1925, and that death occurred, on the date stated above, at 11 30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 4 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(duration) 4 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Henry F. Buettner M. D.

. 19 (Address) 1273 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel	4-20 1925
20 UNDERTAKER	ADDRESS
E & J Hale	115 E West St

CAUSE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97567

CERTIFICATE OF DEATH.

12 D 97567

REGISTERED NO.

1-PLACE OF DEATH 577 W Biddle

CITY OF BALTIMORE: (No. Shelter for Aged Colored ST., 17-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Jackson

(a) RESIDENCE NO. Shelter for Aged Colored ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Don't Know

6 DATE OF BIRTH (month, day, and year) — 1850

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (city or town) Don't Know (State or country)

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) Don't Know (State or country)

14 Informant Matron

(Address) Shelter 577 W. Biddle St

15 APR 20 1925 ROBERT N. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 18 1925

17 I HEREBY CERTIFY, That I attended deceased from April 8 1925 to Apr. 18 1925

that I last saw her alive on Apr. 16 1925

and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular Renal disease.

Duration to date (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema, (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Chemical

(Signed) W. J. Carr, Jr. M. D.

Apr. 1925 (Address) 5 15 Mosher St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	April 20 1925

20 UNDERTAKER Chas. E. Sramek ADDRESS 802 Madison Ave

IMPORTANT—This certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

97568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4/4 D 97568

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. Womans Hospital St., 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Mrs. Anna Akers

(a) Residence No..... 2122 Oak St. St.,..... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-Single, Married, Widowed, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of George Akers

6-DATE OF BIRTH (month, day and year) Feb. 5 - 1865

7-AGE, 60 yrs. — mos. 2 ds. 13

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Texas

PARENTS.

10-NAME OF FATHER, George Heinz

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Decatur Illinois

12-MAIDEN NAME OF MOTHER, Rebecca Pauw

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Decatur Illinois

14- (Informant)..... Mrs. Ruth Flynn

(Address)..... 1127 Madison Ave.

15- FILED APR 20 1925 ROBERT N. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 18 - 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1925, to April 18, 1925, that I last saw her alive on April 18, 19 25, and that death occurred, on the date stated above, at 10.30 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas
& Metastases to Liver, Spleen, & Intestines

Unknown (Duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) None

(Duration) — yrs. — mos. — ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Kenneth B. Boyd, M. D.

, 19 (Address) Womens Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Pk DATE OF BURIAL, April 21, 19..

20-UNDERTAKER, Chas. E. Franck ADDRESS 802 Madison Ave

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97569

CERTIFICATE OF DEATH.

57 D 97569

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., 11-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Lemmon Lyon

(a) RESIDENCE No. 1209 Linden av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) — - 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
70	70	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore MD
(State or country)

PARENTS

10 NAME OF FATHER Henry Lyon

11 BIRTHPLACE OF FATHER (city or town)
(State or country) MD.

12 MAIDEN NAME OF MOTHER Elizabeth Bowen

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) MD.

14 Informant Grace Lyon
(Address) 1209 Linden Av

15 Filed APR 20 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Saturday April 18 1925

17 I HEREBY CERTIFY, That I attended deceased from April 3, 1925, to April 18, 1925, that I last saw her alive on April 18, 1925, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage
(arteriosclerosis)

(duration) yrs. 1 mos 18 ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) yrs. 1 mos. 18 ds.

18 Where was disease contracted if not at place of death? became ill at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Neurological exam. & Blood

(Signed) Ruth Strainbank M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	April 20 1925
20 UNDERTAKER	ADDRESS
Henry Hopkins Sons Co	McCulloh & Orchard Sts

DEATH SHOULD BE CAREFULLY STATED EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97570

CERTIFICATE OF DEATH.

D 97570

1-PLACE OF DEATH

12-5 44

Registered No.....

City of BALTIMORE: (No. 2001 Guilford Avenue St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Bateman

(a) Residence No. 2001 Guilford Avenue St., ... Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Margaret Johnston

6-DATE OF BIRTH (month, day and year): April 15, 1847

7-AGE: 78 yrs. 0 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore, Maryland

PARENTS.

10-NAME OF FATHER: William H. Bateman

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Baltimore, Maryland

12-MAIDEN NAME OF MOTHER: Anne Pontz

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Baltimore, Maryland

14-

(Informant) A. B. Bateman

(Address) 2001 Guilford Avenue

15-

APR 20 1925

Registrar.

ROBERT [illegible]

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): April 17-1925

17- I HEREBY CERTIFY, That I attended deceased from May 15 1924 to April 17 1925

that I last saw him alive on April 16 1925

and that death occurred, on the date stated above, at 4.45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Carcinoma of Liver

(Duration) ..... yrs. 6 mos. ..... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Exam & lab tests

(Signed) Dr. W. Lear, M. D.

April 17, 1925 (Address) 1203 N Charles St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cemetery	4/20, 19 25
20-UNDERTAKER	**ADDRESS**
Henry W. Myers & Son	805 N. Calvert

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97571 — 100 001 — D 97571

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1510 N. Gay St., 8-3 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John William Ecker

(a) Residence No. 1510 N. Gay St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Aug 25-1900

7-AGE. yrs. 7 mos. 24 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer) Child

(c) Name of employer.....

9-BIRTHPLACE (city or town) Balto (State or Country),

PARENTS.

10-NAME OF FATHER, John D Ecker

11-BIRTHPLACE OF FATHER (city or town) Balto (State or Country),

12-MAIDEN NAME OF MOTHER, Pink Weir

13-BIRTHPLACE OF MOTHER (city or town) Balto (State or Country),

14- (Informant) John D Ecker

(Address) 1510 N Gay St

15- APR 20 1925 ROBERT N. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Apr 18 25

17- I HEREBY CERTIFY, That I attended deceased from April 6 25 to April 18 25

that I last saw him alive on April 18 25

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J Lewis, M. D

4/26, 1925 (Address) 413 N Washington

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Baltimore	4/20, 1925
20-UNDERTAKER, Philip Herwig	ADDRESS 2016 Orleans St.

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

D 97572 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97572

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. #220 N. Pat. Pk. Ave ST., 6-2 WARD)

REGISTERED NO. 167-90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eleanora H. Ulrich

(a) RESIDENCE NO. 220 N. Pat. Pk. Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. 4 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Harry O. Ulrich

6 DATE OF BIRTH (month, day, and year) Nov 26/90

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	4	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at Home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER John Zeithen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Bertha

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Harry O. Ulrich
(Address) 220 N. Pat. Pk. Ave.

15 Filed APR 20 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 18 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and frnm the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Asphixiation

(Sulcide)

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Melancholia

(duration) ... yrs. ... mos. ... ds.

(Signed) J. S. H. Coleman, M. D.
(Coroner.)

4-20-25, 192 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartz Cem — DATE OF BURIAL 4/21 1925

20 UNDERTAKER Philip Herring — ADDRESS 2016 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97573

101-001

CERTIFICATE OF DEATH.

D 97573

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Florence Allen

(a) Residence No.... 1303 Bogard St., ... Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	Colored	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Mar 1913

7-AGE,	If LESS than 1 day,
12 yrs. 1 mos. ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) School girl

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER Samuel Allen

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER Maggie Smith

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14-(Informant) Maggie Allen

(Address) 1303 Bayard St

15-FILED APR 20 1925 ROBERT N. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 4/16/25

17- I HEREBY CERTIFY, That I attended deceased from 3/18/25, 19..... to 4/16/25, 19.....

that I last saw h... alive on 4/16/25 19.....

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

(Lobar Pneumonia)

secondary to

Strangulated Hernia

(Duration)..... yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration)..... yrs. mos. ds.

18-Where was disease contracted if not at place of death? Strangulated Hernia

Did an operation precede death? Yes Date of 3-21-25

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) K. W. Kolb M. D.

, 19 (Address) [illegible]

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, 4/20 19..
20-UNDERTAKER, Lucien D. Hendrix	ADDRESS [illegible]

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97574

CERTIFICATE OF DEATH.

102

D 97574

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 W. Mulberry ST., 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest Grayson

(a) RESIDENCE NO. 1514 Mulberry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~or) WIFE of~~ Janie Grayson

6 DATE OF BIRTH (month, day, and year) 3/6/1864

7 AGE Years 61 Months 1 Days 12 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Odd

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Davidsonville, Md.

PARENTS

10 NAME OF FATHER John Grayson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Nellie Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Janie Grayson

(Address) 1514 Mulberry St.

15 Filed ....., 19.. ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/18/1925

17 I HEREBY CERTIFY, That I attended deceased from 3/23/1925, to 4/18/1925, that I last saw him alive on 4/18/1925, and that death occurred, on the date stated above, at 2.10 A. m.

The CAUSE OF DEATH* was as follows:

1st Cerebral Hemorrhage (Secondary) Chronic Gastritis Dilatation

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) J. W. Hollingsworth, M. D.

(Address) 912 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cem. DATE OF BURIAL 4/21/25

20 UNDERTAKER Samuel Hawley ADDRESS W. Baltimore

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Hospital

Spec.—6-9-19—H. P. Co.—1000 Blks.

D 97575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97575

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2345- Druid Hill St.) 10-23 WARD)

2-FULL NAME Ruth Profit

(a) RESIDENCE. NO. 2345- Druid Hill St., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1908.

7 AGE: Years 17 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At School

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): S.C. Kershaw S.C.

PARENTS

10 NAME OF FATHER Ruffus Profit

11 BIRTHPLACE OF FATHER (city or town) (State or country): N.C.

12 MAIDEN NAME OF MOTHER Jessie Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S.C.

14 Informant Howard Barrier (Aunt) (Address) 2346 Druid Hill Ave

Filed APR 20 1925 ROBERT A. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/17 1925

17 I HEREBY CERTIFY, That I attended deceased from 4/12 1925, to 4/17 1925,

that I last saw h[illegible] alive on 4/16 1925,

and that death occurred, on the date stated above, at 4.45 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Benj Chatten, M. D.

4/17, 1925 (Address) 2139 Dk. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. | DATE OF BURIAL: 4/20 1925

20 UNDERTAKER: Samuel T. Hunsley | ADDRESS: 1128 Dolphin St

CAUSE OF DEATH may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97576

CERTIFICATE OF DEATH.

31 D 97576

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1027 Edmondson ST., 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nannine M Geisbert

(a) RESIDENCE NO. 1027 Edmondson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stephen C Geisbert

6 DATE OF BIRTH (month, day, and year) Nov 16 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER David Frazier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Markey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Stephen C Geisbert

(Address) 1027 Edmondson

15 Filed APR 20 1925 19 ROBERT A. KRAUTER Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17. 1925

17 I HEREBY CERTIFY, That I attended deceased from April 10, 1925, to April 17, 1925, that I last saw h[illegible] alive on April 16, 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchial asthma

(duration) 25 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Geo Hemmeter M. D.

4/18 1925 (Address) 3002 Gerson a

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Frederick Rd

DATE OF BURIAL April 20 1925

20 UNDERTAKER W M Routson

ADDRESS 2238 N Mtd

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 97577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

D 97577

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 27-3 WARD)

2-FULL NAME Alice Fleagle

(a) RESIDENCE NO. 115 Belvedere Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1846

7 AGE: 79 yr. (Years / Months / Days / If LESS than 1 day, hrs. or min.)

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Abriam Hitchen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Recks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Municipal Hospital Records (Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 18 1925

17 I HEREBY CERTIFY, That I attended deceased from March 20, 1925 to April 18, 1925.

that I last saw h e alive on April 17, 1925

and that death occurred, on the date stated above, at 5:45 9 m.

The CAUSE OF DEATH* was as follows:

Senile Deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. L. Miller, M. D.

4/18/ 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Parkben

DATE OF BURIAL: April 20 1925

20 UNDERTAKER: W M Routzon

ADDRESS 2238 N Arch St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

O.D.A.K.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97578

CERTIFICATE OF DEATH.

90 D 97578

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1430 Marshall ST., 23-2 WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew J Armstrong

(a) RESIDENCE No. 1430 Marshall ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E Armstrong

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman 039

(b) General nature of industry, business, or establishment in which employed (or employer) Pond. Oil Co

(c) Name of employer Curtis Bay, Sinclair Oil Co

9 BIRTHPLACE (city or town) (State or country) Iowa

PARENTS

10 NAME OF FATHER Don't know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Don't know

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Don't know

14 Informant Mrs. Chester F Armstrong

(Address) 44 Marshall Rd Baltimore Md

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17 1925

17 I HEREBY CERTIFY, That I attended deceased from April 16, 1925, to April 17, 1925, that I last saw h... alive on ....., 19....., and that death occurred, on the date stated above, at 4.30 p m.

The CAUSE OF DEATH* was as follows:

Senile Myocarditis

(duration) yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Richard Brand, M. D.

April 19 25 (Address) 1 Standard Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill	April 20 1925

20 UNDERTAKER John F Denny

ADDRESS 415 Light St

Spec—12-23-21—E.B.R.S.—400 Blks.

D 97579

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97579

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth Richardson

(a) Residence No. 1922 Hope st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Russel Richardson

6-DATE OF BIRTH (month, day and year) 1890

7-AGE. 35 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). virginia

PARENTS.

10-NAME OF FATHER, William Russell

11-BIRTHPLACE OF FATHER (city or town) (State or Country), virginia

12-MAIDEN NAME OF MOTHER, Lizzie Beatty

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Virginia

14- (Informant) Hospital Records

(Address) M.T.H.

15- APR 20 1925

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr. 18, 1925

17- I HEREBY CERTIFY, That I attended deceased from March 23 19 25 to Apr. 18 19 25

that I last saw her alive on April 18 19 25

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Laboratory

(Signed) J. D. Miller M. D.

4-18-, 1925 (Address) Municipal Tbc. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St Marys Cemetery

DATE OF BURIAL. Apl 21, 1925

20-UNDERTAKER. Chenowith Son

ADDRESS 3617 Chestnut Ave

In plain terms, so that it may be properly classified. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 97580

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97580

CERTIFICATE OF DEATH.

23-2 37-0

1-PLACE OF DEATH REGISTERED NO.

CITY OF BALTIMORE: (No. 1109 Patapsco ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theodore C. Ferguson.

(a) RESIDENCE NO. 1109 Patapsco ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 8 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of The late Estella Ferguson.

6 DATE OF BIRTH (month, day, and year) Aug. 6, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49,	8,	13.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brick Layer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John Ferguson.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Boston, Mass.

12 MAIDEN NAME OF MOTHER Georganner Ferguson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Easton, Md.

14 Informant Georganner Ferguson, Mother. (Address) 1109 Patapsco St.

APR 20 1925 Date Received ROBERT N. KRAMER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19 1925 19

17 I HEREBY CERTIFY, That I attended deceased from 4/17/25, 19..., to 4/19/25, 19...,

that I last saw h alive on 4/19/25, 19...,

4/19/25

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Milliary Tuberculosis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Alcohol

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Herbert Davis, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem.	April 22 1925
UNDERTAKER	ADDRESS
Ballard Evans	38 Hanover

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 9758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 9758

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Apts St., 4-1 Ward)

2-FULL NAME William H. Herman

(Residence in Baltimore: No. 10 N. Pearl Street St.; yrs. 57 mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-DATE OF BIRTH: October 20 1872
(Month) (Day) (Year)

7-AGE: 52 yrs. 6 mos. 30 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Auto
(b) General nature of industry, business, or establishment in which employed (or employer): Dealer

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Charles Herman

11-BIRTHPLACE OF FATHER, (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Minnie Landsky

13-BIRTHPLACE OF MOTHER, (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs M. Herman

(Address) 10 N Pearl St

15- APR 20 1925

ROBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 18 25
(Month) (Day) 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary): Broken Compensation

(Duration) yrs. mos. ds.

(Signed) F. C. Blades M. D.
(Coroner)

Apr 19 25 (Address) 143 W Biddle

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cem DATE OF BURIAL: 4-21 1925

20-UNDERTAKER: Jack Levis ADDRESS 1429 E Balto

IMPORTANT: Physician is required to state the cause of death as fully as he knows it, whether he attended the deceased or not. Coroner is required to state the cause of death as fully as he knows it, whether he held an inquest or not. Neither is required to certify to any cause which he does not believe to be true. Certificate may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 97582

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 101 D 97582

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital. St., 4-3 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Aaron Levine.

(Residence in Baltimore: No. 569 W. 125th. St. New York City. None. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed or Divorced, (Write the word.)
Male.	White.	Single.

6-DATE OF BIRTH, February 1, 1908. (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
22 yrs. 2 mos. 17 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia.

PARENTS.

10-NAME OF FATHER, Meyer Levine.

11-BIRTHPLACE OF FATHER, (State or Country), Russia.

12-MAIDEN NAME OF MOTHER, Masha Stein.

13-BIRTHPLACE OF MOTHER, (State or Country), Russia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Abraham Levine. (brother)

(Address) 569 W. 125th. St. New York.

15- APR 20 1925 ROBERT N. KRAUTER, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 18, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

.....(Duration).....yrs.....mos.....ds.

(Signed) Otto M. Fernhardt M. D. (Coroner.)

April 19, 1925. (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Friendship Cem	4-20 1925

20-UNDERTAKER, Jack Levis ADDRESS 1429 E. Baltimore St

is very important. See instructions on back of certificate. Exact statement of OCCUPATION

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97583

CERTIFICATE OF DEATH.

100-901 D 97583

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hosp ST., 15-12 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sara Kushner

(a) RESIDENCE No. 1526 N. Pulaski ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Sing G

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Salt Lake City Ut

PARENTS

10 NAME OF FATHER Joseph Kushner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Esther Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs. Kushner

(Address) 1526 N. Pulaski St.

15 Filed APR 20 1925 19 ROBERT N. KRAUTER, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 19 1925

17

I HEREBY CERTIFY, That I attended deceased from March 14, 1925, to Apr. 19, 1925, that I last saw her alive on Apr. 19, 1925, and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

Primary Bronchopneumonia complicated by Empyema and pelvic Abscess

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Apr. 18, 25

Was there an autopsy? No

What test confirmed diagnosis? Clin. & Lab

(Signed) Samuel R. Siegel, M. D.

, 19 (Address) Hebrew Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Northern Cem

DATE OF BURIAL 4/20 19 25

20 UNDERTAKER Jack Lewis

ADDRESS 1439 Mass

Spec.—1-10-21—M&T—1500 Blks.

D 97584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 D 97584

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 N. Durham ST., 7-1 WARD)

2-FULL NAME Agnes Masopust

(a) RESIDENCE NO. 914 N. Durham ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? 37 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Masopust

6 DATE OF BIRTH (month, day, and year) Aug 15, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Anton Hobek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Henry Masopust

(Address) 914 N. Durham

Filed APR 20 1925 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17, 1925

17

I HEREBY CERTIFY, That I attended deceased from April 13, 1925, to April 17, 1925, that I last saw h.. alive on April 17, 1925, and that death occurred, on the date stated above, at 4.30 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Wm A Bagl, M. D.

4/17, 1925 (Address) 1918 Bolgrave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New York — DATE OF BURIAL 4/15 1925

20 UNDERTAKER Zirkler & Zirkler — ADDRESS 1739 Eager

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 97585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11 D 97585

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 15-1 WARD)

2-FULL NAME Jena Gunther

(a) RESIDENCE No. 3900 Garrison Blvd ST., WARD 12th

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 9 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 11 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	57	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER John Gunther

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Seffer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant University Hospital

(Address)

15 APR 20 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 18 1925

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1925 to April 18, 1925.

that I last saw h e alive on April 18, 1925.

and that death occurred, on the date stated above, at 10.50 m.

The CAUSE OF DEATH* was as follows:

① Acute Myocarditis

② Generalized peritonitis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Paralytic Ileus (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of April 15, 1925

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. L. Henderson, M. D.

4/18, 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartz Cemetery — DATE OF BURIAL 4/22 1925

20 UNDERTAKER Wm Cook — ADDRESS 502 E Nall

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Dr Ruzicka, 800 N Patterson Park Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 97586

CERTIFICATE OF DEATH.

3 D 97586

6-2

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 231 N Duncan ST., WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael McSoorley Griffith

(a) RESIDENCE NO. 231 N Duncon ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 1, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Can Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Can Co.

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Frank Griffith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Bridget McSoorley

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Guy K. Mitchell (Address) 19 East Hill Ave

15 APR 20 1925 ROBERT N. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 19 1925

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1925, to April 19, 1925.

That I last saw h[illegible] alive on April 19, 1925,

and that death occurred, on the date stated above, at 9:50 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration yrs. 4 mos. ds.)

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration yrs. mos. ds.)

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Sputum

(Signed) [illegible] M. D.

19 (Address) 20 N Whitehall St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: 4/21 1925

20 UNDERTAKER: Lucian Cook

ADDRESS: 502 E Worth

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97587

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97587

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. 4010 Gwynn Oak Ave St., 28-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Ida Belle Ebelein

(a) Residence No. 4010 Gwynn Oak Ave St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6-DATE OF BIRTH (month, day and year) Feby 13/1916

7-AGE.	If LESS than 1 day.
9 yrs. 2 mos. 6 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child
(b) General nature of Industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Reading Pa

PARENTS.

10-NAME OF FATHER, William H Ebelein

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Anna R Roberson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md

14- (Informant) Anna R Ebelein
(Address) 4010 Gwynn Oak Ave

15- APR 20 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apl 19/25

17. I HEREBY CERTIFY, That I attended deceased from April 9th 25 to April 19th 25

that I last saw her alive on 4-19- 25

and that death occurred, on the date stated above, at 1.30 m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation
This condition followed
Diphtheria,
at age 2 4. (Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia.
(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Amerith Lovell M. D.

, 19 (Address) 5705 Pilot Heights Av

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Woodlawn Cemetery	Apl 21, 1925
20-UNDERTAKER.	ADDRESS
Harry H Amacost	4224 Ridgewood Ave

instructions on back of certificates. See ... Enforcement of OCCUPATION is Very Important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97588
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

118-001
D 97588
Registered No. C.....

City of BALTIMORE: (No. Johns Hopkins Hospital St., 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... William Copening.....

(Residence in Baltimore: No. 519 Jaspar St St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	col	mar

6-DATE OF BIRTH, March 4 1876
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
49 yrs. 1 mos. 9 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer 40
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). South Carolina

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country), "

12-MAIDEN NAME OF MOTHER, "

13-BIRTHPLACE OF MOTHER, (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Emma White

(Address)..... 405 New St

15-

Filed APR 20 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 13-25
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) found that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis - infarct of intestine.

(Autopsy at Hopkins Hospital)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Strangulated Hernia

(Duration) yrs. mos. ds.

(Signed) J. S. H. Pollitzer M. D.
(Coroner.)

4-19-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Cemetery	Apr. 21" 1925
20-UNDERTAKER, Jos. M. J. Lucas	ADDRESS 1309 Druid Hill Ave.

Burial from Hosp.

is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1792 D 97589

CERTIFICATE OF DEATH.

1792 D 97589

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

CITY OF BALTIMORE: (No. ..... ST., 16-6 WARD)

REGISTERED NO. 101,001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Thomas

(a) RESIDENCE NO. 3718 E Lombard St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) — 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	2	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Walter Thomas

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER Evelyn Schmidt

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL.

15 APR 20 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17 1925

17

I HEREBY CERTIFY, That I attended deceased from March 10 - , 1925, to April 17 - , 1925, that I last saw her alive on April 17 - , 1925, and that death occurred, on the date stated above, at 11 A.M. The CAUSE OF DEATH* was as follows:

Acute Sec. Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Pyelitis

(duration) yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? yes

What test confirmed diagnosis? yes

(Signed) C. H. Scott, M. D.

(Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem. DATE OF BURIAL April 21 1925

20 UNDERTAKER Lilly & Zeile ADDRESS 403 S. Wolfe St.

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 97590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97590

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 S. Third St. ST., 26 WARD) 26-8

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret E. Sauter

(a) RESIDENCE No. 1114 S. Third St. ST., 26 WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Sauter.

6 DATE OF BIRTH (month, day, and year) May 7- 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Adam Reuter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger.

14 Informant Mrs. Raymond Rau (Address) 1114 S. 3rd St.

15 Filed APR 20 1925 ROBERT N. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 1925

17 I HEREBY CERTIFY, That I attended deceased from April 9, 1925 to April 16, 1925, that I last saw her alive on April 16, 1925, and that death occurred, on the date stated above, at 8.55 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

1 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at Residence

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) W. L. Burke M. D.

, 19 (Address) 1054 Hudson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem. DATE OF BURIAL April 20 1925

20 UNDERTAKER Lilly & Guier ADDRESS 403 S. Wolfe St.

CAUSE OF DEATH IS very important. See instructions on back of certificates. Exact statement of OCCUPATION may be properly classified, so that it may

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1793 D 97591

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hospital St., Ward)

(Registered No.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Boyce

(a) Residence No. 1827 Cumberland St., Philadelphia, Pa.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred non-resident yrs. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	widowed

5a-If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ unknown

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE.	If LESS than 1 day,
60 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer

(b) General nature of industry, business, or establishment in which employed (or employer). watchman

(c) Name of employer P. B. & W. R.R. Co.

9-BIRTHPLACE (city or town) (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, James Boyce

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary Hughes

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

11- (Informant) Hugh Boyce

(Address) 1827 N. Cumberland St.

15- Filed APR 20 1925 ROGER B. KOONTZ Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 18, 1925.

17- I HEREBY CERTIFY, That I attended deceased from March 30, 1925 to April 18, 1925 that I last saw him alive on April 18, 1925 and that death occurred, on the date stated above, at 9.50 p.m. The CAUSE OF DEATH* was as follows:

a Suspected Varicose Ulcers, Lg. Left.
b Acute Cellulitis, Lg. Left.
c Suppurative Inguinal Adenitis, Left.
(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? yes Date April 4, 1925.

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Findings

(Signed) E. M. Rhodes, M. D.

, 19 (Address) St. Joseph's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
Mt. Olivet Cem	4/21 1925
20-UNDERTAKER.	ADDRESS
Margaret L. Flynn	1422 Light St

Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97592

CERTIFICATE OF DEATH.

D 97592

1-PLACE OF DEATH

City of BALTIMORE: (No. Ellen Moran, St., 10-21 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Sisters of the Poor,

(a) Residence No. Preston & Valley Sts. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~Single, Married,~~ Widowed, ~~or Divorced.~~ Widow (Write the word.)

5a-If ~~married, widowed, or divorced~~ ~~HUSBAND of deceased~~ WIFE of William Moran

6-DATE OF BIRTH (month, day and year) 1849

7-AGE, 76 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Old

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, James Marmion

11-BIRTHPLACE OF FATHER (city or town) (State or Country), unknown

12-MAIDEN NAME OF MOTHER, Bridget Doulon

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), unknown

14-

(Informant) Sisters of the Poor

(Address) Preston & Valley

APR 20 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 17/25

17- I HEREBY CERTIFY, That I attended deceased from No record, 19, to, 19,

that I last saw h. alive on April 16, 19 25

and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Acute bronchitis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F A Wurm, M. D.

18, 1925 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Cathedral	April 20, 1925
20-UNDERTAKER,	ADDRESS
J & L Mansfield	914 Gilmor St

Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97593

CERTIFICATE OF DEATH.

101-001

D 97593

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1344 Ausgusta ST., 9-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie E. Reddington

(a) RESIDENCE NO. 1344 Ausgusta ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Patrick Reddington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Eliz Devine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Dr. Rogers

(Address) 1216 E. Preston St.

15 Filed APR 20 1925 ROBERT R. KRAMER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19 1925

17 I HEREBY CERTIFY, That I attended deceased from April 16, 1925, to April 19, 1925, that I last saw her alive on April 18, 1925, and that death occurred, on the date stated above, at 6.10 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thurston Rogers, M. D.

Apr 20, 1925 1216 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Apr. 22 1925

20 UNDERTAKER J. C. Windfeld — ADDRESS 914 Greenmt Ave

CAUSE OF DEATH IN PLAIN TERMS, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Haleann Melvin

D 97694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 129 D 97694

1 REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 921 Argyle ave ST.; 17-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Holeann E Melvin

(Residence in Baltimore: No. 921 Argyle ave. St.; yrs. 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: C.

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (write the word.): Married

6-DATE OF BIRTH: November (Month) 11 (Day) 1875 (Year)

7-AGE, 49 yrs. mos. ds.

If LESS than 1 day, hrs. or mln.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country): Johnson County N.C.

PARENTS.

10-NAME OF FATHER: Miles McCain.

11-BIRTHPLACE OF FATHER (State or Country): N. C.

12-MAIDEN NAME OF MOTHER: Eliza Dellinger

13-BIRTHPLACE OF MOTHER (State or Country): N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs L. Melvin

(Address) 116 Mabel et Hampton Va

15- APR 28 1925 191 ROBERT R. KRAUTER, Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 19, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lob. Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Heart Exhaustion

(Duration) yrs. mos. ds.

(Signed) G. B. Davis M. D.
(Coroner.)

April 21, 1925 (Address) 2 N. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Old Point Va

19-PLACE OF BURIAL, OR REMOVAL: Old point Va

DATE OF BURIAL, April 20 1925

20-UNDERTAKER: Mrs R. G. Elliott

ADDRESS 2 Eastland

important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97595 Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1754 E. Preston St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nellie B. Frazier

(a) Residence No. 1754 E. Preston St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Nov 30 1859

7-AGE: 66 yrs. 4 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: John B. Frazier

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Caroline Patterson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Baltimore

14- (Informant): Carrie M. Armiger

(Address): 1723 E. Oliver St.

15- APR 20 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): April 19 25

17- I HEREBY CERTIFY, That I attended deceased from Jan 6 25 to April 19 25

that I last saw her alive on April 18 25

and that death occurred, on the date stated above, at 10:05 a.m.

The CAUSE OF DEATH* was as follows: Mitral Regurgitation

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Relaxation

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) Ned Burwick M. D.

(Address) 1000 Park Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Baltimore Com	April 21, 1925
20-UNDERTAKER.	**ADDRESS**
Frank A. Fink	915 N. Gay St

instructions on back of certificates.

Col.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97596

CERTIFICATE OF DEATH.

X 18 D 97596

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen'l Hosp. St., 6 Ward) 6-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hamilton McCoy

(a) RESIDENCE NO. 1434 Orleans St., WARD

(Usual place of abode) (If non-resident give city or town and State) Smith Carolina

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
33	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Sparrows Point
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER H. Monroe McCoy

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Catherine Heathway

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant Wm McCoy
(Address) 1434 Orleans St

15 APR 20 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 18 1925.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull
Bleeding Hemorrhage
Contusion

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) C C Slade, M. D.
(Coroner.)
April 20 1925 (Address) 1438 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Va DATE OF BURIAL 4/20 1925

20 UNDERTAKER Jos T. A. Rochester ADDRESS 1415 Jefferson st

D 97597

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97597

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Bayview Hos. T.B. Ward St., 16-57 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Hogg

(Residence in Baltimore: No. 1110 Harlem av St.; yrs. 65 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, November 17 (Month) (Day) 1859 (Year)

7-AGE	If LESS than 1 day,
65 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER, John W. Hogg

11-BIRTHPLACE OF FATHER, (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER, Susannah Goodwin

13-BIRTHPLACE OF MOTHER, (State or Country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wilbur E. Hogg

(Address) 234 E 7th St Plainfield N.J.

Filed APR 20 1925 ROBERT N. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 19 (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Skull. He is supposed to have jumped from Bath Room window, while insane (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) was transferred to T.B.I. Department from C. Jurisdiction (Duration) yrs. mos. ds.

(Signed) James M. Fenton M. D. (Coroner.)

April 19 1925 (Address) 700 E Chase

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. 10 ds.

Where was disease contracted, if not at place of death?

Where he died

Former or usual residence 1110 Harlem Ave

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loraine Cem	April 22, 1925

20-UNDERTAKER.	ADDRESS
George J. Smith	153 L Hollins St

If very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Blks.

Mckl

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97598

CERTIFICATE OF DEATH.

D 97598

1-PLACE OF DEATH

City of BALTIMORE: (No. 2008 Barclay St., 12-51 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth C. Mohl.

(a) Residence No. 2008 Barclay St. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F.

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug 14, 1873

7-AGE, 51 yrs. 8 mos. 5 ds.

If LESS than 1 day, hrs. or mln.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, George Horst.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany.

12-MAIDEN NAME OF MOTHER, Elizabeth Schuman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany.

14- (Informant) Emil Schmehl

(Address) 2008 Barclay

15- Filed APR 20 1925 ROBERT A. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Apl. 19. 1925

17- I HEREBY CERTIFY, That I attended deceased from Apr 16, 19 25, to Apr 19, 19 25, that I last saw h. alive on Apr 19, 19 25, and that death occurred, on the date stated above, at 3.40 P. m.

The CAUSE OF DEATH* was as follows:

Acute Rheumatic Fever

Acute hyperpyrexia (Temp 109)

axilla (Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry L. McCarty M. D.

Apr 20, 1925 (Address) 67 W Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park	April 22 1925
20-UNDERTAKER.	ADDRESS
George Smith	1532 Hollins

Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 97599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97599

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Frost

(a) RESIDENCE NO. 1418 Anthony ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Anna Frost

6 DATE OF BIRTH (month, day, and year) Unknown 1830

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75yr.	Unknown	Unknown	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor 080

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Anthony Frost

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Municipal Hospital Records (Address)

15 Filed Robert P. Harrison, Registrar

20 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17 1925

17

I HEREBY CERTIFY, That I attended deceased from April 14, 1925, to April 17, 1925, that I last saw him alive on April 17, 1925, and that death occurred, on the date stated above, at 12:30 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, chronic myocarditis, myocardial insufficiency

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) E. L. Miller, M. D.

4/18 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Trinity Cemetery	April 20 1925
20 UNDERTAKER Henry Lutz	ADDRESS 1203 N. Broadway

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks. See affadavit on file April 22-1925 Francis Bates

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97600 D 97600

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 N. Bouldin ST. N-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Schmitt

(a) RESIDENCE NO. 509 N. Bouldin ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? 54 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Schmitt 1867

6 DATE OF BIRTH (month, day, and year) July 8-1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	00			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter 050

(b) General nature of industry, business, or establishment in which employed (or employer) Standard Oil Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER George Schmitt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary Schmitt (Wife)
(Address) 509 N. Bouldin St

Filed ..... 19 ..... Robert P. Harrison, Registrar
Burial Permit Clerk.

R20-1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1925, to Apr 18, 1925, that I last saw h alive on ....., 19....., and that death occurred, on the date stated above, at 4:00 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis - Liver

(duration) yrs. 4 mos. 0 ds.

CONTRIBUTORY (Secondary) Pernicious

(duration) yrs. mos. 0 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Physical findings

(Signed) G. C. Bladen M. D.

Apr 20 1925 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL April 22 1925

20 UNDERTAKER Lilly & Zeile ADDRESS 403 S. Wolfe St.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 97602

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97602

CERTIFICATE OF DEATH.

46.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5117 Centre Ave. ST. 27-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Louise Johnson.

(a) RESIDENCE NO. 5117 Centre Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Philip H. Johnson.

6 DATE OF BIRTH (month, day, and year) Sept. 25- 1883.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John H. Hartman.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Barbara F. Hackmann.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Charles Deckwar.

(Address) 511 2 Centre Ave.

15 Robert P. Harrison,

Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 30, 1924, to April 19, 1925, that I last saw h— alive on April 17, 1925, and that death occurred, on the date stated above, at 7. A. m.

The CAUSE OF DEATH* was as follows:

Dementia of Uterus

(duration) 1 yrs. 3 mos 17 ds.

CONTRIBUTORY (Secondary) Hemorrhage

(duration) — yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of 4/20/25

Was there an autopsy? No

What test confirmed diagnosis? Exh.

(Signed) [illegible], M. D.

4/20/25 (Address) 517 Lenox

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	April 21 1925
20 UNDERTAKER	ADDRESS
Lilly & Zeiler	403 W Oliver

20 1925

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 97602

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97602

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

REGISTERED NO. 16-2

CITY OF BALTIMORE: (No. 3920 Edmondson Ave ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Stumpf

(a) RESIDENCE. No. 3920 Edmondson Ave ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fredricka Stumpf

6 DATE OF BIRTH (month, day, and year) Dec 3, 174

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocer. 03d

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Frederick Stumpf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sophia Ott.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Fred. Stumpf (Address)

15 Filed [illegible] 19 Robert F. Harrison, Registrar

R 20 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15 1925

17 I HEREBY CERTIFY, That I attended deceased from June 25, 1924, to April 15, 1925, that I last saw him alive on April 15, 1925, and that death occurred, on the date stated above, at 10.30 m.

The CAUSE OF DEATH* was as follows:

Mixed Sarcomatosis from Ovarian sarcoma of pelvic cone

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ?

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Lew R. Wooley, M. D.

, 19 (Address) 4000 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Apr 20 19 25
20 UNDERTAKER	ADDRESS
Harry H. Witzke	1531 W. London

TION is very important. See instructions on back of certificates.

D 97603

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97603

CERTIFICATE OF DEATH.

4-129
4-3

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. Mercy Hospital. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Dawkins.(C)

(Residence in Baltimore: No. Unknown. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced. (Write the word.)
Male.	Colored	Unknown.

6-DATE OF BIRTH. Do not know. (Month) (Day) 1 (Year)

7-AGE. 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE. (State or Country.) Do not know.

PARENTS.

10-NAME OF FATHER. Do not know.

11-BIRTHPLACE OF FATHER. (State or Country.) Do not know.

12-MAIDEN NAME OF MOTHER. Do not know.

13-BIRTHPLACE OF MOTHER. (State or Country.) Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Police Report.

(Address) Central District.

15- 20 1925

Robert F. Harrison,
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 29, 1925. (Month) (Day) 192 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy & inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.
Myocarditis.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Otto M Reinhardt M. D.
(Coroner)

April 16, 1925 (Address) 1017 E. Charles St.

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.

UNDERTAKER. ADDRESS.

UNIVERSITY OF MARYLAND
Commissioner Health
APR 20 1925
363 THE MORGUE.

If very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

D 97604

HEALTH DEPARTMENT—CITY OF BALTIMORE D 97604

CERTIFICATE OF DEATH.

3-2 112

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 Bethel. ST., WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Hatem

(a) RESIDENCE No 321 S- Bethel ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	b	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not known.

6 DATE OF BIRTH (month, day, and year) Not known

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55.	-		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer. 040
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Not Known

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known.

14 Informant.....
(Address) UNIVERSITY OF MARYLAND.

15 Filed....., 192 Robert P. Harrison, Registrar

R 20 1925 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 3 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ac. Indigestion

Error Dist

(duration) ..... yrs. ..... mos. 4 hrs

CONTRIBUTORY (Secondary) Exhaustion.

(duration) ..... yrs. ..... mos. 1 ds.

(Signed) G. C. Radcliffe, M. D.
(Coroner.)

Apr 15 192 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
	SEP 30 1925

20 UNDERTAKER ADDRESS

Commissioner Health.

D 97605

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97605

CERTIFICATE OF DEATH.

101-001

10-2

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1027 E. Madison St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Percy Lindsay

(Residence in Baltimore: No. 1027 E. Madison St St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	cpl	unknown

6-DATE OF BIRTH. unknown (Month) (Day) 1 (Year)

7-AGE.	If LESS than 1 day,
50? yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

040

9-BIRTHPLACE, (State or Country). unknown

PARENTS.

10-NAME OF FATHER. unknown

11-BIRTHPLACE OF FATHER, (State or Country). "

12-MAIDEN NAME OF MOTHER. "

13-BIRTHPLACE OF MOTHER, (State or Country). "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. Kennard

(Address)

15-

Filed ..... 192.....

Robert P. Harrison, Registrar.

APR 1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 11-25 (Month) (Day) 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia (Probably Lobar

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Wallen M. D.
(Coroner.)

4-12-25 192.... (Address) 500 N. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. UNIVERSITY OF MARYLAND. DATE OF BURIAL. ..... 192....

UNDERTAKER. Commissioner Health ADDRESS

APR 20 1925

SOUTH MORGUE

If very important. See instructions on back of certificate.

D 97606

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97606

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Bay view Hospital St., 76-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Unknown

(Residence in Baltimore: No.....St.; yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH.

....., 1.....
(Month) (Day) (Year)

7-AGE. about 18 yrs. mos. ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of Industry, business, or establishment in which employed (or employer)..... 087

9-BIRTHPLACE. (State or Country),

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER, (State or Country),

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER, (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed ..... 192.....

Robert P. Harrison,
Burial Permit Clerk
Registrar.

APR 20 1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 12, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Acute Alcoholism ?,

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) James M Fenton M. D.
(Coroner.)

April 16 1925 (Address) 700 E Chase

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL. ....., 19...

20-UNDERTAKER. ADDRESS

UNIVERSITY OF MARYLAND.
THE MORGUE

Commissioner Health

APR 20 1925

Spec.—1-10-21—M&T—1500 Bks.

D 97607

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-301 D 97607

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Rayner ave & Sutland ST., 27-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Louise Denton.

(a) RESIDENCE NO. 5320 York Rd. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident: give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Dec 18. 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of Industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) L. I. N.Y.

PARENTS

10 NAME OF FATHER Samuel H Denton

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.Y.

12 MAIDEN NAME OF MOTHER Rebecca Rhodes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.Y.

14 Informant Howard L. Dutton (Address) 5320 York Rd

15 Filed 20 1925, Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/19 1925

17 I HEREBY CERTIFY, That I attended deceased from 4/11/25, 19 . to 4/19 , 19 25, that I last saw h alive on 4/19 , 19 25, and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia.

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at Home.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jas Hurst Woodward M. D.

19 (Address) West Balt. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hempstead L. I. N.Y.	April 21 1925

20 UNDERTAKER John O. Mitchell ADDRESS 1301 W Fayette St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 97608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 D 97608

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 E Oakland Ave ST., 7-1 WARD)

2-FULL NAME Pennellow Morton

(a) RESIDENCE NO. 1514 Oakland Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced (or) WIFE of Benj R. Morton

6 DATE OF BIRTH (month, day, and year) 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Rahleigh N.C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Benj R. Morton (Husband)

(Address) 1514 Oakland Ave

15 FILED 4-20-1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17 1925

17 I HEREBY CERTIFY, That I attended deceased from April 11, 1925, to April 18, 1925, that I last saw her alive on April 17, 1925, and that death occurred, on the date stated above, at 10.45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R D [illegible] M. D.

4/18 1925 (Address) 1429 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Raleigh N.C

DATE OF BURIAL 4/21/25 1925

20 UNDERTAKER Byron Wright

ADDRESS 1219 McElderry

ATTENTION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97609

D 97609

CERTIFICATE OF DEATH.

101-801

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 28 N Mount ST., 19-1 WARD)

2-FULL NAME Mr Barbara Schafer

(a) RESIDENCE NO. 28 N Mount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Schafer

6 DATE OF BIRTH (month, day, and year) May 2 1838

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
86	11	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Germany
(State or country)

PARENTS

10 NAME OF FATHER John Dert

11 BIRTHPLACE OF FATHER (City or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town) Germany
(State or country)

14 Informant Harry Schafer
(Address) Catonsville Md

15 Robert J. Harrison, Registrar
19
Burial Permit Clerk

20 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19 1925

17

I HEREBY CERTIFY, That I attended deceased from April 3, 1925, to April 19, 1925, that I last saw her alive on April 19, 1925, and that death occurred, on the date stated above, at 10.20P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Mc Oneile M. D.

4/20, 1925 (Address) 108 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL 4/22/25

20 UNDERTAKER Engel & Stanley

ADDRESS Fulton & Fayette

TION is very important. See instructions on back of certificate. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

D 97610

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97610

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Municipal Hospitals at Bay View — REGISTERED NO. 46

CITY OF BALTIMORE: (No. Bay View Hospitals St., 4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie Kirby

(a) RESIDENCE NO. 230 Gilmore St. ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Ben Lenn

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Ollie Perkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant (Address) Bay View Hospital Records.

15 Filed 4/20 1925 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/16 1925

17 I HEREBY CERTIFY, That I attended deceased from 12/25, 1924, to 4/16, 1925, that I last saw her alive on 4/16, 1925, and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia & Cervix

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Bronchi Pneumonia (Terminal) (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical-Lab-Autopsy

(Signed) Arnold R Jensen M. D. (Address) 4/20, 1925

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL April 21 1925

20 UNDERTAKER Robt Gross — ADDRESS 1405 McElderry St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 97611

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97611

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 6-2 WARD) 111

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Fousek (Fousek)

(a) RESIDENCE NO. 218 N. Duncan ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Agnes Fousek

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
32			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Frank Fousek

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Barbara Petrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

14 Informant: Agnes Fousek

(Address) 218 N. Duncan

15 20 1925, 19

Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-19 1925

17

I HEREBY CERTIFY, That I attended deceased from 4-18, 1925, to 4-19, 1925,

that I last saw him alive on 4-18, 1925,

4-19-25

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Cortex Ulcer

(duration) 8 yrs. — mos — ds.

CONTRIBUTORY (Secondary)

Bronchus - Pneumonia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 4-15-25

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) J. Marcuse, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rodeeve	April 22, 25
20 UNDERTAKER	ADDRESS
Frank Graeber	1916 Gardner

TION is very important. See instructions on back of certificates.

Property, Classified. Exact statement of OC[illegible]A-

S.A.E.

Spec.—1-10-21—M&T—1500 Bks.

D 97612

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97612

CERTIFICATE OF DEATH.

1310

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 University Parkway ST., 13-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Walter Smith

(a) RESIDENCE No. 830 University Parkway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, Widowed, or ~~Divorced~~, (write the word)
Male	White	Widower

5a If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 5th 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	80	2	14	

8 OCCUPATION OF DECEASED Banker's

(a) Trade, profession or particular kind of work Lumber Maf 045

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Snow Hill Maryland

PARENTS

10 NAME OF FATHER John Walter Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Snow Hill Maryland

12 MAIDEN NAME OF MOTHER Charity Whittington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Snow Hill Maryland

14 Informant Samuel K Dennis

(Address) 2 E Lexington St

15 Robert P. Harrison,

Registrar

20 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/19/ 1925

17 I HEREBY CERTIFY, That I attended deceased from March 28, 1925, to April 19, 1925.

that I last saw him alive on April 19, 1925,

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Myo-fibrosis

(duration) — yrs. — mos 21 ds.

CONTRIBUTORY (Secondary) Acute nephritis

(duration) yrs. — mos. 8 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine Blood Test

(Signed) Jos Lewis Buck M. D.

4/20 1925 (Address) 2844 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Snow Hill Md	April 22 19 25
20 UNDERTAKER	ADDRESS
Henry H Jenkins & Son	Oakland Md

TION is very important. See instructions on back of certificates.

OPAK

Spec.—1-12-23—M&T—500 Bks.

D 97613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 D 97613

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1844 W. Pratt Street ST., 19-2 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Harry Miller

(a) RESIDENCE No. 1844 W. Pratt Street ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S., If of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary F. Culp

6 DATE OF BIRTH (month, day, and year) Apr. 11, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	0	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Huckster

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer (self)

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Sallie Rothfel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Mrs. Mary F. Miller

(Address) 1844 W. Pratt Street

15 Filed ... 19 ... Registrar

Burial Per to Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 20, 1925

17

I HEREBY CERTIFY, That I attended deceased from October 1, 1924, to April 20, 1925, that I last saw him alive on Apl 20, 1925, and that death occurred, on the date stated above, at 11.30 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ... yrs. 6 mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edgar L. Pearce, M. D.

4-20-25 (Address) 1520 Hollins Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Apr. 23, 1925
20 UNDERTAKER Joseph B. Cook	ADDRESS 1113 W. Pratt St

Spec.—1-12-23—M&T—500 Blks.

B 97614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 S. Schroeder ST., 18-3 WARD)

REGISTERED NO. D 97614

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hubert Kurtz

(a) RESIDENCE No. 126 S. Schroeder ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Kurtz

6 DATE OF BIRTH (month, day, and year) Nov. 12, 1869

7 AGE	Years	Months	Days	If LESS than 1 day... hrs. or min.
	55	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saloon

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John Kurtz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaretha Ruckel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Wm. Klemmer (Address) 10 E. Lexington Street

15 Filed ..., 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb-6-, 1925, to April 19, 1925, that I last saw h— alive on April 19, 1925, and that death occurred, on the date stated above, at 8.05 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Liver

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) General Exhaustion

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes Date of March 15/25

Was there an autopsy? No —

What test confirmed diagnosis? Usual

(Signed) Frank O Brasler, M. D.

4-20 1925 (Address) 125 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Apr. 22, 25
20 UNDERTAKER Joseph B Cook	ADDRESS 1003 N. Balto

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97615

D 97615

CERTIFICATE OF DEATH.

179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 N. Charles ST., 11-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H O'Donovan

(a) RESIDENCE NO. 700 N Charles St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 5 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna S Shriver

6 DATE OF BIRTH (month, day, and year) Oct 23 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	57	5	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Business Man

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Charles O'Donovan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Henrietta Jenkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14

Informant Mrs. John H. O'Donovan

(Address) 700 N Charles St Baltimore

15 APR 21 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20 1925

17

I HEREBY CERTIFY, That I attended deceased from July 22 1924 to April 20 1925, that I last saw him alive on April 19 1925, and that death occurred, on the date stated above, at 2 35 A m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

Chronic Interstitial nephritis

Arterial Hypertension

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Physical findings & urinary

(Signed) W. A. Abbey, M. D.

4/25 1925 (Address) Easton Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cemetery	4/22, 1925
20 UNDERTAKER	ADDRESS
Henry U. Mears & Son	805 N. Calvert St.

IMPORTANT: See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

97616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 ✓ D 97616

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 S. Duncan ST., 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adamas Mackievicez

(a) RESIDENCE No. 506 S. Duncan ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., If of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Mackievicez

6 DATE OF BIRTH (month, day, and year) Jan 2 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laboner 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia Lithuania

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia Lithuania

14 Informant Sarah Mackievicz (Address) 506 S. Duncan St

15 Filed APR 21 1925 19... ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19" 1925

17 I HEREBY CERTIFY, That I attended deceased from March 28. 1925. to April 19. 1925.

that I last saw him alive on April 18. 1925.

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Carcinoma Prostate

about (duration) 1 yrs. mos ... da.

CONTRIBUTORY (Secondary) ... (duration) ... yrs. mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Caleb N. Athey, M. D.

, 19 (Address) 100. S. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislovas	April 22. 1925
20 UNDERTAKER	ADDRESS
John Grebliunas	426 S. Paca St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97617

CERTIFICATE OF DEATH.

118 D 97617

1-PLACE OF DEATH

CITY OF BALTIMCRE: (No. Hebrew Hospital ST., 3-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isadore Fox

(a) RESIDENCE NO. 1017 E. Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., If of foreign birth? 13 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rachael Fox

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years.	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Rachael Fox

(Address) 1017 E. Lombard St

15 Filed APR 21 1925 ROBERT R. KRAUTER, Burial Permit (Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-20 1925

17

I HEREBY CERTIFY, That I attended deceased from 4-14, 1925, to 4-20, 1925; that I last saw him alive on 4-20, 1925, and that death occurred, on the date stated above, at 9:30 Am.

The CAUSE OF DEATH* was as follows:

Strangulated Hernia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 4-14-25

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) S. Marmount, M. D.

4-20 1925 (Address) H. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Mt Carmel	4/21 1925
20 UNDERTAKER	ADDRESS
Jos. Levi & Son	1934 Eden

TION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97618

CERTIFICATE OF DEATH.

119 D 97618

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 425 S. Caroline ST.; 3-2 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Gish

(Residence in Baltimore: No. 425 S. Caroline St.; 38 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored.	Widow

6-DATE OF BIRTH, May - 10, 1887
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
38 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City.

PARENTS.

10-NAME OF FATHER, Daniel Adem

11-BIRTHPLACE OF FATHER (State or Country), Unknown -

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Gish

(Address) 425 S. Caroline st.

15- APR 21 1925 ROBERT N. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April - 19, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April - 18 1925, to April - 19 1925, that I saw her alive on April - 18 1925, and that death occurred, on the date stated above, at 1.10 p.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation.
Toxemia -
(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Perirectal Abscess
(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) William L. Schwartz M. D.

April 20 1925 (Address) 1200 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Asbury	April 21 1925
20-UNDERTAKER John W Henderson	ADDRESS 1502 Monument

D 97619

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97619

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. Johns Hopkins Hospital St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Carolyn Krause

(Residence in Baltimore: No. Essex Rd St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	white	sing

6-DATE OF BIRTH, Apr 7-25 1..... (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
..yrs. mos. 7 ds.	..hrs. or..min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER, Walter Krause

11-BIRTHPLACE OF FATHER, (State or Country). unknown

12-MAIDEN NAME OF MOTHER, Estelle unknown

13-BIRTHPLACE OF MOTHER, (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hopkins Hospital

(Address).....

15- Filed APR 21 1925 ROBERT R. KRAUTER, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 14-25, 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ..yrs. ..mos. ..ds.

CONTRIBUTORY (Secondary) (Duration) ..yrs. ..mos. ..ds.

(Signed) J. S. H. Cullen M. D. (Coroner.)

4-16-25 192.. (Address) 503 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death..yrs..mos..ds. In the State..yrs..mos..ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
	Apr 20 19.25

20-UNDERTAKER,	ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

D 97620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-981 ✓ D 97620

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1505 E Madison ST., 7-1 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Hamilton

(a) RESIDENCE NO. 1505 E Madison ST., ... WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	24	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer colo

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S C.

PARENTS

10 NAME OF FATHER J. S. Hamilton

11 BIRTHPLACE OF FATHER (city or town) (State or country) S C.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S C.

14 Informant Lucius McCray friend
(Address) 1505 E Madison St

APR 21 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 18 1925

17 I HEREBY CERTIFY, That I attended deceased from April 16, 1925, to April 18, 1925, that I last saw him alive on April 18, 1925, and that death occurred, on the date stated above, at 4 30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R. J. Young, M. D.

4/20 1925 (Address) 1424 E Monumental

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sumter S.C.

DATE OF BURIAL 4/21/25

20 UNDERTAKER Robert E Williams

ADDRESS 1578 McElderry St

Items in this column are very important. See instructions on back of certificates.

D 97621

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97621

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2455 Buchanan St St., 12-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith Clay

(Residence in Baltimore: No. 2455 Buchanan St St.; yrs., 23 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	col	mar

6-DATE OF BIRTH. ..... 1902 1.....
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day.
23 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Thomas Wallace

11-BIRTHPLACE OF FATHER, (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary Grice

13-BIRTHPLACE OF MOTHER, (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James H. Clay (Husband)

(Address) 2455 Buchanan St

15- Filed APR 21 1925 192 ROBERT A. KRAUTER Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20-25, 192.....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) ..... Duration yrs. mos. ds.

(Signed) [signature] M. D.
(Coroner.)

4-21-25 192 (Address) 508 E. North Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn	Apr 22 1925

20-UNDERTAKER.	ADDRESS
Sam P. Chase Son	1400 Mosher St

Spec.—1-10-21—M&T—1500 Bks.

Jumbaro

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97622

CERTIFICATE OF DEATH.

124 D 97622

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Patterson Ave. (Mt Hope, Md. ST.) 28-1 (WARD)

2-FULL NAME Rosa Sumbaro

(a) RESIDENCE No. Patterson Ave. (Mt Hope Lane ST.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 4 mos. 8 ds. How long in U. S., if of foreign birth? 5 yrs. 5 mos. 12 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stephen Sumbaro

6 DATE OF BIRTH (month, day, and year) Dec 1st 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	4	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Sicily Italy

PARENTS

10 NAME OF FATHER Stefano Mannalis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sicily Italy

12 MAIDEN NAME OF MOTHER Rosa Martini

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Raymond Sumbaro

(Address) Residence Ft. Slude Ave Patterson Park

15 APR 21 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20 1925

17

I HEREBY CERTIFY, That I attended deceased from March 20, 1925, to April 20, 1925,

that I last saw her alive on April 1, 1925,

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Chole-cystitis

(and Hepatitis)

abscess

(duration) yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) Jaundice - Toxemia

abscess

(duration) yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical - chemical

(Signed) Milton P. Heal, M. D.

, 19 (Address) Wylie ave. Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL 4/22 1925

20 UNDERTAKER Frank H. Newell

ADDRESS Fairmount

(Reverse side is very important. See instructions on back of certificates.)

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 97623

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

D 97623

Registered No.....

City of BALTIMORE: (No. 538 W Lafayette ave St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Darsey Davis

(a) Residence No. 538 W Lafayette ave St., ... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) December 1869

7-AGE 56 yrs. ..... mos. ..... ds.

If LESS than 1 day ..... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... 023

(b) General nature of industry, business, or establishment in which employed (or employer). Caretaker

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Montgomery Co Md

PARENTS.

10-NAME OF FATHER, Berry Davis

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Linder

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant). Mary E B Davis

(Address)..... 538 W Lafayette

Filed APR 21 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 18 1925

17- I HEREBY CERTIFY, That I attended deceased from April 13 1925 to April 18 1925

that I last saw h.. alive on April 18 1925

and that death occurred, on the date stated above, at 1.30 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Alcoholism & Chronic

(Duration) ..... yrs. ..... mos. 1 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas E Claudius M. D

Apr 20. 1925 (Address) 1504 McCulloh St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Mt Lebanon	4/21 1925
20-UNDERTAKER, Samuel Schmidt	ADDRESS 578 W Baltimore St

97624

HEALTH DEPARTMENT—CITY OF BALTIMORE

97624

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 7-3 Ward) 1926 Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond Rudolph

(Residence in Baltimore: No. 518 W. Elwood ave St.; yrs. 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	W	Single

6-DATE OF BIRTH. May 1 1891 (Month) (Day) (Year)

7-AGE. 33 yrs. 11 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Electrician
(b) General nature of industry, business, or establishment in which employed (or employer) Self

9-BIRTHPLACE. (State or Country) Virginia

PARENTS.

10-NAME OF FATHER. Not known

11-BIRTHPLACE OF FATHER. (State or Country). Not known

12-MAIDEN NAME OF MOTHER. Not known

13-BIRTHPLACE OF MOTHER. (State or Country). Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Same as above

(Address) 578 N. Ellwood ave

15- Filed APR 21 1926 192 ROBERT R. KRAUTER, Burial Permit Officer.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 19 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ....(Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ....(Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Electric Shock & Internal injuries

(Duration) yrs. 3 hrs mos. ds.

CONTRIBUTORY (Secondary) Fell from pole while working as Electrician

(Duration) yrs. mos. ds.

(Signed) T. K. Gorman M. D. (Coroner.)

4-21 1926 (Address) 117 W. Saratoga St

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Freedom Pa

DATE OF BURIAL. April 22 1926

20-UNDERTAKER. Frank Brockbon

ADDRESS 1416 Eutaw Place

Spec.—1-10-21—M&T—1500 Bks.

D 97625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-80 ✓ D 97625

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 125½ Ashland Ave. WARD) 6-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie L. Woodward

(a) RESIDENCE No. 203 N. Milton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Wm. Woodward

6 DATE OF BIRTH (month, day, and year) July 30 1897

7 AGE Years 27 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lit

PARENTS

10 NAME OF FATHER Frederick Walsch

11 BIRTHPLACE OF FATHER (city or town) (State or country) City

12 MAIDEN NAME OF MOTHER Magie Pfaff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) City

14 Informant Mrs. Magie Walsch

(Address) 203 N. Milton ave

15 APR 21 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-18 1925

17 I HEREBY CERTIFY, That I attended deceased from 4-11 1925 to 4-18 1925

that I last saw her alive on 4-18 1925

and that death occurred, on the date stated above, at 12 15 P. m.

The CAUSE OF DEATH* was as follows:

La Grippe

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) [illegible], M. D.

(Address) 1000 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Schwartz Bros	4/21/1925
20 UNDERTAKER J. J. Moran	ADDRESS 3000 E Baltimore.

THIS IS very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97626

CERTIFICATE OF DEATH.

X 15-003 D 97626

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gerald Garrett

(a) RESIDENCE No. Street Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Mal	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8/6/1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Ray Garrett

11 BIRTHPLACE OF FATHER (city or town) Va.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Tombusco

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL.

15 APR 21 1925

Filed ..... 19 ..... ROBERT B. KRAUTER,
Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20, 1925

17

I HEREBY CERTIFY, That I attended deceased from April 15, 1925, to April 20, 1925, that I last saw him alive on April 20, 1925, and that death occurred, on the date stated above, at 1.40 a. m.

The CAUSE OF DEATH*, was as follows:

Hypertophic Stenosis of Pylorus

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Post-operative Peritonitis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Congenital

Did an operation precede death? Yes Date of 4-18-25

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) C. H. Sattler, M. D.

4-20 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Leitz P. Co

DATE OF BURIAL April 1925

20 UNDERTAKER John Leitz

ADDRESS 2008 Eutaw

FROM is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

D 97627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 97627

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Emersonian Apts. St., 13-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benj Franklin Nesbitt

(a) RESIDENCE NO. Emersonian Apts ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida B. Nesbitt

6 DATE OF BIRTH (month, day, and year) Sept. 7, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	7	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Supt of Emersonian Apt. 086
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Wilkesbarre
(State or country) Pa

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Pa
(State or country)

4 Informant Mrs Ida B. Nesbitt
(Address) Emersonian Apts

5 APR 21 1925 192 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Probably Stokes-Adams Syndrome (duration) yrs. mos. ds.

(Signed) J. J. Bailey, M. D.
(Coroner)

Apr 21, 1925 (Address) 508 E Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem.	Apr 22 1925
20 UNDERTAKER Wm J Tucker Sons	ADDRESS North Ave

D 97628 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97628

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 672 W. Fayette St. St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Florian M. Pleszek

(Residence in Baltimore: No. 672 W. Fayette St. St.; 18 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. April (Month) 29 (Day) 1878 (Year)

7-AGE. 47 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work. Sailor (b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Poland

PARENTS.

10-NAME OF FATHER. Dont Know

11-BIRTHPLACE OF FATHER, (State or Country). ( )

12-MAIDEN NAME OF MOTHER.

13-BIRTHPLACE OF MOTHER, (State or Country). ( )

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fred Krauser

(Address) 719 Washington Boulevard

15- APR 21 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April (Month) 26 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~(Inquest, autopsy or inquiry.)~~ thereon and from the evidence obtained by said ~~(Inquest, autopsy or inquiry.)~~ find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. K. Jones M. D. (Coroner.)

4-27 1925 (Address) 117 W. Saratoga St.

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death. yrs. mos. ds. In the State. yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Woodlawn	4-22- 1925

20-UNDERTAKER. Wm. J. Tichnell Son

ADDRESS Govt. Pa.

IF VERY IMPORTANT. See instructions on back of this certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97629 | D 97629

CERTIFICATE OF DEATH.

129

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 693 W Mulberry St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Emma Cook

(a) Residence No. 693 W Mulberry St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, colored

5-Single, Married, ~~Widowed, or Divorced~~, (Write the word.) Married

5a-If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Henry Cook

6-DATE OF BIRTH (month, day and year) 1871

7-AGE, 54 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... domestic

(b) General nature of industry, business, or establishment in which employed (or employer)..... Housework

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Sandy Springs Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14-

(Informant) William S. Cook

(Address) 693 W Mulberry St

Filed APR 27 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 4-18-25

17- I HEREBY CERTIFY, That I attended deceased from 4-15 1925 to 4-18 1925

that I last saw h.er alive on 4-18 1925

and that death occurred, on the date stated above, at 5:30 p. m.

The CAUSE OF DEATH" was as follows:

Chronic Interstitial Nephritis

Contributory Cardiac Decompensation (Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis?.....

(Signed) C. E. Jackson, M. D.

4/21, 19 (Address) 808 W Baltimore

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Zion Cem. DATE OF BURIAL. April 25

20-UNDERTAKER. Leonard Hale ADDRESS 673 Saratoga St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1805 B 23 97630

CERTIFICATE OF DEATH.

161-081 B 97630

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST., 20-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred Beard

(a) RESIDENCE NO. 1917 Ramsay St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 7, 1925

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or min.
		12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER George Beard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Evelyn Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Record (Address) JOHNS HOPKINS HOSPITAL.

Filed APR 21 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19 1925

17 I HEREBY CERTIFY, That I attended deceased from April 17, 1925, to April 19, 1925, that I last saw her alive on April 19, 1925, and that death occurred, on the date stated above, at 10 & 8 m.

The CAUSE OF DEATH* was as follows:

Respiratory failure in a 7½ months premature baby

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? premature died born at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) W. F. Scott M. D.

4-20 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	April 21, 25
20 UNDERTAKER	ADDRESS
Harry A. Vitzke	1521 W. Lombard

See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 97631 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 97631

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. Linden & Madison Ave ST., 21-2 WARD) 162

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby - Cockrell.

(a) RESIDENCE NO. 829. W. Cross ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ——yrs. ——mos. ——ds. How long in U. S., if of foreign birth? ——yrs. ——mos. ——ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) April-20-25

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	None	one	one	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. (bd)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md. (State or country)

PARENTS

10 NAME OF FATHER Vernon Cockrell.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland-

12 MAIDEN NAME OF MOTHER Maric Niana mont.

13 BIRTHPLACE OF MOTHER (city or town) Cambridge Md.

14 Informant Mrs Maric Cockrell. (mother) (Address) 829 W. Cross. St. City

15 Filed APR 21 1925, 19 ROBERT R. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April - 20 1925

17 I HEREBY CERTIFY, That I attended deceased from April-20 3 a.m. 19 25 to April-20 6:15 a.m. 19 25, that I last saw him alive on April - 20, 19 25, and that death occurred, on the date stated above, at 6:15 a - m.

The CAUSE OF DEATH* was as follows:

Atelectasis

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) ... M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	April 24 1925
20 UNDERTAKER	ADDRESS
Harry H. Witzke	153 W. Lombard

Keep in a very important. See instruction on back of certificates.

D 97632

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97632

CERTIFICATE OF DEATH.

6-100-01

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 230 N. Dallas St., 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie C. Hill

(Residence in Baltimore: No. 230 N. Dallas St.; 8 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	col	sing

6-DATE OF BIRTH. Dec 15 1922
(Month) (Day) (Year)

7-AGE. 2 yrs. 4 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Herbert Hill

11-BIRTHPLACE OF FATHER, (State or Country). N. C.

12-MAIDEN NAME OF MOTHER. Ola Vincent

13-BIRTHPLACE OF MOTHER. (State or Country). N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herbert Hill

(Address) 230 N. Dallas

15-

Filed APR 21 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 20-25 192...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Pranchopneumonia

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) (Duration) ....yrs....mos....ds.

(Signed) J. S. T. Baker M. D.
(Coroner.)

4-21-25 (Address) 506 E. North Ave.

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel cemetery. DATE OF BURIAL, April 21 19 25

20-UNDERTAKER. Edward Bryan ADDRESS 1681 Orleans st

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97633 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97633

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Fort Island of Mine Point St., 10-29 Ward) Registered No. 99-801

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cecelia Barnum.

(a) Residence No. 1 Preston & Valley Sts St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~Single, Married,~~ Widowed, ~~or Divorced,~~ (Write the word.) Widow

5a-~~If married, widowed, or divorced~~ HUSBAND of (or) WIFE of John R. Barnum

6-DATE OF BIRTH (month, day and year) 1842.

7-AGE, 83 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Evans A. Purnell.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Ann Swan.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Sadie F. Corse,

(Address) Preston & Valley

15- 16- ROBERT R. KRAUTER, Registrar.

APR 21 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 19/25

17- I HEREBY CERTIFY, That I attended deceased from No record, 19..., to ..., 19...,

that I last saw h[illegible] alive on April 17, 19 25,

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Acute bronchitis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Apl 19, (Signed) F. Adams, M. D.

, 1925 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, London Park — DATE OF BURIAL, Apr. 21, 1925

20-UNDERTAKER, W. C. Medfield — ADDRESS 914 Greenmount Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97634 HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97634

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St., 10-2 Ward) Registered No. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mary T. Reiz

(a) Residence No. Preston & Valley Sts. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, ~~Married, Widowed, or Divorced~~ (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6-DATE OF BIRTH (month, day and year) unknown

7-AGE, 73 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Md.

PARENTS.

10-NAME OF FATHER, Theodore Rheiz

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Unknown

12-MAIDEN NAME OF MOTHER, Otilia Furst

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Unknown

14- (Informant) Sister Florence

(Address) Preston & Valley

15- Filed APR 21 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 19, 25

17- I HEREBY CERTIFY, That I attended deceased from 10 years, 19..., to ..., 19...,

that I last saw h. alive on April 19, 1925, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthma

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warner, M. D.

April 20, 1925 (Address) 1133 Valley St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Ilchester Md. DATE OF BURIAL, April 22, 1925

20-UNDERTAKER, W. C. Rudefeld ADDRESS 914 Greenmt Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 97635 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97635

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1751 Clarendon St. 23 WARD) 23-2

2-FULL NAME Laura Horak

(a) RESIDENCE. No. 1751 Clarendon ST., 23 WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. 3 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Horak

6 DATE OF BIRTH (month, day, and year) Dec 8 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	3	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 03

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Wm Lupus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Laura Wenk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Henry Horak
(Address) 1751 Clarendon

APR 21 1925

ROBERT A. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20 25

17 I HEREBY CERTIFY, That I attended deceased from April, 19 23, to April 20, 19 25

that I last saw h alive on April 20, 19 25

and that death occurred, on the date stated above, at 1-40 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cyanosis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. L. Campbell M. D.

April 20, 1925 (Address) 1674 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	April 23 1925
20 UNDERTAKER	ADDRESS
S Schloman & Son	Hanover St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97636

100-001

D 97636

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 Clifton Place ST., 8-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Mangan

(a) RESIDENCE NO. 1618 Clifton Place ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Mrd

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 14 - 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
62	[illegible]	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Labor

(c) Name of employer Park Board

9 BIRTHPLACE (city or town) Pikesville
(State or country) Balto Co

PARENTS

10 NAME OF FATHER Patrick Mangan

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Carlos

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant 1618 Clifton Place
(Address) Peter J Mangan

15 Filed APR 21 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19 1925

17

I HEREBY CERTIFY, That I attended deceased from April 14, 1925, to April 19, 1925, that I last saw h[illegible] alive on April 18, 1925, and that death occurred, on the date stated above, at 3:15 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

Pleurisy

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R. C. Carman, M. D.

4-20 1925 (Address) 1707 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Peters Cemetery	April 22 1925
20 UNDERTAKER	ADDRESS
George F. Ruth	1735 Harford Ave.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1799 D 97637

CERTIFICATE OF DEATH.

1799 D 97637

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., V-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Papas

(a) RESIDENCE NO. 1720 Thames St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? 1876

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cabinet Maker

(b) General nature of industry, business, or establishment in which employed (or employer) — 014

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Greece

PARENTS

10 NAME OF FATHER John Papas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greece

12 MAIDEN NAME OF MOTHER Helen Volt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Greece

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed APR 21 1925, 19.. RUBERT R. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19, 1925

17 I HEREBY CERTIFY, That I attended deceased from March 4, 1925, to April 19, 1925.

that I last saw him alive on April 19, 1925

and that death occurred, on the date stated above, at 12 45 a.m.

The CAUSE OF DEATH* was as follows:

Primary Carcinoma of the Lung

(duration) yrs. 18 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Trevor Owen, M. D.

(Address) Johns Hopkins Hospital. Balto. Apr. 21, 1925

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	4/22, 1925

20 UNDERTAKER George J. Ruth ADDRESS 1730 Harford Av

(REVERSE OF BACK OF CERTIFICATE.)

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97638

CERTIFICATE OF DEATH.

31

D 97638

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1126 McCulloh ST., 11-1 WARD)

2-FULL NAME Milton Rorie

(a) RESIDENCE NO. 1126 McCulloh ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —unknown—

6 DATE OF BIRTH (month, day, and year): — — 1881

7 AGE — Years: 43 | Months: — | Days: — | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer do

(b) General nature of Industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Marionville N.C.

PARENTS

10 NAME OF FATHER: Theodore Chambers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Marionville N.C.

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant (Address): Georgie Jones 1126 McCulloh

15 Filed ..... 19 ..... Robt. P. Harrison, Registrar

1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 18th 1925

17 I HEREBY CERTIFY That I attended deceased from Apr 14th, 1925, to Apr. 18th, 1925, that I last saw him alive on Apr. 18th, 1925, and that death occurred, on the date stated above, at 8.00 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ... yrs. 4 mos ... ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Exam of Sputum

(Signed) Jas E Bell, M. D.

, 19 (Address) 1211 Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Marshall N.C. | DATE OF BURIAL: April 24 1925

20 UNDERTAKER: Mrs R. G. Elliott | ADDRESS 1725 Ashland Av

FROM is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 97639 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97639

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Woodhorne Ave. near Harford Road (ST.) (WARD) 11 REGISTERED NO. 90 Hamilton

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia Grundman

(a) RESIDENCE NO. Woodhorne Ave. near Harford Road (ST.) Hamilton (WARD)

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., If of foreign birth? 12 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug. 25th 1908

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	16	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) Wiesbaden (State or country) Germany

PARENTS

10 NAME OF FATHER Frederick Grundman

11 BIRTHPLACE OF FATHER (city or town) Wiesbaden (State or country) Germany

12 MAIDEN NAME OF MOTHER Maria Schlesinger

13 BIRTHPLACE OF MOTHER (city or town) Wiesbaden (State or country) Germany

14 Informant Frederick Grundman (Address) Hamilton and Woodhorne Ave

15 Filed 4-21 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19 1925

17

I HEREBY CERTIFY, That I attended deceased from Feby 18, 1925, to April 19, 1925, that I last saw her alive on April 17, 1925, and that death occurred, on the date stated above, at 11.30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis (acute articular rheumatism)

(duration) yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Morris B. Green, M. D.

4/20, 1925 (Address) Hamilton Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. John's Cemetery — DATE OF BURIAL April 22 1925

20 UNDERTAKER Frederick Lassahn & Sons — ADDRESS Fullerton

D 97640

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97640

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Found at foot of Wells St. 73-182 Registered No. C.....

City of BALTIMORE: (No. Wells St., 73 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown

(Residence in Baltimore: No. Unknown St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Unknown

6-DATE OF BIRTH.

..... 1..... (Month) (Day) (Year)

7-AGE about 50 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Unknown
(b) General nature of Industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). American ?

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country) Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-
Filed ..... 192.
Registrar.

APR 21 1925 Robert P. Harrison,
Burial Permit Clerk

THE MORGUE

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Found on April 14, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

.....(Duration).....yrs.....mos.....ds.

(Signed) James H. Fulton M. D.
(Coroner.)

April 16 1925 (Address) 704 E Chase

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, PUBLIC CEMETERY
Undertaker's Name, Per. Wm. E. WOODALL

DATE OF BURIAL, ... 19...

ADDRESS APR 21 1925

D 97641 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97641

CERTIFICATE OF DEATH

1-PLACE OF DEATH Found at ~~the~~ Harbor 3-4 Registered No. C.....

City of BALTIMORE: (No. Fourty Carolina St., ... Ward)

2-FULL NAME E. J. Maki

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. unknown St.; yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	unknown

6-DATE OF BIRTH. unknown 1..... (Month) (Day) (Year)

7-AGE. about ..34.. yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Sailor ?
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Finland

PARENTS.

10-NAME OF FATHER. Maki

11-BIRTHPLACE OF FATHER, (State or Country). Finland

12-MAIDEN NAME OF MOTHER. unknown

13-BIRTHPLACE OF MOTHER, (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Robert F. Harrison, Filed APR 21 1925 19... Burial Permit Clerk Registrar.

THE MORGUE.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Found - Harbor April 16 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon, and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

Sudden

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M. Hepburn M. D. (Coroner.)

April 17 1925 (Address) 1702 Clark

*State the Disease Causing Death, or, In deaths from Violent causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Over

19-PLACE OF BURIAL OR REMOVAL. PUBLIC CEMETERY DATE OF BURIAL APR 21 1925

20-UNDERTAKER ADDRESS Commissioner Health.

Spec.—1-10-21—M&T—1500 Blks.

D 97642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97642

124

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5E Mt. Royal ave. 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary J. Barnes

(a) RESIDENCE NO. 5 E. Mt Royal Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 6 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. C. Barnes

6 DATE OF BIRTH (month, day, and year) Oct 4- 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	6	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Cecil Co (State or country) Md.

PARENTS

10 NAME OF FATHER Jos. Thomas

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Susan Jasper

13 BIRTHPLACE OF MOTHER (city or town) Penna (State or country)

14 Informant Mamie A. Barnes (Address) 5 E. Mt Royal ave

15 Filed APR 21 1925, 19 Robert P. Harrison, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20 1925

17

I HEREBY CERTIFY, That I attended deceased from March 23rd, 19 25, to April 20, 19 25,

that I last saw her alive on April 20th, 19 25,

and that death occurred, on the date stated above, at 7 p.m.

The CAUSE OF DEATH* was as follows:

Bronchitis & Inflammation of the Gall bladder

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Age. 80

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gross Pict.

(Signed) D A Waldron, M. D.

4-21 1925 (Address) 210 East Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hopewell Cecil Co Md — DATE OF BURIAL April 22 1925

20 UNDERTAKER John Whitehill — ADDRESS 1201 W Fayette St.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97643 D 97643

CERTIFICATE OF DEATH.

REGISTERED NO. 13-31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3440 Hickory Ave. ST., (WARD) 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sister G. Sullivan

(a) RESIDENCE NO. 3440 Hickory Ave. ST., 13 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 6 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline E. Sullivan

6 DATE OF BIRTH (month, day, and year) Oct. 14-1872

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
52	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Hotel

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Wm. E. Sullivan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary J. Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Caroline E. Sullivan

(Address) 3440 Hickory Ave.

15 4 1 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 19 25 to April 19 19 25

that I last saw h[illegible]ive on April 11 19 25

and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(See Remarks)

Indefinite (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Hemorrhages (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) R. B. Norwood, M. D.

4-21 19 25 (Address) 3647 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Hampden — DATE OF BURIAL April 22 19 25

20 UNDERTAKER Horace H. Burgee — ADDRESS 3631 Falls Road

Head

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97644 ✓ D 97644

CERTIFICATE OF DEATH.

203

1-PLACE OF DEATH Found in Harbor at Foot of Boston St. Registered No. C.....

City of BALTIMORE: (No. Foot of Boston St., 1-4 rd)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Head of White man

(Residence in Baltimore: No. unknown St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.) Unknown

6-DATE OF BIRTH: ..... unknown ..... 1..... (Month) (Day) (Year)

7-AGE. about 40 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: unknown
(b) General nature of industry, business, or establishment in which employed (or employer): 087

9-BIRTHPLACE, (State or Country) unknown

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER, (State or Country) unknown

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER, (State or Country) unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Robert P. Harrison,

Filed ..... 192.....

1 1925 Burial Permit Clerk. Registrar.

THE MORGUE.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Found in foot of Boston St April 15 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Coroners Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxiation by loss of blood Probably by propeller of unknown Boat

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M. Hinton M. D. (Coroner.)

April 17 1925 (Address) 700 E Chase

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. PUBLIC CEMETERY. DATE OF BURIAL. ..... 19...

20-UNDERTAKER. Commissioner Health, ADDRESS APR 21 1925

PAT. WM. E. WOSBALL

Spec.—1-10-21—M&T—1509 Bks.

D 97645

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97645

CERTIFICATE OF DEATH.

5-1 159 003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1138 N. Hay ST., 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Irwin Reamer

(a) RESIDENCE NO. 438 N. Hay ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 15-1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Joseph Reamer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Katie Rosenblatt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Joseph Reamer (Address) 438 N. Hay st.

1 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21 1925

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1925, to April 21, 1925, that I last saw him alive on April 21, 1925, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Congenital Mental Defiency

(Broncho Pneumonia)

(duration) yrs. 10 mos ds.

CONTRIBUTORY (Secondary) Acute Dilation of Lungs

(duration) yrs. mos. 12 hrs.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. J. Dayton, M. D.

4/21, 1925 (Address) 210 Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 4-21 1925

20 UNDERTAKER Jack Lewis, 1789 E. Balto

ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

D 97646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 129 D 97646

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Green & Lombard ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Ferguson

(a) RESIDENCE NO. Upper Falls Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds. / How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer) 606

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Joseph Ferguson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Irene Faber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Warren Ferguson

(Address) 209 Bullard Ave city

Filed 4-21 1925 Robert P. Harrison Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/21 1925

17

I HEREBY CERTIFY, That I attended deceased from 4/9, 1925, to 4/21, 1925, that I last saw him alive on 4/21, 1925, and that death occurred, on the date stated above, at 11:00 a.m.

The CAUSE OF DEATH* was as follows:

Cardiovascular-Renal-Disease (duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. Buchman M. D.

4-21, 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Upper Falls Md — DATE OF BURIAL Apr. 23 1925

20 UNDERTAKER David Davidson — ADDRESS Upper Falls

Spec.—1-10-21—M&T—1500 Blks.

D 97647

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97647

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1400 E. Preston ST., 9-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Aloysius Torrence

(a) RESIDENCE NO. 1400 E. Preston ST., 1 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 8th 1920

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
5	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Wm T. Torrence

11 BIRTHPLACE OF FATHER (city or town) Pa.
(State or country)

12 MAIDEN NAME OF MOTHER Elsa T. Ritzert

13 BIRTHPLACE OF MOTHER (city or town) Balto Md.
(State or country)

14 Informant Wm T. Torrence
(Address) 1400 E. Preston St.

15 Filed 4/21 1925 . 19 Robert P. Harris
Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21st 1925

17 I HEREBY CERTIFY, That I attended deceased from April 16 . 1925 . to April 21 — . 1925 , that I last saw him alive on April 21 — . 1925 , and that death occurred, on the date stated above, at 8.20 a. m.

The CAUSE OF DEATH* was as follows:

Diphtheria toxemia

(duration) — yrs. — mos 9 ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Bacterial

(Signed) Edwin B. Fenby, M. D.

4/21/1925 (Address) 1223 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Apr. 22 1925

20 UNDERTAKER Lilly-Zeiler ADDRESS 403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97648

CERTIFICATE OF DEATH.

× 38 D 97648

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Otto Weinachter

(a) RESIDENCE NO. Dorsey, Maryland, ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? 61 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hedwig Heinrichter

6 DATE OF BIRTH (month, day, and year) April 30th 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	50	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germy

PARENTS

10 NAME OF FATHER Nicholas Weinachter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germy

12 MAIDEN NAME OF MOTHER Margaret Koch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germy

14 Informant Hedwig Weinachter

(Address) Dorsey Md.

15 Filed 21 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 21, 1925

17 I HEREBY CERTIFY, That I attended deceased from 4-14-, 1925 to 4-21-25, 19....,

that I last saw h...alive on 4-21-25, 19....;

and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Cardio Renal Sypholis

Chronic Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Course.

(Signed) Geo. Lindemann, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Redwood Cem. Dorsey Md.	April 24th 1925
20 UNDERTAKER	ADDRESS 1034
E. Schloman & Son	Fairmount

See Letter in file from Dr Potter dated April 6/1928

97649

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97649

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 511 N. Rose St. St., 7-3 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ferdinand Frederick K. Eicholdz

(Residence in Baltimore: No. 511 N. Rose St St.; yrs. 57 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	~~5-Single,~~ Married, ~~Widowed,~~ or Divorced, (Write the word.)
male	white	

6-DATE OF BIRTH. June 30-1867 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
80 yrs. 9 mos. 19 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER, (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katherine Eicholdz (wife)

(Address) 511 N. Rose St

15-

Filed 1925 192 Robert P. Harrison, Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 12-25 (Month) (Day) (Year) 192

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure (Senility)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (Chr)

(Duration) yrs. mos. ds.

(Signed) J. S. H. Potter M. D.
(Coroner.)

4-21-25 192 (Address) 508 E. North Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
1st German United Evangelical Cem	April 22 1925
20-UNDERTAKER.	ADDRESS
Jas. Schnitzler Jr.	2334 Jefferson St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97650

CERTIFICATE OF DEATH.

D 97650

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Municipal Hospital ST., 5-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Jones

(a) RESIDENCE NO. 1122 May St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Simms

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ann Simms

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Municipal Hospital Records (Address)

15 Filed APR 22 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20 1925

17 I HEREBY CERTIFY, That I attended deceased from April 16, 1925, to April 20, 1925, that I last saw her alive on April 19, 1925, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Hypertension (History)

Chronic myocarditis

(duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) W. S. Miller, M. D.

4/21, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel cemetery

DATE OF BURIAL April 23 1925

20 UNDERTAKER Edward Bryan

ADDRESS 1681 Orleans St

Sign on back of certificates.

D 9765I

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 9765I

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 3727 E Lombard St., 26 Ward) 1136

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman W. Mell

(Residence in Baltimore: No. 3727 E Lombard St.; yrs. 41 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Mal	Wht	M

6-DATE OF BIRTH. Feb (Month) 7 (Day) 1884 (Year)

7-AGE. ....yrs. 2 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of Industry, business, or establishment in which employed (or employer)..... gd

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER. Harry J Mell

11-BIRTHPLACE OF FATHER, (State or Country), Harrisburg Pa

12-MAIDEN NAME OF MOTHER. Catherine Krager

13-BIRTHPLACE OF MOTHER, (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Mell

(Address) 3727 E Lombard

15- Filed APR 22 1925 ROBERT R. KRAUTER, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 20 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Enteritis

(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) 1 yrs. ....mos. ....ds.

(Signed) James M. Lenhart M. D. (Coroner.)

April 20 1925 (Address) 704 E Chase St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Mt Carmel DATE OF BURIAL. Apr 22 1925

20-UNDERTAKER. Wm Cook ADDRESS 502 E Hamburg

Spec.—1-10-21—M&T—1500 Bks.

Dr Mungarty dy = 25th / Barclay

D 97652 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 D 97652

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 226 N. Payson ST., 20 WARD) 3 REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte M. Haines

(a) RESIDENCE No. 226 N. Payson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 13 - 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Philadelphia

PARENTS

10 NAME OF FATHER George Haines

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Lottie Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant A. J. Stout

(Address) 226 N. Payson

15 FILED APR 22 1925 MILTON N. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-20-1925

17 I HEREBY CERTIFY, That I attended deceased from April 3rd, 1925, to April 20th, 1925, that I last saw her alive on April 20th, 1925, and that death occurred, on the date stated above, at 8.20 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Physical Exam

(Signed) George Pfeiffer M.D., M. D.

4/21 1925 (Address) 401 E 25-12 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL 4/23 1925

20 UNDERTAKER Wm Cook — ADDRESS 502 E Knth

D 97653

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97653

CERTIFICATE OF DEATH.

4 + 90 − 3

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. Mercy Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chris Voegtlein

(Residence in Baltimore: No. Liberty Road Chapman ave St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, June (Month) 12 (Day) 1854 (Year)

7-AGE. 70 yrs. 10 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): [illegible] 015

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, Christ Voegtlein

11-BIRTHPLACE OF FATHER, (State or Country) Germany

12-MAIDEN NAME OF MOTHER, [illegible]

13-BIRTHPLACE OF MOTHER, (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Voegtleins

(Address) Randallstown Md

15-

APR 22 1925

ROBERT R. KRAUTER, Registrar.

Burial Permit (Sextons).

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 21 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, ~~autopsy or~~ inquiry.) thereon and from the evidence obtained by said ..... ~~Inquest, autopsy or~~ inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(Duration) yrs. mos. ds.

(Signed) H K Frazier M. D. (Coroner.)

4.22.25 (Address) 117 W Saratoga St

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Randallstown

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Apr 24 1925

20-UNDERTAKER, John Cook — ADDRESS 504 E Fayette

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5-124 D 97654

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 530 N. Central Ave St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eli J. Dennis

(a) Residence No. 530 N. Central Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: colored

5-Single, Married, Widowed, or Divorced (write the word): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Dennis

6-DATE OF BIRTH (month, day and year): unknown

7-AGE: 61 yrs. unknown mos. ds.

If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): O'Do

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Md.

PARENTS.

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country): unknown

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): unknown

11-

(Informant): Mary Dennis

(Address): 530 N. Central Ave

15-

Filed..... 192.....

ROBERT R. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Apr. 19-1925

17. I HEREBY CERTIFY, That I attended deceased from Jan. 19 25 to April 19 19 25

that I last saw h[illegible] alive on April 17 19 25

and that death occurred, on the date stated above, at 2,45 [illegible] m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Parenchymatous Nephritis

(Duration) yrs. 3 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? ~~Physical~~ no

What test confirmed diagnosis? Clinical

(Signed) R. J. Young M. D

4/20 19 25 (Address) 1429 E. Madison St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Odd Fellows Cemetery

DATE OF BURIAL: 4/22 19 25

20-UNDERTAKER: Chas. H. Johnson

ADDRESS: 446 N. Carey St.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

97655

CERTIFICATE OF DEATH.

D 97655

1-PLACE OF DEATH — REGISTERED NO. .....

CITY OF BALTIMORE; (No. Mercy Hosp ST., 15-100-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Leo Foristy

(a) RESIDENCE NO. 1627 N Smallwood ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 31/24

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	8	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto md

10 NAME OF FATHER: Sam Moskowitz

11 BIRTHPLACE OF FATHER (city or town) (State or country): New York

12 MAIDEN NAME OF MOTHER: Annie Kimmel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

Informant: Sam Moskowitz

(Address) 1627 N Smallwood St

Filed APR 22 1925 ROBERT R. KRAUTER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns Thorax

Contusion

Shock

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... , M. D.

(Coroner.)

, 192 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pikesville Hunting Run — DATE OF BURIAL: 4/22/1925

20 UNDERTAKER: Fol Linson & Bro — ADDRESS: E Balto St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97656

CERTIFICATE OF DEATH.

D 97656

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 645 Gregg St., ST., 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosina White

(a) RESIDENCE No. 645 Gregg ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1882

8 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 070

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: James White

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Lucy Tunstall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

Informant: Nelson Tunstall

(Address) 518 Fremont St

APR 22 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 20 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Coroner (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

Exhaustion (duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) , M. D.

(Coroner.)

, 192 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

DATE OF BURIAL: Apr 24 1925

20 UNDERTAKER: Edward F Handley

ADDRESS: 1178 W Balto

97657 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 97657

1-PLACE OF DEATH

City of BALTIMORE. (No. 1521 W. Pratt St., 19 16-2 Ward.) Registered No. C.....

2-FULL NAME Sherod D. Fannon

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 310 So. Gilmor St.; yrs. 5/6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

6-DATE OF BIRTH. Jan 10th 1898 (Month) (Day) (Year)

7-AGE. 27 yrs. 3 mos. 10 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Machinist (?)
(b) General nature of industry, business, or establishment in which employed (or employer). H. E. Crook Co

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Edgar Hannon

11-BIRTHPLACE OF FATHER. (State or Country). Md

12-MAIDEN NAME OF MOTHER. Sarah Bowers

13-BIRTHPLACE OF MOTHER. (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edgar Hannon

(Address) 310 So. Elmor St

15-

APR 22 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 20th, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Suicide by inhaling Illuminating Gas

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Thos. B. Horton M. D. (Coroner.)

Apr 20 1925 (Address) Curtis Bay

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Balto. Md

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park DATE OF BURIAL. 4/27 1925

20-UNDERTAKER. H. F. Witzke per Rudenstine ADDRESS Gilmor

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

189 D 97658 (418)

CERTIFICATE OF DEATH.

38 D 97658

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL, ST., 3 WARD) — 2

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Addie Kerney

(a) RESIDENCE No. 1634 E. Lombard St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Unknown 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Thomas Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER: Sarah Collins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

16 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL,

15 Filed APR 22 1925, 19 Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 19 1925

17

I HEREBY CERTIFY, That I attended deceased from April 17, 1925 to April 19, 1925, that I last saw her alive on April 19, 1925, and that death occurred, on the date stated above, at 9.15 a. m.

The CAUSE OF DEATH* was as follows: Osteomyelitis, upper ends right humerus and scapula

Tertiary luetic changes

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute chronic nephritis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of April 19, 1925

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) [illegible], M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: April 22 '25

20 UNDERTAKER: Mathilda Snowden

ADDRESS 1425 Ashland Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97659

CERTIFICATE OF DEATH.

+100-001 D 97659

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hopt. 11 ST., 2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Hines

(a) RESIDENCE NO. Spanns Point ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred > yrs. — mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Hinson

6 DATE OF BIRTH (month, day, and year) Gentember 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	29			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Bethelem Steel Company

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Samuel Hines

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Sarah Morton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Malachi Hines
(Address) Spanns point md.

15 Filed APR 22 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-20-25 19

17

I HEREBY CERTIFY, That I attended deceased from 4-19-25, 19..., to 4-20-25, 19...,

that I last saw h— alive on 4-20-25, 19...,

and that death occurred, on the date stated above, at 6 30 p.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Clinical

(Signed) W. B. Butler, M. D.

, 19 (Address) 406 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Farmville Va	April 22 25
20 UNDERTAKER Mrs. P. G. Elliot	ADDRESS 1725 Eastland

Spec.—1-10-21—M&T—1500 Bks.

D 97660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97660

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hosp. ST., 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fabius Taich

(a) RESIDENCE NO. 2141 E. Fairmount ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	11			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School — pupil

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) W. Va.

PARENTS

10 NAME OF FATHER Nachum B. Taich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Zelda Mahr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs. Zelda Taich

(Address) 2141 E. Fairmount Ave.

15 Filed APR 22 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 21 19 25

17

I HEREBY CERTIFY, That I attended deceased from Apr. 20, 1925, to Apr. 21, 1925,

that I last saw him alive on Apr. 21, 1925,

and that death occurred, on the date stated above, at 2:15 P m.

The CAUSE OF DEATH* was as follows:

Pneumococcus Meningitis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumococcus

Septicemia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clin. & Lab.

(Signed) Samuel R. Siegel, M. D.

, 19 (Address) Hebrew Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Southern Ave.	4-22 19 25
20 UNDERTAKER	ADDRESS
Jack Levis	1439 E. Balt.

Spec.—1-16-21—M&T—1500 Blks.

97661

180290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 97662

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL (St.) 27-3 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Stein

(a) RESIDENCE NO. 412 Spalding Ave (ST.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Servant

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 14; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School girl

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Max Stein

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Anna Lemick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL.

15 Filed APR 22 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 21, 1925

17

I HEREBY CERTIFY, That I attended deceased from April 13, 1925, to April 21, 1925, that I last saw h[illegible] alive on April 21, 1925, and that death occurred, on the date stated above, at 3 45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Rheumatic Endocarditis

Mitral Stenosis + Insufficiency

Aortic Insufficiency

(duration) yrs. 14 mos. ds.

CONTRIBUTORY (Secondary): Myocardial Insufficiency

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) [illegible], M. D.

, 19 (Address) J. H. Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Hebrew Russdale — DATE OF BURIAL: 4-21 1925

20 UNDERTAKER: Jack Levin, 1499 — ADDRESS: E. Balto

Spec.—1-10-21—M&T—1500 Bks.

D 97662 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97662

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Bristow

(a) RESIDENCE NO. Locust Hill, Middlesex Co, Va WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Elnore Bristow

6 DATE OF BIRTH (month, day, and year) 19th Feb 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) —"— Own

(c) Name of employer —"—

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Andrew Bristow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 APR 22 1925 Registrar

Bureau of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21, 1925

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1925 to April 21, 1925

that I last saw him alive on April 21, 1925

and that death occurred, on the date stated above, at 1 8 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis.

Myocardial failure ? auricular fibrillation

(duration) — yrs. 12 mos — ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism (duration) ... yrs. Immediate mos. Minutes ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Trevor Owen M. D.

Apr. 21. 1925 (Address) Johns Hopkins Hospital Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Burhans Ware Va DATE OF BURIAL April 22 1925

20 UNDERTAKER Josiah Lyon BCA ADDRESS 1600 W North Ave

Spec.—1-10-21—M&T—1500 Bks.

1805 D 97663 HEALTH DEPARTMENT—CITY OF BALTIMORE D. 97663

CERTIFICATE OF DEATH.

118-88

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL. ST., 8-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Adams

(a) RESIDENCE NO. 1241 E Preston St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. Life ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jany 11-1871

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	—	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): H. 066

(c) Name of employer: H

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Joseph Adams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary J Short

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records (Address) JOHNS HOPKINS HOSPITAL.

15 APR 22 1925 ROBERT N. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20 1925

17

I HEREBY CERTIFY, That I attended deceased from April 15, 1925, to April 20, 1925, that I last saw ~~him~~ alive on April 20, 1925, and that death occurred, on the date stated above, at 10 40 a.m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of April 15 1925

Was there an autopsy? Yes

What test confirmed diagnosis? Path

(Signed) Warfield M. Firor, M. D.

4/24 1925 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dale Cemetery — DATE OF BURIAL: Apl 24 1925

20 UNDERTAKER: Robt E Turner & Son — ADDRESS: W. Fayette

Spec.—1-10-21—M&T—1500 Bks.

D 97664 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97664

CERTIFICATE OF DEATH.

99-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1683 Bolton, St., 8-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernhard H Stolle

(a) RESIDENCE No 1683 Bolton St., 8 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 66 mos. ds. How long in U. S., if of foreign birth? 66 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Stolle

6 DATE OF BIRTH (month, day, and year) Jan 1st 1834

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	91	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber 004

(b) General nature of industry, business, or establishment in which employed (or employer) Shaving and Hair Cutting

(c) Name of employer Proprietor

9 BIRTHPLACE (city or town) (State or country) Prov. Hanover Germany

PARENTS

10 NAME OF FATHER Bernhard H Stolle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Prov. Hanover Germany

12 MAIDEN NAME OF MOTHER not given

13 BIRTHPLACE OF MOTHER (city or town) (State or country) not given

14 Informant Elizabeth Stolle wife

(Address)

Filed APR 22 1925 H. Lee Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20th 1925

17

I HEREBY CERTIFY, That I attended deceased from April 20th, 1925, to ..., 19..., that I last saw him alive on April 20th, 1925, and that death occurred, on the date stated above, at 8 oclock a.m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

General Debility

(duration) 6 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) General Debility

(duration) 6 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Dane J Bell, M. D.

, 1925 (Address) 2906 Henderson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. City

DATE OF BURIAL Apr. 22. 1925

20 UNDERTAKER J. P. Russelburg

ADDRESS No. 2620 St Paul

Spgc.—1-10-21—M&T—1500 Blks.

D 97665 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97665

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3501 6. Fairmount Ave - WARD) 26-3

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis D. Steiner

(a) RESIDENCE No. 3501 6. Fairmount Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Annie R. Steiner

6 DATE OF BIRTH (month, day, and year) Mar. 21/49

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	—	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor 070

(b) General nature of industry, business, or establishment in which employed (or employer): W. R. R. Co.

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER John C. Steiner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret K.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Annie R. Steiner (Address) 3501 E. Fairmount Ave.

15 Filed APR 22 1925 H. A. W. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 20th 1925

17 I HEREBY CERTIFY, That I attended deceased from 4/10, 19 25, to 4/20, 19 25, that I last saw h live on 4/19, 19 25, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

Myocarditis (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. D. Fraun M. D.

4/21 19 25 (Address) 3934 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	4/22 19 25
UNDERTAKER	ADDRESS
Philip Herwig	2016 Orleans St

Spec.—1-10-21—M&T—1500 Bks.

97666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97666

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. North Pt. Rd. Near Phila. Rd. Rosedale, ST., 26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vonnie Doris Leonard.

(a) RESIDENCE NO. North Pt. Rd. Near Phila Rd. Rosedale ST., 26 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 21 - 1924

7 AGE — Years: ✓ Months: 6 Days: ✓ If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER Edward Leonard.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER Alice Hofstetter 4/27/1925

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Co. Md.

14 Informant Edward Leonard. (Address) North Pt Rd Near Phila Rd.

APR 22 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21 1925

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1925, to April 21, 1925, that I last saw her alive on April 21, 1925, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

6 (duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Constipation (Surgical)

(duration) yrs. 6 mos. 7 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. Schreier, M. D.

(Address) 330 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem.

DATE OF BURIAL: April 22 1925

20 UNDERTAKER: Lilly and Zeiler

ADDRESS: 403 S Wolfe St

Spec.—1-10-21—M&T—1500 Blks.

D 97667

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97667

CERTIFICATE OF DEATH.

26-129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4316 E. Lombard St. ST., 26 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna M. Rosenberger.

(a) RESIDENCE NO. 4316 E. Lombard St ST., 26 WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Rosenberger.

6 DATE OF BIRTH (month, day, and year) Aug. 12 - 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	30	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Continental Can

(b) General nature of industry, business, or establishment in which employed (or employer) Co. 086

(c) Name of employer

9 BIRTHPLACE (city or town) Harford Co.
(State or country) Md.

PARENTS

10 NAME OF FATHER William H. Carback

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Thelen

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) City.

14 Informant Mary Carback (Mother)
(Address) 4316 E. Lombard St.

Filed APR 22 1925 H. A. W. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21 1925

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1925, to April 21, 1925, that I last saw h[er] alive on April 21, 1925, and that death occurred, on the date stated above, at 10.30 a. m.

The CAUSE OF DEATH* was as follows:

Arc Pulm Order.
Chron. Nephritis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Wright R. Wedler M. D.

4/22, 1925 (Address) 3323 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem.

DATE OF BURIAL April 24 1925

20 UNDERTAKER Lilly and Zeiler

ADDRESS 403 E. Wo[lfe]

Spec.—1-12-23—M&T—500 Bks.

D 97668

HEALTH DEPARTMENT—CITY OF BALTIMORE D 97668

CERTIFICATE OF DEATH.

31 Y

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2714 E. Madison ST., 1-3 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry P. Kirckhoff

(a) RESIDENCE NO. 2714 E. Madison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 11 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frieda Kirckhoff

6 DATE OF BIRTH (month, day, and year) May 13, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	30	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Assistant Cashier

(b) General nature of industry, business, or establishment in which employed (or employer) Bank

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Henry Kirckhoff

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER Mary Miller

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant Frieda Kirckhoff

(Address) 2714 E. Madison St.

15 PR 22 1925 ROBERT R. KRAUTER. Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 21 1925

17 I HEREBY CERTIFY, That I attended deceased from 12/10, 1924, to 4/21, 1925, that I last saw h alive on 4/20, 1925, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

(a) Pul. TB

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Arterio. Pulm. Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. P. Kirckhoff, M. D.

4/22, 1925 (Address) 2430 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem.

DATE OF BURIAL Apr 23 1925.

20 UNDERTAKER John Ulrich

ADDRESS 2008 Oleander

Spec.—1-10-21—M&T—1500 Bks.

D 97669

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97669

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Municipal Hospital ST., 76 WARD 7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Thomson

(a) RESIDENCE NO. Bay View Asylum ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Va.
(State or country)

PARENTS

10 NAME OF FATHER Whittington Stokley

11 BIRTHPLACE OF FATHER (city or town) Va.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Stokley

13 BIRTHPLACE OF MOTHER (city or town) Va.
(State or country)

14 Informant Municipal Hospital Records
(Address)

15 Filed 22 1925 19 Robert P. Harrison,
Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 18 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 1, 1924, to April 18, 1925.

that I last saw her alive on April 18, 1925

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W L Miller, M. D.

4/19/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn et	April 22 1925
20 UNDERTAKER	ADDRESS
I La Bram's Son	108 N. Monty St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97670

D 97670

CERTIFICATE OF DEATH.

× 118-3

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. ST., W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm H Watson.

(a) RESIDENCE NO. 115 Newburg Ave ST., Catonsville Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma V. Watson

6 DATE OF BIRTH (month, day, and year) June 17-1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52 ~~55~~	10	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Builder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer David Bendann

9 BIRTHPLACE (city or town) Balto. (State or country) Md

PARENTS

10 NAME OF FATHER Arthur Watson

11 BIRTHPLACE OF FATHER (city or town) London (State or country) England

12 MAIDEN NAME OF MOTHER Kate Sheid

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Frank N. Watson (Address) 115 Newberg Ave

15

2 1925 Robert P. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 21 1925

17

I HEREBY CERTIFY, That I attended deceased from 3/28, 1925, to 4/21, 1925.

that I last saw h~~im~~alive on 4/21, 1925,

and that death occurred, on the date stated above, at 5:10 P m.

The CAUSE OF DEATH* was as follows:

Pyloric ulcer

Obstructive

Symptoms.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruct

(duration) yrs. mos 6-7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 4/9/25

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Dr. A. Fisher, M. D.

1925 (Address) 715 Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem	Apr 24 1925
20 UNDERTAKER Wm J Rickert Sons	ADDRESS N & Pa

Spec.—1-10-21—M&T—1500 Bks.

Pennsylvania Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97671

CERTIFICATE OF DEATH.

18 D 97671

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mc Genthorp X ST. 15-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Annie E. Reightler (Reightler)

(a) RESIDENCE NO. 2518 Penna Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elwood M. Reightler

6 DATE OF BIRTH (month, day, and year) Mar 29-1900

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	75	1	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H.W.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lexington Ky

PARENTS

10 NAME OF FATHER L. Sharp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Annie Read.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Mrs Walter Slinger (Sister) 2110 Eutaw

15 2 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-21-25 19

17 I HEREBY CERTIFY, That I attended deceased from 4-20-25, 19 .., to 4-21-25 19 .., that I last saw h alive on 4-21-25, 19 .., and that death occurred, on the date stated above, at 9:35 a m.

The CAUSE OF DEATH* was as follows:

Mediastinal Adenitis

Peritonitis and appendicitis

Operation (duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Hypertension Laryngitis Chr. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 4/19/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical Observation

(Signed) Jno A Donaldson M. D.

, 19 (Address) 2nd Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Roanoke, Va. DATE OF BURIAL Apr. 23, 25

20 UNDERTAKER Wm J Tickner & Sons ADDRESS Rock Ha

Spec.—1-10-21 M&T 1500 Bks.

D 97672

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97672

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 N. Caroline ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Canton

(a) RESIDENCE NO. 811 N. Caroline ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
♂	C	Sgle

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Apr. 20, '25

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or 10 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) Beaton (State or country) Md

PARENTS

10 NAME OF FATHER George Canton

11 BIRTHPLACE OF FATHER (city or town) St. Thomas (State or country) B.W.I.

12 MAIDEN NAME OF MOTHER Mabel See

13 BIRTHPLACE OF MOTHER (city or town) Charleston (State or country) S.C

14 Informant George Canton (Address) 811 N. Caroline

15 2 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 20 1925

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1925, to April 20, 1925, that I last saw her alive on April 20, 1925, and that death occurred, on the date stated above, at 3:20 P.m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Premature Birth

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. S. Berry, M. D.

, 19 (Address) 1520 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
PUBLIC CEMETERY.	APR 22 1925 19
20 UNDERTAKER Commissioner Health.	ADDRESS

GEO. WM. E. WOODALL

Spec.—1-10-21—M&T—1500 Bks.

D 97673 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 97673

38

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 13-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Milligan

(a) RESIDENCE NO. 2420 McCulloughST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Driver

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Dont Remember

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Dont Remember

12 MAIDEN NAME OF MOTHER Dont Remember

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Dont Know

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Robert F. Hartbeck

15 2 1925 , 19 Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/14 1925

17 I HEREBY CERTIFY, That I attended deceased from April 12 1925 to April 14, 1925, that I last saw him alive on April 14, 1925, and that death occurred, on the date stated above, at 9 15 a. m.

The CAUSE OF DEATH* was as follows:

Strangulated inguinal hernia, right. Gangrenous small intestine 10 feet. Syphilis.

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Embolism post operative.

(duration) yrs. mos. 5 minutes ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of April 12 1925

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) [illegible], M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and (2) Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health,

ADDRESS APR 22 1925

Spec.—1-10-21—M&T—1500 Bks.

D 97674

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97674

CERTIFICATE OF DEATH.

400-001

1-PLACE OF DEATH West Baltimore General Hospital. REGISTERED NO. .....

CITY OF BALTIMORE: (No. Rayner ave & Dukeland ST., 16 WARD 3)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Dillard.

(a) RESIDENCE NO. Dundalk Md, ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Past 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown. married.

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE about 35 Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	unknown.		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. 040

(b) General nature of industry, business, or establishment in which employed (or employer) Manual Labor.

(c) Name of employer unknown.

9 BIRTHPLACE (city or town) Greenville (State or country) S. C.

PARENTS

10 NAME OF FATHER Spencer Dillard.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greenville S.C.

12 MAIDEN NAME OF MOTHER unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown.

14 Informant Patient. (Address) West Balto Gen Hospital

15 Filed ..., 19... Robert P. Harrison, 0356 Registrar

THE MORGUE Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/27 1925

17 I HEREBY CERTIFY, That I attended deceased from 3/20, 1925, to 3/27, 1925, that I last saw him alive on 3/27, 1925, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 2 hrs

18 Where was disease contracted if not at place of death? at Large.

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory.

(Signed) Jas Hyatt Wilkerson M.D.

19 (Address) West Balto Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND.

DATE OF BURIAL: APR 9 1925

20 UNDERTAKER: Commissioner Health.

ADDRESS

Wm E. WOODALL

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97675

CERTIFICATE OF DEATH.

90 D 97675

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Tasco

(a) RESIDENCE NO. 1112 Vincent Alley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widower

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63yr.	—	—	

8 OCCUPATION OF DEACEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) D40

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER William Tasco

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Cassy Tasco

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Municipal Hospital Records
(Address)

15 Robert F. Harrison, ..., 19 .....
Burial Permit Clerk. Registrar

2 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1924, to April 19, 1925, that I last saw him alive on April 18, 1925, and that death occurred, on the date stated above, at 3:40 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, chronic myocarditis, myocardial failure

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Laboratory

(Signed) W. H. Miller, M. D.

4/20, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Apr. 23 1925
20 UNDERTAKER	ADDRESS
Virginia A. Brooks	1463 W. Cary St.

Spec.—1-10-21—M&T—1500 Blks.

D 97678 18034

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97678

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. CITY OF BALTIMORE: (No. ..... St., 14-1 Ward)

REGISTERED NO. 7200

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Preston Chandler

(a) RESIDENCE NO. 1606 Argyle Ave St., WARD ....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 2 1914

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
10	9	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —"—

(c) Name of employer —"—

9 BIRTHPLACE (city or town) (State or country) Chicago, Ill

PARENTS

10 NAME OF FATHER Preston Chandler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Michigan

12 MAIDEN NAME OF MOTHER Ida Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 2 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21 1925

17 I HEREBY CERTIFY, That I attended deceased from April 16, 1925, to April 21, 1925, that I last saw him alive on April 21, 1925, and that death occurred, on the date stated above, at 3 10 a. m.

The CAUSE OF DEATH* was as follows:

Acute pyogenic meningitis
(Haemolytic streptococcus)

(duration) ... yrs. ... mos. 12 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of 4-18-25

Was there an autopsy? yes.

What test confirmed diagnosis? Bacteriological exam. of spinal fluid

(Signed) ..., M. D.

, 19 (Address) ...

*State the Disease Causing Death, or in deaths from Violent Causes, (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	April 23, 25
20 UNDERTAKER M. C. Elliott.	ADDRESS 1220 Eutaw

Spec.—1-10-21—M&T—1500 Blks.

D 97677

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97677

CERTIFICATE OF DEATH.

9

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 Baltimore ST., 11-1 WARD)

2-FULL NAME Andrew Stephenson

(a) RESIDENCE NO. 1116 Baltimore ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) August 15, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1		7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Andrew Stephenson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Margaret Hooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Margaret Stephenson (Address) 1116 Baltimore St.

15 Filed 2-2 1925, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/23/1925

17 I HEREBY CERTIFY, That I attended deceased from 4/13, 1925, to 4/23/25, 19..., that I last saw h[illegible] alive on 4/22/25, 19..., and that death occurred, on the date stated above, at 12:40 P.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Whooping Cough

(duration) ..... yrs. 1 mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Wells, M. D.

(Address) 1116 Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Not underlined

DATE OF BURIAL April 23, 1925

20 UNDERTAKER Joseph A Farrell

ADDRESS 1348 Division

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97678

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97678

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 836 S. Third St., 26 Ward) 5 89 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME S. William Fink

(a) Residence No. 836 S. Third St. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? 75 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Isabelle Fink

6-DATE OF BIRTH (month, day and year) Feb. 13 1847

7-AGE.	If LESS than 1 day.
78 yrs. 2 mos. 7 ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Not Known

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Not Known

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Not Known

14- (Informant) Caroline Daubert

(Address) 836 S. Third St.

15- Filed 1925 192 Robert F. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): April 20-1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1920 to April 20 1925 that I last saw him alive on April 10 1925 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) Gradual mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Harvey B. Tilton M. D

4/21, 1925 (Address) 315 S. Highland Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Trinity Cemetery	April 23, 1925
20-UNDERTAKER.	**ADDRESS**
Zinkler + Zinkler	1739 E. Eager St.

97679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97679

9-30

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1520 N. Maderia St. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... William R. Padgett.....

(Residence in Baltimore: No. 1543 Abbottston St. St.; yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	mar

6-DATE OF BIRTH, ... Oct. 15-1867 ..... 1.....
(Month) (Day) (Year)

7-AGE, 57 yrs. 6 mos. 6 ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Assessor
(b) General nature of industry, business, or establishment in which employed (or employer)..... Reg. Wills. City

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, Robert J. Padgett Sr.

11-BIRTHPLACE OF FATHER, (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER, Anna J. Hamil

13-BIRTHPLACE OF MOTHER, (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Helen L. Padgett (wife)

(Address)..... 1543 Abbottston St.

15-

APR 22 1925

Robert F. Harrison,
Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... April 21 -25 ....., 192.....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency
(Probably Valvular)

.....

.....

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY .....
(Secondary)

.....(Duration).....yrs.....mos.....ds.

(Signed) J. S. McCallum (Coroner.) M. D.

4-22-25 192.... (Address) 503 E. Hoffman Ave.....

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	4/24 19.25
20-UNDERTAKER, Zurhlen & Zurhlen	ADDRESS 1739 Eager

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97680

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97680

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 2204 Frederick Ave St., 20-4 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Medinger

(a) Residence No. 2204 Frederick Ave St., ... Ward .....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C Medinger

6-DATE OF BIRTH (month, day and year) Feb 15, 1877

7-AGE, 48 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Laundry Business

(b) General nature of Industry, business, or establishment in which employed (or employer) Wet wash

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Francis F Medinger

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary J Carlos

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Md

14-

(Informant) Mary J. Medinger

(Address) 2204 Frederick Ave

15-

Dec 22 1925, 192.....

Robert P. Harrison,
Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 21-26

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 ....., 1925, to April 21 ....., 1926, that I last saw him alive on April 21 ....., 1926, and that death occurred, on the date stated above, at 2 A ....m.

The CAUSE OF DEATH* was as follows:

Myocarditis / Endocarditis

Hypostatic pneumonia / Amputation of leg

(Duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) ..... yrs. ..... mos. 1 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? ..... Date of .....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Robert P Harrison M. D.

Jan 22 192 (Address) 2101 Mulberry Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL, April 24, 1926

20-UNDERTAKER, George J Smith — ADDRESS 1532 Hollins St

Spec—12-23-21—E.B.R.S.—400 Blks.

D 97681 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97681

CERTIFICATE OF DEATH.

91-002

1-PLACE OF DEATH

City of BALTIMORE: (No. Aged Mens Home St., 14-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John E Marsden

(a) Residence No. 1400 N Lexington St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. 2 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Wht

5-Single, Married, Widowed, or Divorced, (Write the word.) Wid

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan 24 1848

7-AGE, 77 yrs. 2 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... none

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Ewing Marsden

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Elizabeth ?

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country).

14- (Informant) D Blanche Fisher

(Address) 1400 N Lexington

15- Filed 4-22 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 24 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 10, 19 25, to April 24, 19 25, that I last saw him alive on April 17, 19 25, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

(a) General Cortex - Atherosclerosis

(b) .....

(c) .....

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulm. Edema

(Duration) ..... yrs. ..... mos. 1 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis?.....

(Signed) F Woodward, M. D.

April, 19 25 (Address) 939 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Loudon Park	April 23, 1925
20-UNDERTAKER, Geo. A. Smith	ADDRESS 1532 Hollins

Spec.—1-10-21—M&T—1500 Blks.

(Gardner)

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97682

CERTIFICATE OF DEATH.

100-001

D 97682

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 201 - N Bouce ST. 16-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Robert Gardner

(a) RESIDENCE NO. 201 - N Bouce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) [illegible] 19 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		9	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER James Rodney

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md
(State or country)

12 MAIDEN NAME OF MOTHER Rosie Ford

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md
(State or country)

14 Informant Rosie Rodney
(Address) 201 - N - Bouce

15 F[illegible] 2 1925 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/21/1925

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1925, to April 21, 1925, that I last saw her alive on April 21, 1925, and that death occurred, on the date stated above, at 8:25 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

Bronchitis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Unemployed

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Walter J. Feeley, M. D.

, 19 (Address) 161 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Forrest Grove Cem

DATE OF BURIAL 4/23/1925

20 UNDERTAKER Daniel Easton

ADDRESS 916 Penn

Spec.—1-10-21—M&T—1500 Blks.

D 97683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97683

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 Sanford Place ST. 14 WARD 90)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel J. Morris

(a) RESIDENCE NO. 517 Sanford Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Hannah Morris

6 DATE OF BIRTH (month, day, and year) Aug. 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	8	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ret. Clothing Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Louis Morris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER — Davidson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mr. Louis Morris

(Address) 517 Sanford Place

15 Filed 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/21/1925.

17 I HEREBY CERTIFY, That I attended deceased from Jan 10th, 1924, to April 21st, 1925,

that I last saw h... alive on April 21st, 1925,

and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Chr Valvular Disease

Cystitis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arth Cardiac Debility

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Michael A. Abrams, M. D.

April 24 1925. (Address) 2360 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Hebrew Cem.	4/24/1925
20 UNDERTAKER David Sondheim	ADDRESS 1118 W. Mt. Royal Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97684 PLACE OF DEATH

91-002

D 97684 REGISTERED NO.

CITY OF BALTIMORE: (No. 1041 W Baltimore ST., 21-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George F Schwermann

(a) RESIDENCE NO. 1041 W Baltimore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Kate Schwermann

6 DATE OF BIRTH (month, day, and year): Nov 25 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	4	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Restaurant 044

(b) General nature of industry, business, or establishment in which employed (or employer): Keeper

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Gerhart Schwermann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Kate Feldkamp

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Kate Schwermann

(Address) 1041 W Baltimore st

15 Filed APR 23 1925, 19 ROBERT N. KRAUTER, Registrar, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 21 1925

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to April 21, 1925, that I last saw him alive on April 20, 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 1 yrs. mos. X ds.

CONTRIBUTORY (Secondary): Hypostatic Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) J Wesley Hoag, M. D.

4/23 1925 (Address) 72 Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross (R.C.) Cem	4/24 1925

20 UNDERTAKER: George A Foley

ADDRESS: Fulton & Fayette

97685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5-1 90 D 97685

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 138 N. Exeter ST.; 5-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Angelina Pertitta

(Residence in Baltimore: No. 426 N. Exeter St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female (w.) | 4-COLOR OR RACE, white | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) wid

6-DATE OF BIRTH, Jan 22, 1856 (Month) (Day) (Year)

7-AGE, 69 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Filippo Sacco

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER P. Saida

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Bartolomeo

(Address) 425 N. Exeter

15-

FILED APR 23 1925 ROBERT N. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 22, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma, rectum

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. D. (Coroner.)

Apr 24, 1925 (Address) 1239 E. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, April 25 1925

20-UNDERTAKER George J. Ruth

ADDRESS 1735 Harford ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15-54

D 97686

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Garrison & Windsor Avenues St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah J. Sheehan

(a) Residence No. Garrison & Windsor Avenues St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Female	White	Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas H. Sheehan

6-DATE OF BIRTH (month, day and year) Oct. 14, 1853

7-AGE.			If LESS than 1 day,
71 yrs.	6 mos.	7 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Schnectady
(State or Country), New York

PARENTS.

10-NAME OF FATHER, ------ Connolly

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, ------ Seary

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Mrs. Sadie H. Carland
(Address) Garrison & Windsor Aves.

15- [illegible] ROBERT N. KRAUTER
Registrar.

APR 23 1925 Burial-Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 4/21/25

17- I HEREBY CERTIFY, That I attended deceased from March 21, 1925 to Apr 21, 1925

that I last saw h-- alive on Apr 21, 1925

and that death occurred, on the date stated above, at 12 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach
with Metastasis to Brain

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Convulsions,

(Duration) yrs. mos. 7 ds.

18-Where was disease contracted if not at place of death? yes

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? X Ray, Clinical & Phy. S.

(Signed) J. T. Sheehan M. D.

4/22, 1925 (Address) 804 Cathedral

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
Cathedral Cemetery	4/24, 19 25
20-UNDERTAKER.	ADDRESS
Henry W. Mears and Son	805 N. Calvert

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97687

CERTIFICATE OF DEATH.

31 D 97687.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2023 Robb st. ST., 9 WARD) 4

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jerome .D. Staylor.

(a) RESIDENCE No. 2023 Robb st ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, ~~Widowed, or Divorced,~~ (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie E Staylor.

6 DATE OF BIRTH (month, day, and year) Jan. 14 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	Year 3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Store Keeper

(b) General nature of industry, business, or establishment in which employed (or employer) Hill + Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER George E Staylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary C Dillway

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs Marie E Staylor

(Address) 2023 Robb st

15 APR 23 1925 ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1925 to April 20, 1925 that I last saw him alive on April 19, 1925, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 3 mos ... ds.

CONTRIBUTORY (Secondary)

(duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) J. E. Burkhardt M.D.

471 W (Address) 1531 E. North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	April 24 1925

20 UNDERTAKER George F Rutt ADDRESS 1735 Hayford ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97688 — STATE OF DEATH — 40 D 97688

CITY OF BALTIMORE: (No. 317 S. Chester St.; 1 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maryanna Sufczynska

(a) RESIDENCE. No. 317 S Chester St ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Stanly Sufczynska

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS
10 NAME OF FATHER W Jnamerowski
11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland
12 MAIDEN NAME OF MOTHER Sobkowska
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Stanly Sufczynski
(Address) 317 S Chester St

15 Filed APR 23 1925 ROBERT R. KRAMER Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21 1925

17 I HEREBY CERTIFY, That I attended deceased from April 13, 1925, to April 21, 1925, that I last saw h[er] alive on April 21, 1925, and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:
Myocarditis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical Symptoms
(Signed) J. Artigiani, M. D.
, 19 (Address) 2942 E. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem	April 25 1925
20 UNDERTAKER	ADDRESS
J. W. Ozaglewski	1430 Eastern Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97689

CERTIFICATE OF DEATH.

90 D 97689

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2420 Maryland Ave ST., 12 WARD) 3

2-FULL NAME Annie Eliza Schaefer

(a) RESIDENCE No. 2420 Maryland Ave ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced (or) WIFE of late John A. Schaefer

6 DATE OF BIRTH (month, day, and year) Feb 7. 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65 yrs	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work /Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER James E. McGlotten

11 BIRTHPLACE OF FATHER (city or town) Balto, Md
(State or country)

12 MAIDEN NAME OF MOTHER Eliza A. James

13 BIRTHPLACE OF MOTHER (city or town) Balto, Md
(State or country)

14 Informant Miss M. Jessie Schaefer
(Address) 2420 Maryland Ave

15 APR 23 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20 1925

17

I HEREBY CERTIFY, That I attended deceased from April 20, 1923, to April 20, 1925

that I last saw her alive on April 20, 1925

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) / yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute cardiac dilitation

(duration) yrs. mos. / ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Geo. M. Settle, M. D.

April 20, 1925 (Address) 2435 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvert Cemetery	April 23 1925
20 UNDERTAKER	ADDRESS
Jos Joerdens & Son	417 S. Paca St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97690

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97690

CERTIFICATE OF DEATH.

6-359

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2602 E. Balto. St., ... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Ray Kruger

(a) Residence No.... 2602 E. Baltimore ..... St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? 34 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Leopold Kruger

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 80 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housework

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Simon Siegel

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Bella -------

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Russia

14- (Informant).... Wm. Bennett

(Address)..... 2602 E. Balto. St.,

15- APR 23 1925 ROBERT N. KRAUTER Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 4-22-25

17- I HEREBY CERTIFY, That I attended deceased from June 1st, 19 24, to Apr 22, 19 25.

that I last saw h[illegible] alive on Apr 22, 19 25.

and that death occurred, on the date stated above, at 7 P. ....m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

" Bronchitis

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Tabetes agn.

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) C. H. Mencken M. D.

4/23. 1925 (Address) 1520 E. 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mehren Friendship Cem	4/23, 19 25
20-UNDERTAKER.	ADDRESS
Jack Levin	1439 E Balto St

Spec.—1-10-21—M&T—1500 Bks.

D 97691 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 185 D 97691

1-PLACE OF DEATH Hebrew Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 15 ST., 12 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Toba Rubenstein

(a) RESIDENCE NO. 2010 Westwood ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? 13 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Solomon Rubenstein

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Hospital (Address) Hebrew

15 Filed APR 23 1925 ROBERT A. KRAUTER, Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-22 1925

17 I HEREBY CERTIFY, That I attended deceased from 4-19, 1925, to 4-22, 1925 that I last saw her alive on 4-22, 1925 and that death occurred, on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary edema

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Fracture of left femur.

Ch. Bronchitis, Emphysema (duration) 20 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) Philip Lawson, M. D.

4/22/1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL 4/23 1925

20 UNDERTAKER Jack Lewis 1439 E Balt St — ADDRESS

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97692

CERTIFICATE OF DEATH.

122-002

D 97692

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 28 E Fort ave ST., 23-2 WARD)

2-FULL NAME Chas Frdk Hollen

(a) RESIDENCE No. 28 E Fort ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. X mos. X ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, ~~Widowed, or Divorced, (write the word)~~
M	White	Married

5a If married, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Amelia Hollen

6 DATE OF BIRTH (month, day, and year) March 17-1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	70	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Soldiers)

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co Md.

PARENTS

10 NAME OF FATHER Conrad Hollen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothy Kinsley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Amelia Hollen

(Address) 28 E Fort ave

15 APR 23 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4.21 1925

17 I HEREBY CERTIFY, That I attended deceased from Mch 1925, to 4.21 1925, that I last saw him alive on 4.25 1925, and that death occurred, on the date stated above, at 8.45 a m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

From History (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pyreordilis (duration) yrs. 2 Weeks mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) L. Burlington, M. D.

4.21 1925 (Address) 102 E Fort ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL 4/23 1925

20 UNDERTAKER L. Few McCully

ADDRESS 130 E. Fort

Spec.—1-10-21—M&T—1500 Blks.

D 97693

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97693

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1635 N Broadway ST., 8 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME M. Anna Dix

(a) RESIDENCE No. 1635 N. Broadway ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Dix

6 DATE OF BIRTH (month, day, and year) Dec 6, 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER David Bloxom

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Lucretia Miles

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Lina V. Smith

(Address) 1635 N. Broadway

15 Filed APR 23 1925 19 ROBERT N. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21 1925

17

I HEREBY CERTIFY, That I attended deceased from April 14, 1925 to April 21, 1925, that I last saw h[illegible] alive on April 20, 1925, and that death occurred, on the date stated above, at 3 45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis? —

(Signed) W S Gray M. D.

4/22 1925 (Address) 6 W. Mt. Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	Apl. 24 1925
20 UNDERTAKER	ADDRESS
H. Sander & Sons	1710 Pleet St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

97694

CERTIFICATE OF DEATH.

D 97694

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2701 Oak ST., 12 WARD) 25 3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate L. Travers

(a) RESIDENCE NO. 2701 Oak ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 ~~SEX~~ Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. W. Travers

6 DATE OF BIRTH (month, day, and year) July 23-1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Chas Armstrong

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Mary Moran

(Address) 2201 Babalt

15 APR 23 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 21, 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar. 12, 1925, to Apr. 21, 1925, that I last saw her alive on Apr. 19, 1925, and that death occurred, on the date stated above, at 4:22 A. m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral degeneracy (Senile)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Benj. S. Hayden, M. D.

4/22/1925 (Address) 1216 N. Caroline at

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem

DATE OF BURIAL Apr 24 1925

20 UNDERTAKER J. J. Moran

ADDRESS 3 and E. Balto

Cor.—1-12-28—M&T—100 Blks.

D 97695

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1625 D 97695

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1724 Presstman St. 45-13 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Tasker

(a) RESIDENCE NO. 172 N Pressman St., Se. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	colored	single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 18, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER John W. Tasker

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Isabella Foster Adams

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant John W. Tasker
(Address) 172 N Pressman St.

APR 23 1925 ROBERT N. KRAUTER, Registrar
Bureau of Vital Statistics

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Coroner (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Umbilical Hemorrhage

(duration) ....yrs. ....mos. 1 ds.

CONTRIBUTOR (Secondary) Probable Hemophiliac

(duration) ....yrs. ....mos. ....ds.

(Signed) J. T. Hennessy, M. D.
(Coroner.)

April 29, 1925 (Address) 2802 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cemetary	4-23 1925
20 UNDERTAKER Samuel W. Chase & Son	ADDRESS 1700 Monroe St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97696

CERTIFICATE OF DEATH.

D 97696

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Plaza Apts. ST., 14-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joshua Soule Rawlings

(a) RESIDENCE NO. Plaza Apts. Park ave ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Deborah

6 DATE OF BIRTH (month, day, and year) Mch 20/39

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	86	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) a a Co Md

PARENTS

10 NAME OF FATHER James Rawlings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Woodward

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mary K. Marsden

(Address) Park ave & Wilson

15 APR 23 1925 19 HUBERT R. KRANTZ Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 21 1925

17 I HEREBY CERTIFY, That I attended deceased from April 12th. 1925. to April 20th. 1925.

that I last saw him alive on Apr 21 1925

and that death occurred, on the date stated above, at 12.35 P. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

of indefinite duration

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Mitral insufficiency & Bronchopneumonia of indefinite duration (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of X

Was there an autopsy? No

What test confirmed diagnosis? Objective + subjective symptoms

(Signed) Eldridge C. Price M. D.

Apr 22 1925 (Address) 1705 Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Millersville A A Co. DATE OF BURIAL April 23 1925

20 UNDERTAKER John Mitchell 201 W. Fayette St ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97697.

D 97697.

CERTIFICATE OF DEATH.

+ 46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hotel Belvedere ST., 11-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Janet Jannay Elliott

(a) RESIDENCE NO. Hotel Belvedere ST., WARD New York.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 1 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Howard Elliott

6 DATE OF BIRTH (month, day, and year) Sept 8. 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) St Louis, Mo

PARENTS

10 NAME OF FATHER Derick A. January

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mayesville, Ky

12 MAIDEN NAME OF MOTHER Julia Church Ill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Louisville Ky

14 Informant Mrs. John T Davis

(Address) 47 Portland Place, St Louis

15 Filed APR 23 1925 ROBERT N. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22 1925

17

I HEREBY CERTIFY, That I attended deceased from March, 1925, to April 22, 1925, that I last saw her alive on April 22, 1925, and that death occurred, on the date stated above, at 10.10 P. m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis

(duration) 1 yr. 9 mos ds.

CONTRIBUTORY (Secondary) Terminal Pneumonia

(duration) 1 yrs. 9 mos. — ds.

18 Where was disease contracted if not at place of death? New York

Did an operation precede death? Yes Date of Dec. 27, 1923

Was there an autopsy? No

What test confirmed diagnosis? Palpable metastases

(Signed) Lewellys F. Barker, M. D.

, 19 (Address) 1035 N. Calvert St, Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hyde Park on Hudson, N.Y.	April 23 1925
20 UNDERTAKER Henry H Jenkins Sons Co	ADDRESS Orchard & McCulloh Sts.

Spec.—1-12-23—M&T—500 Blks.

D 97698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 97698

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount & Hollins ST., 19—1 WARD)

2-FULL NAME Sister Margaret Alphonsus Dreyer

(a) RESIDENCE No. Mount & Hollins ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. Unknown ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nursing 069

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER John Dreyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do. Not Known

12 MAIDEN NAME OF MOTHER Anna Russ

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Donor Known

14 Informant Sisters of Good Shepherd

(Address) Mount & Hollins

15 Filed APR 23 1925 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 22nd 1925

17 I HEREBY CERTIFY, That I attended deceased from March 1st, 1925, to April 21st, 1925, that I last saw her alive on April 21st, 1925, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

Hypocardial Insufficiency

Acute Dilatation of Heart.

(duration) 3 yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) — yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) J. A. Chatard, M. D.

(Address) 1300 a Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL 4-23 1925

20 UNDERTAKER J. J. Fahey & Sons — ADDRESS 1318 Light St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97699

CERTIFICATE OF DEATH.

37-001

D 97699

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 70-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Farrell

(a) RESIDENCE NO. Bay View Asylum ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? 50 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
74 yr.	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stone Cutter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John Farrell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Julia Farrell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Municipal Hospital Records (Address)

15 APR 23 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20 1925

17

I HEREBY CERTIFY, That I attended deceased from April 15 1925 to April 20 1925, that I last saw him alive on April 20 1925, and that death occurred, on the date stated above, at 7:15 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis - generalized, miliary

(duration) yrs 5 wks (History) mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) W. L. Miller, M. D.

4/23 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel — DATE OF BURIAL April 29/25

20 UNDERTAKER Mc Mroth & Sons Finch — ADDRESS 1737 Bradley

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97700

CERTIFICATE OF DEATH.

1-22-001

D 97700

REGISTERED NO. 1-22

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 S. Milton Ave ST., 1 WARD)

2-FULL NAME Lawrence Wolas (or Wallace

(a) RESIDENCE NO. 720 S Milton Ave WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. 9 ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white.	single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) July 1883.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day. laborer

(b) General nature of industry, business, or establishment in which employed (or employer) ~

(c) Name of employer ~

0140

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER George Wolas (or Wallace)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Anna Ginza

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant father (Address) 721 S Milton Ave

15 APR 23 1925 ROBERT R. KRAMES Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 22 1925

17 I HEREBY CERTIFY, That I attended deceased from April 18, 1925, to April 22, 1925, that I last saw him alive on April 22, 1925, and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Apoplexy (cerebral)

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. unknown ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? ~

(Signed) Frank A. Jamrozik M. D.

4/23. 1925 (Address) 2431 East Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cem. DATE OF BURIAL Apr. 25 1925

20 UNDERTAKER M. F. Sadowski. ADDRESS 905 S. Ann

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97701

CERTIFICATE OF DEATH.

129 D 97701

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Toodle

(a) RESIDENCE NO. 2043 Division ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER John Toodle

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Comelia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Municipal Hospital Records

(Address)

15 [illegible] 23 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22 1925

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1925, to April 22, 1925, that I last saw h in alive on April 22, 1925, and that death occurred, on the date stated above, at 3:10 P m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) 2 (History) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 13 (History) ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Laboratory

(Signed) W. L. Miller, M. D.

4/23 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	4/26/25
20 UNDERTAKER	ADDRESS
Jno. Geo. H. Holland	1631 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Bks.

D 97702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97702

13-24

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 724 Newington av ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie Fuld

(a) RESIDENCE NO. 724 Newington av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? 67 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	WH	Widow

5a If married, widowed, or divorced (or) WIFE of Samuel Fuld

6 DATE OF BIRTH (month, day, and year) May 8th 1832

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	92	11	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baden Germany

PARENTS

10 NAME OF FATHER Herman Berwanger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baden Ger.

12 MAIDEN NAME OF MOTHER Barbara Mauch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger

14 Informant Rebecca Fuld

(Address) 724 Newington av

15 Filed 3 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 22 1925

17

I HEREBY CERTIFY, That I attended deceased from Apr. 14, 1925, to Apr. 22, 1925, that I last saw her alive on Apr. 22, 1925 and that death occurred, on the date stated above, at 10.50 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy Hemiplegia

(duration) yrs. 1 mos 7 ds.

CONTRIBUTORY (Secondary) Gradual Weakening

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Trauble

(Signed) Edward, M. D.

4/23, 1925 (Address) 1605 W North av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem.

DATE OF BURIAL 4/24/1925

20 UNDERTAKER David Sondheim

ADDRESS 118 W. Mt. Royal Ave

Spec.—12-23-21—E.B.R.S.—400 Bks.

D 97703

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97703

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St., Ward)

Registered No. 1924

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. John J. Powers

(a) Residence No. 722 W. Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
M.	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1896

7-AGE.	If LESS than 1 day.
29 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. 054

(b) General nature of industry, business, or establishment in which employed (or employer). Open hearth

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), unknown

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), unknown

14- (Informant). (Address) Records Mercy Hospt

15- Filed 23 1925 Robert F. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 4/22/25

17- I HEREBY CERTIFY, That I attended deceased from 4/17/25 19 to 4/22/25 19

that I last saw him alive on 4/22/25 19

and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Rheumatism ?)

(Duration) yrs. mos. ds.

CONTRIBUTOR (Secondary) Cardiac Decompensation

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of 4/22/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) K. W. Goldberg M. D.

, 19 (Address)

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
Cathedral Cemetery	April 24 1925
20-UNDERTAKER.	ADDRESS
Chas. G. Black	742 W. North ave

Spec.—1-10-21—M&T—1500 Blks.

D 97704

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

D 97704

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST., 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin Connors.

(a) RESIDENCE NO. Preston & Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
~~Male~~ Female	White	Single

5a If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Sept 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... ~~Gold~~

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Pottsville Pa (State or country)

PARENTS

10 NAME OF FATHER Richard Connor

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Catherine O'Connor

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Sister Florence (Address) Preston & Valley

15 Filed ~~April~~ 23 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22 1925

17

I HEREBY CERTIFY, That I attended deceased from No record, 19 ..... to ....., 19 .....

that I last saw him alive on April 22 1925

and that death occurred, on the date stated above, at 5:20 P m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) yrs. ..... mos ..... 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. Albarner, M. D.

April 23, 1925 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross	April 25 1925
20 UNDERTAKER	ADDRESS
J. C. Medefield	914 Greenmount Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

(Ichad)

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97705

CERTIFICATE OF DEATH.

1/26 97705

1-PLACE OF DEATH

City of BALTIMORE: (Dist.) Eva Ichad St., 10-2 Ward.

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Estelle Ichad age 80 yrs

(a) Residence No. Preston & Bailey Sts St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~Single,~~ ~~Married,~~ Widowed, ~~or Divorced,~~ (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of George Ichad

6-DATE OF BIRTH (month, day and year) 1845

7-AGE, 80 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George Hunt

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Elizabeth ?

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Sister Florence

(Address) Preston & Bailey

15- Filed ..... 19.. Robert P. Harrison, Registrar.

23 1925 Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 22/25

17- I HEREBY CERTIFY, That I attended deceased from No record, 19.., to ....., 19....., that I last saw her alive on April 21, 1925, and that death occurred, on the date stated above, at 1.30 P.M. The CAUSE OF DEATH* was as follows:

Chronic nephritis (interstitial)

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

Phil (Signed) F. A. Warner, M. D.

2-23-1925 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Holy Redeemer — DATE OF BURIAL, April 24, 1925

20-UNDERTAKER, J J & L Wiedefeld — ADDRESS 914 Fremont Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97706

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97706

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 742 E. 30th St. 9-3 St., Ward)

Registered No. 24-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Frances Black

(a) Residence No. 742 E. 30th St. St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of 0

6-DATE OF BIRTH (month, day and year) Aug 6th 1845

7-AGE. 79 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer). Housework

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER. Steven Cunningham

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER. Elizabeth Cunningham

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14-

(Informant). Peter Brennan

(Address) 742 E. 30th St.

15-

Filed 4/24 192

Robert P. Harrison, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Apr. 22nd 1925

17- I HEREBY CERTIFY, That I attended deceased from April 10 1925 to April 22 1925

that I last saw her alive on April 22 1925,

and that death occurred, on the date stated above, at 4.30 P.m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis.
Cerebral Hemorrhage.
Hemiplegia

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Signs + symptoms

(Signed) Mary F. Douglass M. D.

4.23. 1925 (Address) 1028 Valley St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral Cemetery

DATE OF BURIAL. 4/24 1925

20-UNDERTAKER. E. J. Fanning Son

ADDRESS 1938 E. Lafayette

Spec- 12-23-21-E.B.R.S.—400 Bks.

97707 HEALTH DEPARTMENT—CITY OF BALTIMORE 97707.

CERTIFICATE OF DEATH.

Registered No. 1671

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hosp St., 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Arnold

(a) Residence No. Taneytown Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
F	W	S

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Apr. 23-1925

7-AGE,	If LESS than 1 day,
....yrs....mos....ds.	2 hrs. or 50 min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer.....

9-BIRTHPLACE (city or town) Baltimore (State or Country),

PARENTS.

10-NAME OF FATHER, Bernard J. Arnold

11-BIRTHPLACE OF FATHER (city or town) Taneytown (State or Country),

12-MAIDEN NAME OF MOTHER, Agatha Loretta Stricker

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country),

14-

(Informant) Mrs. B. J. Arnold

(Address) Taneytown Md

15-

Filed 3 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr. 23, 1925

17- I HEREBY CERTIFY, That I attended deceased from Apr. 23, 1925 to 9 A.M. to 12.50 P.M. 19....., that I last saw h.. alive on Apr. 23, 1925 and that death occurred, on the date stated above, at 12.50 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(7 months)

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) G. B. Sybert, M. D.

, 19 (Address) St. Jos Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
St Joseph's Taneytown	Apr. 24. 1925
20-UNDERTAKER.	ADDRESS
C. O. Bussard Son	Taneytown Md

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97708

CERTIFICATE OF DEATH.

101-D 97708

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 Druid Hill St. 14 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Henderson Smith

(a) RESIDENCE. No. 1620 Druid Hill St., and Ward.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child.

6 DATE OF BIRTH (month, day, and year) Unk- 1920

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	5			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Northumbland Co Va

PARENTS

10 NAME OF FATHER Joseph Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Catherine Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Catherine Carter
(Address) 1620 Druid Hill ave.

15 Filed ....., 19 .....

23 1925

Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-21-1925

17

I HEREBY CERTIFY, That I attended deceased from 4-21-, 19 25, to 4-21-, 1925, that I last saw h[illegible] alive on 4-21-, 1925, and that death occurred, on the date stated above, at 9.30 P.m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) ....yrs. ....mos. 3 ds.

18 Where was disease contracted if not at place of death? 1620 Druid Hill

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W R Gordon, M. D.

. 19 (Address) 1618 Carlton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemtery	4/24 1925

20 UNDERTAKER Mrs Jas H. Dennis
Res. 1-E Kilson

ADDRESS 1303 Presstman,

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97709 | CERTIFICATE OF DEATH. | 31 D 97709

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 29 E Heath ST., 23-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Anthony Winkler

(a) RESIDENCE No. 29 East Heath ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. 4 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Dec. 7, 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	4	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tin cutter 054

(b) General nature of industry, business, or establishment in which employed (or employer) sheet metal

(c) Name of employer C. D. Purdew

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Henry P Winkler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Charles Co Md

12 MAIDEN NAME OF MOTHER Anna Ullman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

16 Informant Mrs Anna Winkler

(Address) 29 E Heath St

15 Filed 23 1925, 19 Robert P Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4 22 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 15, 1924, to April 22, 1925, that I last saw him alive on April 22, 1925, and that death occurred, on the date stated above, at 10:10 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) C E Buxton, M. D.

4/23, 1925 (Address) 304 E Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem, Asco — DATE OF BURIAL Apr 25 1925

20 UNDERTAKER Margaret G Flynn — ADDRESS 1411 Eight St

Spec.—1-10-21—M&T—1500 Bks.

D 97710

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97710

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. JOHNS HOPKINS HOSPITAL ST., 7—1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Dutterer

(a) RESIDENCE NO. Westminster Md Rd ST., WARD Harriett Lane 111

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed, or Divorced, (write the word)~~
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) Mar 16-1918

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Westminster Md

PARENTS

10 NAME OF FATHER John H. Dutterer

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Martha Zollenger

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant

(Address) JOHNS HOPKINS HOSPITAL,

15 23 1925 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23 1925

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1925, to April 23, 1925, that I last saw her alive on 5:30 P 4/23, 1925, and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Pneumococcus meningitis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? Yes Date of 4/21/25 Drainage of Sphenoid Cavity

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Alice Jacobsen, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Silver Run Md — DATE OF BURIAL 4/26 1925

20 UNDERTAKER John W Little — ADDRESS Littlestown Pa

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97711

D 97711

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 620 W. Barre St., 22-19 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Turner

(a) Residence No. 620 W Barre St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. Life time How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Colored	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Unknown 1924

7-AGE. ....yrs. 8 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Joseph Turner

11-BIRTHPLACE OF FATHER (city or town) (State or Country), N. C.

12-MAIDEN NAME OF MOTHER, Taylor

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), N. C.

14-

(Informant) E Taylor

(Address) 620 W Barre

15- APR 24 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr 23 25

17- I HEREBY CERTIFY, That I attended deceased from Apr 20 19 25 to Apr 23 19 25 that I last saw him alive on Apr 22 19 25 and that death occurred, on the date stated above, at 7 AM

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Pertussis

(Duration) yrs. mos. indefinite ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. C. Swingen M. D.

4-22-25 (Address) 682 Wash Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
Mt. Auburn	Apr 24 19 25
20-UNDERTAKER, John H. Toadvine & Sons	ADDRESS 1027 Druid Hill Ave

Spec.—1-10-21—M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97712 1—PLACE OF DEATH

H6 D 97712

REGISTERED NO.

CITY OF BALTIMORE: (No. 788 W Franklin ST. 17-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Katie Divers

(a) RESIDENCE NO. 788 W Franklin ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Edgar Divers

6 DATE OF BIRTH (month, day, and year): ? ? 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress 041

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): St Marys Co Md

PARENTS

10 NAME OF FATHER: Richard Boyd

11 BIRTHPLACE OF FATHER (city or town) (State or country): St Marys Co Md

12 MAIDEN NAME OF MOTHER: Mary Briscoe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Piney Grove Md

14 Informant: Flora Divers

(Address): 788 W Franklin

15 Date: APR 24 1925 ROBERT R. KRAUTER, Registrar

Assistant Portwatt District

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 23 1925

17 I HEREBY CERTIFY, That I attended deceased from July 11, 1925, to April 23, 1925, that I last saw her alive on April 22, 1925, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uteri

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary): Acute Myocarditis

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) W. F. Rovelstad, M. D.

19 25 (Address) 1611 Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cem

DATE OF BURIAL: 4/27/1925

UNDERTAKER: David Barker

ADDRESS: 916 Pe ne

Spec.—1-10-21—M&T—1500 Blks.

1802 95 97713

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 D 97713

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL, ST., 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Hill.

(a) RESIDENCE No. 1224 N. Stricker ST., 11 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Femal	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 19/924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		14		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer): —"—

(c) Name of employer: —"—

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER Harry Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Dorothy Digg

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address) Records JOHNS HOPKINS HOSPITAL

15 Filed APR 24 1925 ROBERT A. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22, 1925

17

I HEREBY CERTIFY, That I attended deceased from April 10, 1925, to April 22, 1925, that I last saw h[illegible] alive on April 22, 1925, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Pneumococcus meningitis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Walter B. Stewart, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	4/24/1925
20 UNDERTAKER Daniel Corbin	ADDRESS 916 Pine

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97714

CERTIFICATE OF DEATH.

D 97714

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. N.W. Cor. Rusk & Rogers Avs ST.; 13-4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Secretia Williams

(Residence in Baltimore: No. 3809 Chestnut Ave. St. 6 Gth yrs. mos. ds.)

* Was divorced & took her maiden name -

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) ~~Widow~~ Divorced *

6-DATE OF BIRTH, Apr. (Month) 26 (Day) 1846 (Year)

7-AGE, 79 yrs. 1 mos. 24 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country). Mt Pleasant Carroll Co. Md.

PARENTS.

10-NAME OF FATHER. George W Williams

11-BIRTHPLACE OF FATHER (State or Country). Carroll Co Md.

12-MAIDEN NAME OF MOTHER Naomi Barnes

13-BIRTHPLACE OF MOTHER (State or Country). Carroll Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) O. L. Baker Jr.

(Address) Rusk & Rogers Avs

15- APR 24 1925, 191 ROBERT A. KRAUS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 16 1925, to April 21 1925, that I saw her alive on April 21 1925, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Bronchs-Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Ca Prostate

(Duration) yrs. mos. 6 ds.

(Signed) M. Gibson Foster M. D.

4/23, 1925 (Address) 422 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Pleasant Carroll Co. DATE OF BURIAL, Apr 24 1925

20-UNDERTAKER Ehrenwerth Son & Co ADDRESS 847 Chestnut Ave

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

97715

CERTIFICATE OF DEATH.

D 97715

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital — ST. 25-3 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Levi Tyson

(a) RESIDENCE NO. Arbutus Terrace, Relay ST. P.O. Md WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occ... 15 yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs Margaret Tyson

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	62	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 015

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Penna
(State or country)

PARENTS

10 NAME OF FATHER do not know

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country) " " "

14 Informant Mrs. Margaret Tyson
(Address) Arbutus Terrace Relay P.O.

15 APR 24 1925 HUBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22nd 1925

17

I HEREBY CERTIFY, That I attended deceased from April 8th, 1925, to April 22nd, 1925, that I last saw him alive on April 22nd, 1925 and that death occurred, on the date stated above, at 10 a m

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 4+ mos ds.

CONTRIBUTORY (Secondary) Starvation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Laparotomy & Gastro Enterostomy Sept 9/25

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Norman B. Fruitman M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Freedom Pa — DATE OF BURIAL April 24 1925

20 UNDERTAKER Chenowith & Son — ADDRESS Chestnut St

Spec.—1-10-21—M&T—1500 Bks.

D 97716

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97716

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 718 S. Rose ST., 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christina Dieterich

(a) RESIDENCE NO. 718 S. Rose ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Matthew Dieterich

6 DATE OF BIRTH (month, day, and year) Nov. 8. 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Frederick Behner

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Matthew Dieterich
(Address) 718 S. Rose St.

APR 24 1925

ROBERT N. KRAUTER,
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21 1925

17

I HEREBY CERTIFY, That I attended deceased from 4/6, 1925, to 4/21, 1925, that I last saw h alive on 4/21, 1925, and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

To my knowledge

(duration) yrs. 15 mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Microscopic

(Signed) [illegible], M. D.

, 19 (Address) 3025 Ellwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cemetery	April 25th 25
20 UNDERTAKER	ADDRESS
H. Sander & Sons	1701 East St

Spec—12-23-21—E.B.R.S.—400 Blks.

D 97717 HEALTH DEPARTMENT—CITY OF BALTIMORE 901 ✓ D 97717

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home and Infirmary 9 Registered No.....

City of BALTIMORE: (No.....St.,.....Ward 13) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carl Lawrence

(a) Residence No. 2708 Alameda Ave. St.,.....Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 15, 1893

7-AGE.	If LESS than 1 day.
31 yrs. 10 mos. 8 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..? Salesman 066
(b) General nature of industry, business, or establishment in which employed (or employer) Cigar
(c) Name of employer... Middleman & Frisch

9-BIRTHPLACE (city or town)..... Baltimore
(State or Country), Md.

PARENTS.
10-NAME OF FATHER, John Lawrence
11-BIRTHPLACE OF FATHER (city or town)..... Balto
(State or Country), Maryland
12-MAIDEN NAME OF MOTHER, Elizabeth Ulrich
13-BIRTHPLACE OF MOTHER (city or town)..... Germany
(State or Country),

14- (Informant) Elizabeth Lawrence
(Address) 2708 Almeda Ave

15- Filed..... 192..... ROBERT A. KRAUTER, Registrar.
APR 24 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 23, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 18 19 25 to April 23 19 25
that I last saw him alive on April 23 19 25
and that death occurred, on the date stated above, at 4:30 P. m.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
(Duration).....yrs.....mos.....ds.
CONTRIBUTORY (Secondary) Pulmonary Edema
(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death? At home
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Keith C. Rees M. D.
, 19 (Address) Church Home & Inf

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
St Paul's Cemetery	April 26, 1925
20-UNDERTAKER. H. Sander Sons	ADDRESS 1710 Hack St

Spec—12-23-21—E.B.F.S.—400 Bks.

D 97718 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97718

CERTIFICATE OF DEATH.

6-38-3

1-PLACE OF DEATH

City of BALTIMORE: (No. 1711 N Lakewood Ave St., ... Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry P. Burkheimer

(a) Residence No. 1711 N. Lakewood Ave St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE Laura Hadderman

6-DATE OF BIRTH (month, day and year) Aug 13-1859

7-AGE, 65 yrs. 8 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Baker
(b) General nature of industry, business, or establishment in which employed (or employer): 003
(c) Name of employer: .....

9-BIRTHPLACE (city or town) ..... (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Leonard Burkheimer

11-BIRTHPLACE OF FATHER (city or town) ..... (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Wilhelmina Rausch

13-BIRTHPLACE OF MOTHER (city or town) ..... (State or Country), Germany

14-
(Informant) Laura Burkheimer
(Address) 1711 N. Lakewood Ave

15-
Filed ..... 19.. ROBERT A. KRAUTER, Registrar.
APR 24 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 21/1925

17- I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1925, to April 21, 1925, that I last saw him alive on April 21, 1925, and that death occurred, on the date stated above, at 10.30 P.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Locomotor Ataxia

(Duration) 20 yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) W. C. Sandrock, M. D.

Ap. 23, 1925 (Address) 1242 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Dallas Cemetery	Apr 26 1925
20-UNDERTAKER, John Ulrich	ADDRESS 2008 Orleans

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97719 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97719

159-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. Mercy Hospital St., 16-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Baby Boy Walsh

(a) Residence No. 1138 N. Monroe St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos. ds. How long in U. S., if of foreign birth? yrs, mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
m	w	✓

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 4/22/25 at 7 15 P.m.

7-AGE.	If LESS than 1 day,
.....yrs .....mos.....ds.	1 hrs. or 45 min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER. James A Walsh

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Westminster Md

12-MAIDEN NAME OF MOTHER. Adelaid Gingling

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Westminster

14- (Informant) James Walsh
(Address) 1138 N Monroe St

15- Filed ..... 192.. ..... Registrar.

ROBERT J. KRAUTER
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 4/22/25

17- I HEREBY CERTIFY, That I attended deceased from 4/22/25 19.. to 4/22/25 19..
that I last saw h.. alive on 4/22/25 19..
and that death occurred, on the date stated above, at 9 P. m.
The CAUSE OF DEATH* was as follows:
Acute Pneumonia Bronchial
Atelectasis Premature

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) K. W. Holley M. D.

, 19 (Address) Mercy

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Cathedral	April 24 1925
20-UNDERTAKER.	ADDRESS
Martin Feakes	1827 W North Ave

Cor.—1-12-23—M&T—100 Bks.

D 97720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

18 T 006

18 T D 97720

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Md. Gen. Hosp. ST., 76-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Paulus

(a) RESIDENCE NO. 3322 Foster Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 14, 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	23		8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Electrician's Helper
(b) General nature of industry, business, or establishment in which employed (or employer) Steel
(c) Name of employer Bethlehem Steel Co.

9 BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

PARENTS

10 NAME OF FATHER John Paulus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Bodner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John Paulus
(Address) 3322 Foster Ave

Filed APR 24 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Fractures of Ilia & Pelvis + internal injuries S.F.T.K.
(duration) 4 hrs. yrs. mos. ds.

CONTRIBUTORY (Secondary) Hit by crane (accidental)
(duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D.
(Coroner.)
April 23, 1925 (Address) 2802 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral DATE OF BURIAL April 25th 1925

20 UNDERTAKER Libby & Feiler ADDRESS 403 S. Wolfe

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 9772I

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 9772I

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 Hagers Ct. St. 10-2 Ward) REGISTERED No. 101

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie Blown.

(a) RESIDENCE. No. 1013 Hagers Ct. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Brown

6 DATE OF BIRTH (month, day, and year) Aug 1-1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer unknown

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Samuel Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Sarah Scott.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Sarah Lewis. (Address) 1008 Hagers Ct.

APR 24 1925

ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

APR 24 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23 1925

17 I HEREBY CERTIFY, That I attended deceased from April 20. 1925. to April 23. 1925.

that I last saw her alive on April 23. 1925.

and that death occurred, on the date stated above, at 1.15 P.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. Lee Waggoner M. D.

4/23. 1925 (Address) 1206 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	4/25/25
20 UNDERTAKER	ADDRESS
Chas. H. Johnson & Co	N. Gay St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97722

CERTIFICATE OF DEATH.

107-001

D 97722

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1737 N. Dallas ave ST., 8-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Lawlor

(a) RESIDENCE No 1737 N. Dallas Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Maud Faulkner

6 DATE OF BIRTH (month, day, and year): 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	37	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer): Bethelem

(c) Name of employer: Steel Co

9 BIRTHPLACE (city or town) (State or country): Keyesville Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lunsburg Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lunsburg Va

14 Informant: Hattie Ryley

(Address) 1702 N. Walter st

15 Filed ... 19... ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 21 1926

17 I HEREBY CERTIFY, That I attended deceased from April 18, 1926 to April 21, 1926.

that I last saw h~~e~~ive on April 21, 1926

and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cerebral Effusion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) Ted J. Ball, M. D.

, 19 (Address) 1266 23 ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

DATE OF BURIAL: 4/27 1926

20 UNDERTAKER: Jas M. Simms

ADDRESS: 1620 E. Madison st

Spec.—1-10-21—M&T—1500 Rks.

Dr Herzog 1335 N. Patterson Pk Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97723

CERTIFICATE OF DEATH.

118-002

D 97723

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1805 N Patterson Park Ave (ST.) (WARD) 2

2-FULL NAME Emma C Kelly

(a) RESIDENCE No. 1805 N. Patterson Pk Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elmer W Kelly

6 DATE OF BIRTH (month, day, and year) May 5, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	11	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Thos Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Nellie Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Genevieve Hooper

(Address) Govans, Md.

15 APR 24 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 22 1925

17 I HEREBY CERTIFY, That I attended deceased from April 19, 1925, to April 22, 1925, that I last saw her alive on April 22, 1925, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Intestinal Obstruction

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) B F Herzog M.D.

Apl 23, 1925 (Address) 1805 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Apr 25 1925
20 UNDERTAKER	ADDRESS
W. M. Cook	502 E Hoffman

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97724 HEALTH DEPARTMENT—CITY OF BALTIMORE 90 D 97724

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 905 Woodley St., 16-4 Ward) Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Virginia Stone Parsons

(a) Residence No. 905 Woodley St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of None

6-DATE OF BIRTH (month, day and year) Oct 15 1858

7-AGE. 66 yrs. 6 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... At home
(b) General nature of Industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Elizabeth Parsons

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Sue A. Manner

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md

14- (Informant) E. R. Parsons

(Address) 2313 W. Lafayette Ave

APR 24 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Apr. 23 25

17- I HEREBY CERTIFY, That I attended deceased from June 20 1923 to Apr. 23 1925 that I last saw h[illegible] alive on Apr. 22 1925 and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis - cardiac
Disease
(Dilatation)
(Duration) 7 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Pneumonia
(Duration) 2 days 7 mos. 7 ds.

18-Where was disease contracted if not at place of death? Don't know

Did an operation precede death?. No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) A. L. Warner M. D

(Address) 700 N. Howard St. 19

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park	April 25 1925
20-UNDERTAKER.	ADDRESS
William Cook	508 E North Ave

D 97725

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97725

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2725 N. Fairmount Ave St. 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Milton D. Wells Sr

(Residence in Baltimore: No. 2725 N. Fairmount Ave St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. March (Month) 22nd (Day) 1917 (Year)

7-AGE. 8 yrs. 1 mos. — ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Milton D. Wells Sr

11-BIRTHPLACE OF FATHER, (State or Country). Balto. Md

12-MAIDEN NAME OF MOTHER. Myrtle L. Neeb

13-BIRTHPLACE OF MOTHER, (State or Country). Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Milton D. Wells Sr

(Address) 2725 N. Fairmount Ave

15-

APR 24 1925

ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. (Month) 22nd (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage — While playing baseball was struck on side head by a batted ball — Charles Bollman was at the bat

(Duration)

CONTRIBUTORY (Secondary)

Lived 24 hours after accident

(Duration) and died as a result of accident.

(Signed) Thos. B. Gorton M. D.
(Coroner)

Apr 23rd 1925 (Address) Curtis Bay, Balto

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Md

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.

London Park April 27 1925

20-UNDERTAKER. ADDRESS

Wm Cook & Son Edmondson

oc—12-23-21—E.B.R.S.—400 Bks.

D 97726

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97726

CERTIFICATE OF DEATH.

161-96

1-PLACE OF DEATH

City of BALTIMORE: (No. 1337 Ward St., 21-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Sanders

(a) Residence No. 1337 Mand st St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, black

5-Single, Married, Widowed, Divorced, (Write the word.) Infant

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 4-18-25

7-AGE, ...yrs. .....mos. 6 ds. If LESS than 1 day, ...hrs. or....min[t]?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto., Md.

PARENTS.

10-NAME OF FATHER, Frank Sanders

11-BIRTHPLACE OF FATHER (city or town) (State or Country), N. Carolina

12-MAIDEN NAME OF MOTHER, Ardessia Midgett

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), N. Carolina

14- (Informant) Ardessia Sanders

(Address) 1337 Ward St.

15- Filed APR 24 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 4-23-25

17- I HEREBY CERTIFY, That I attended deceased from 4-18- 19 25 to 4-23 19 25

that I last saw b.[a]. alive on 4-23 19 25

and that death occurred, on the date stated above, at 5 30 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis?.....

(Signed) W. Alexander Novey, M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt Jam

DATE OF BURIAL, 4-24, 19 25

20-UNDERTAKER R. L. Pahan

ADDRESS 906 Lanvale

Spec.—1-10-21—M&T—1500 Blks.

D 97727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

-446 D 97727

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 Maryland Ave ST., Westport WARD)

2-FULL NAME Teresa Dunphy

(a) RESIDENCE NO. 215 (Usual place of abode) Maryland Ave ST. Westport WARD

Length of residence in city or town where death occurred 53 yrs. 1 mos. 8 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of J. Edward Dunphy

6 DATE OF BIRTH (month, day, and year) March 14 1872

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Margaret L. Klug

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Edw. Murphy (Address) 215 Md. Ave Westport

15 Filed APR 24 1925 ROBERT N. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1924 to Apr. 22, 1925, that I last saw her alive on Apr. 18, 1925, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) yrs. 10 mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J M. DeLeo, M. D.

Apr 24 1925 (Address) 621 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL 4-28 1925

20 UNDERTAKER James Dignan & Son — ADDRESS 1000 S Paca St

Spec.—1-10-21—M&T—1500 Blks.

17918 ?

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97728

CERTIFICATE OF DEATH.

17918 ✓ D 97728

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL. ST., 11—2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2-FULL NAME Jas H France

(a) RESIDENCE NO. 15 W. Mt. Vernon Place ST., WARD California

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Jas H. France

6 DATE OF BIRTH (month, day, and year) Mar 19 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister 018

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Washington, D.C. (State or country)

PARENTS

10 NAME OF FATHER Jas H. France

11 BIRTHPLACE OF FATHER (city or town) Washington (State or country) D.C.

12 MAIDEN NAME OF MOTHER Mary E Husband

13 BIRTHPLACE OF MOTHER (city or town) Washington (State or country) D.C.

14 Informant ... (Address) JOHNS HOPKINS HOSPITAL

15 APR 24 1925 ROBERT N. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/23 1925

17

I HEREBY CERTIFY, That I attended deceased from Mar 8, 1921 to April 23, 1921, that I last saw him alive on April 23, 1921, and that death occurred, on the date stated above, at 7:40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Broncho pneumonia

Myocardial degeneration

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Thos. McCrae, M. D.

(Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Congressional Cem Washington

DATE OF BURIAL April 27 25

20 UNDERTAKER Henry W Jenkins Son Co

ADDRESS Orchard & Collington

Spec.—1-10-21 M&T—1500 Bks.

D 97729

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97729

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 34 W Biddle ST., 11-2 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas N. Fisher

(a) RESIDENCE No. 34 W Biddle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	White	Married

5a If married, ~~widowed~~, or ~~divorced~~ HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 23rd 1839

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	85	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Thom. Fisher

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Louiza Phillips

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Mr Irvin G Adams (Address) Baltimore Md

15 APR 24 1925 ROBERT A. KRAUTER Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23d 1925

17 I HEREBY CERTIFY, That I attended deceased from March 17, 1925, to April 23, 1925, that I last saw him alive on April 20, 1925, and that death occurred, on the date stated above, at 12.40 P m.

The CAUSE OF DEATH* was as follows:

Ac. Bronchitis - March 17th - 25th with progressive loss of strength

a (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (terminal) (duration) - yrs. ✓ mos. 5 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) G W E Dan M D, M. D.

4-23 1925 (Address) 1515 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	April 25 1925
20 UNDERTAKER	ADDRESS
Henry Jenkins & Son Co	Richard McCulloh Jr

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97730

CERTIFICATE OF DEATH.

44 D 97730

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 248 Durham ST. 7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Schlich

(a) RESIDENCE NO. 248 Durham ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 6 1865

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	3	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Keeping

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Andrew Schlich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Snow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Thomas Welsh

(Address) 124 S Durham

15 Filed APR 26 1925 ROBERT N. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1924, to April 23 1925, that I last saw her alive on April 22, 1925 and that death occurred, on the date stated above, at 5.40 a.m.

The CAUSE OF DEATH* was as follows:

Hepatic Carcinoma

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) H. V. Keller, M. D.

4/25 1925 (Address) 1937 Gough

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	April 25 1925
20 UNDERTAKER	ADDRESS
Wendell Diffendon	378 Mnn

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24-001

D 97731

1-PLACE OF DEATH

City of BALTIMORE: (No. 1900 E. Eager St., 7-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nellie Northrup

(a) Residence No. 1900 E. Eager St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Northrup

6-DATE OF BIRTH (month, day and year): Jan 30/25

7-AGE: 67 yrs. 3 mos. ds. If LESS than 1 day, hrs. or. mln.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Carlisle Pa.

PARENTS.

10-NAME OF FATHER: William Richey

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Carlisle Pa.

12-MAIDEN NAME OF MOTHER: Maria Vansant

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Carlisle Pa.

14-

(Informant): Maggie M. Adelmann

(Address): 1900 E. Eager St.

APR 24 1925 ROBERT A. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): April 23/25

I HEREBY CERTIFY, That I attended deceased from April 16 19 25 to April 23 19 25,

that I last saw h... alive on April 23 19 25

and that death occurred, on the date stated above, at 10:20 P. m.

The CAUSE OF DEATH was as follows:

1 Apoplexy (Cerebral Hemorrhage)

2

3

Duration yrs. mos. ds.

Contributory (Secondary)

Duration yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Charles A. Wells M. D.

1925 (Address) 833 N. Caroline

State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem. DATE OF BURIAL: April 25 1925

20-UNDERTAKER: Frank A. Stink ADDRESS: 915 N. Gay St.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97732

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97732

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Mercy Hospital St., 1-2 Ward.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary Murphy

(a) Residence No. 2817 Eastern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): ✓

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) November 1887

7-AGE: 38 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: 037

(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Md

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Md

14- (Informant) Mr Edward M Murphy

(Address) 2817 Eastern Ave.

15- [illegible] Registrar.

APR 24 1925

Robert F. Norris

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 4/23/25

17- I HEREBY CERTIFY, That I attended deceased from March 18/25 19.. to 4/23/25 19..

that I last saw her alive on 4/23/25,

and that death occurred, on the date stated above, at 3.30 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

Metastasis of Liver

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Cardiac Failure

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) R. W. Kelly M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem Hartford Rd

DATE OF BURIAL: Apr 26 1925

20-UNDERTAKER: John J Cowan & Son

ADDRESS: 901 Holliday St

Per F. J. Cowan

Spec.—1-10-21—M&T—1500 Blks.

D 97733

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97733

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4303 Springdale ave ST., 28-2 90 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Jane Anderson

(a) RESIDENCE NO. 4303 Springdale Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James B. Anderson

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	7	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Orleans La.

PARENTS

10 NAME OF FATHER Henry H. Neddow

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Eliz. Abrahams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna.

14 Informant Ethel A. Bayle

(Address) 4303 Springdale Ave

15 Filed ..... 19 ..... Robert P. Harrison, Registrar

24 1925 Burial Permit filed

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23. 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1924, to Apr 23, 1925.

that I last saw him alive on April 23, 1925,

and that death occurred, on the date stated above, at 1-P. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

Mitral Stenosis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Angina pectoris

(Signed) A. C. Lemmon, M. D.

(Address) 4509 Liberty Heights ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery DATE OF BURIAL April 28 1925

20 UNDERTAKER John O. Mitchell ADDRESS 1201 W. Fayette St.

Spec.—1-12-23—M&T—500 Bks.

D 97734

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97734

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4201 Evergreen Avenue ST. 28-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry W. Fitch

(a) RESIDENCE No. 4201 Evergreen Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice H. Fitch

6 DATE OF BIRTH (month, day, and year) Oct. 24, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cashier

(b) General nature of industry, business, or establishment in which employed (or employer) Equitable Life

(c) Name of employer Assurance Society of N.Y.

9 BIRTHPLACE (city or town) (State or country) Philadelphia Pennsylvania

PARENTS

10 NAME OF FATHER Robert M. Fitch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Gold

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Jersey

14

Informant Emily Fitch Holliday

(Address) 903 Cathedral Street

Filed 4 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 24 1925

17

I HEREBY CERTIFY, That I attended deceased from July 25 , 1925 , to Apr. 28 , 1925 , that I last saw him alive on Apr. 23 , 1925 , and that death occurred, on the date stated above, at 6.15 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robert F. Hardesty, M. D.

4-24 1925 (Address) Reisterstown Rd. & Hayward Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Apr. 28 1925
20 UNDERTAKER	ADDRESS
Joseph B. Cook	1003 N. Gilmor St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97735

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97735

CERTIFICATE OF DEATH.

91-002

1-PLACE OF DEATH

City of BALTIMORE: (No. 1310 W. Lombard St., 19-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Tierney

(a) Residence No. 1319 W. Lombard St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec 8, 1844

7-AGE	If LESS than 1 day
80 yrs. 4 mos. 15 ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) Lansdowne (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Michael Tierney

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary Ford

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14-

(Informant) Peter Thirion

(Address) 1310 W. Lombard Street

15-

Filed: 4 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr. 23, 1925

17- I HEREBY CERTIFY, That I attended deceased from March, 1920, to April 23, 1925, that I last saw her alive on April 23, 1925, and that death occurred, on the date stated above, at m. The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edw. Neuhalem, M. D.

4-23, 1925 (Address) 24 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Calvary Cem	Apr. 25, 1925

20-UNDERTAKER, Joseph B. Cook

ADDRESS 1013 N. Eutaw St.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97736 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 97736

CERTIFICATE OF DEATH. 49

1-PLACE OF DEATH Union Memorial Hospital Registered No.....

City of BALTIMORE: (No. Calvert & 33 St., 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert L. Bacharach

(a) Residence No. 304 W. 89th St. New York N.Y. Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of ~~(or) WIFE of~~ Minnie Bacharach

6-DATE OF BIRTH (month, day and year) April 19, 1870

7-AGE, 55 yrs. ... mos. 13 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Traveling Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): 066
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Nathan A Bacharach

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Hannah Jacobi

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) Hosp Records.
(Address)

15- Filed ... 192 Robert P. Harrison, Registrar.

24 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 23, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 10, 1925 to April 23 1925 that I last saw him alive on April 23, 1925 and that death occurred, on the date stated above, at 8-00 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Thyroid

(Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) No

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 4/11/25

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Exam. Tissue

(Signed) Donald C Chandler M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Hebrew Friendship Cem	4/26, 1925
20-UNDERTAKER, David Sondheim	ADDRESS 118 W. Mt. Royal Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

(Gray)

D 97737 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97737

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St., 12-14 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. L. Gray

(a) Residence No. 209 E. University Parkway St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX M. | 4-COLOR OR RACE, W. | 5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or WIFE of) Virginia A. Gray

6-DATE OF BIRTH (month, day and year) May 1st 1860

7-AGE, 64 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Thomas Gray

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Elizabeth Glaspy

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14- (Informant) Mrs. Virginia Gray

(Address) 209 E. University Pkwy.

15- Apl 24 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr 23rd 1925

17- I HEREBY CERTIFY, That I attended deceased from April 20 1925 to April 23, 1925 that I last saw him alive on April 23, 1925 and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Cachexia

(over)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 4-22-25

Was there an autopsy? Yes Colonic Operation

What test confirmed diagnosis?

(Signed) K. W. Dolley M. D.

, 19 (Address)

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
Oak Lawn Cemetery	4/25, 19 20
20-UNDERTAKER.	ADDRESS
E. O. Fanning & Son	1438 E. Lafayette Ave

Spec.—1-10-21—M&T—1500 Blks.

D 97738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 D 97738

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3326 Gwynns Falls Pky ST., 15-6 WARD)

2-FULL NAME Wall Stubley Fry

(a) RESIDENCE NO. 3326 Gwynns Falls Pky ST., ... WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 78 yrs. 6 mos. 21 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie A. Fry

6 DATE OF BIRTH (month, day, and year) July 2/46

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	6	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Safe Harbor Penna

PARENTS

10 NAME OF FATHER John Fry

11 BIRTHPLACE OF FATHER (city or town) Safe Harbor (State or country) Penna

12 MAIDEN NAME OF MOTHER Mary Stubley

13 BIRTHPLACE OF MOTHER (city or town) Safe Harbor (State or country) Penna

14 Informant Mrs G Q Cashmyer (daughter)

(Address) 3326 Gwynns Falls Parkway.

15 Filed 4 1925 .19.....

Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/23 1925

17

I HEREBY CERTIFY, That I attended deceased from 4/22/1925 to 4/23 1925

that I last saw him alive on 4/28 1925

and that death occurred, on the date stated above, at 7.15 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Cardiac Hypertrophy with

Arteriosclerosis.

(duration) 15 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Senile Cardiac Dilatation

Pulmonary Oedema (duration) ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phy. Exams

(Signed) J T Mowen, M. D.

4/27 1925 (Address) 804 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL 4/25 1925

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE D 97739

D 97739

CERTIFICATE OF DEATH.

90

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

BALTIMORE (No. 926 Cathedral ST., 11-2 WARD)

2-FULL NAME William Haigh

(a) RESIDENCE NO. 926 Cathedral ST., WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 35 yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lilian M. Haigh

6 DATE OF BIRTH (month, day, and year) July 31 1867

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
57	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chemist

(b) General nature of industry, business, or establishment in which employed (or employer) Chemistry

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Winchester England

PARENTS

10 NAME OF FATHER Harry Haigh

11 BIRTHPLACE OF FATHER (city or town) Winchester (State or country) England

12 MAIDEN NAME OF MOTHER Fannie Nicholl

13 BIRTHPLACE OF MOTHER (city or town) Winchester (State or country) England

14 Informant Mrs Lilian M. Haigh (wife)
(Address) 926 Cathedral St

15 Filed 4 1925 Robert P. Harrison, 19 Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/23 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1925, to 4/23 1925,
that I last saw him alive on 4/23 1925,
and that death occurred, on the date stated above, at 1.5 a m.
The CAUSE OF DEATH* was as follows:

Acute dilatation of heart

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Extreme high arterial tension

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) J. E. Hubert M. D.

4/24 1925 (Address) 1403 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemetery — DATE OF BURIAL Apr 26, 25

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS 108 W. NORTH AVE

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97740

CERTIFICATE OF DEATH.

46 D 97740

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2206 N Charles St ST.: 17 WARD) REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian Elsie Duvall-

(a) RESIDENCE. No. 2206 N Charles St ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 8 mos. 22 ds. How long in U. S., if of foreign birth? 69 yrs. 8 mos. 22 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Lee Duvall

6 DATE OF BIRTH (month, day, and year) Aug 1-1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
F	69	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER James Dyrdyn-

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Esther Hiss

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant (Address) T K Dodson 2226 N Charles St

15 Filed APR 24 1925 19 Robert P. Harrison Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23 1925

17 I HEREBY CERTIFY, That I attended deceased from about 2 yrs. to April 23 1925; that I last saw her alive on April 23 1925; and that death occurred, on the date stated above, at 9 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Uterus

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? None

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) T K Dodson M. D.

4-24 1925 (Address) 117 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Apr 25 1925

20 UNDERTAKER Stewart Mowen Co ADDRESS 1080 W. North

Spec.—1-10-21—M&T—1500 Bks.

D 97741 1884 12

HEALTH DEPARTMENT—CITY OF BALTIMORE D 97741

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. 7-1 100-061

CITY OF BALTIMORE: (No. ..... ST., WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mc Bride Robertson.

(a) RESIDENCE No 1526 Senate St. Columbia, S. C.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ——— 1850

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
74	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ... None

(b) General nature of industry, business, or establishment in which employed (or employer) ... —

(c) Name of employer ... —

9 BIRTHPLACE (city or town) (State or country) ... S. C.

PARENTS

10 NAME OF FATHER Thomas Robertson

11 BIRTHPLACE OF FATHER (city or town) (State or country) ... S. C.

12 MAIDEN NAME OF MOTHER Rebecca Continues

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ... S. C.

14 Informant ... Records

(Address) JOHNS HOPKINS HOSPITAL

Robert P. Harrison

15 Filed APR 24 1925 19 ... Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24, 1925

17 I HEREBY CERTIFY, That I attended deceased from April 17, 1925 to April 24, 1925, that I last saw him alive on April 24, 1925, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Trigeminal Neuralgia

(duration) 10 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Post Operative Pneumonia Lobular or Broncho-

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of Apr. 18, '25

Was there an autopsy? yes

What test confirmed diagnosis? Operation Autopsy

(Signed) J. C. Hoge, M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
COLUMBIA. S.C	Apl 24 1925
20 UNDERTAKER	ADDRESS
H. E. Slaughter	404 N. Broadway

Spec.—1-10-21—M&T—1500 Blks.

D 97742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 57 D 97742

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. Gen Hosp ST., 16-3 WARD

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. John Rigby Giles

(a) RESIDENCE NO. 2753 Riggs Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Emma A. Giles

6 DATE OF BIRTH (month, day, and year) July 23, 1867

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John H. Giles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret Marshall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant J. Rigby Giles

(Address) 2753 Riggs Ave

15 Filed ... 19 ... Robert P. Harrison, Registrar.

24 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23 1925

17

I HEREBY CERTIFY, That I attended deceased from March 3, 1925, to April 23, 1925, that I last saw him alive on April 23, 1925, and that death occurred, on the date stated above, at 6 30 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic diffuse Nephritis

Diabetes Mellitus ?

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia, Cystitis, Decubitus

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of April 8, 25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Thos. Timmis, M. D.

(Address) McKim Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Deal's Island, Md.	April 25 1925

20 UNDERTAKER W. E. Hyde

ADDRESS 1111 N. Broadway

Spec.—1-10-21—M&T—1500 Blks.

D 97743

HEALTH DEPARTMENT—CITY OF BALTIMORE

44 D 97743

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3712 Rolandave ST., 13-4 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary Susan K Klinefelter

(a) RESIDENCE NO. 3712 Rolandave ST., 13 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Valentine Klinefelter

6 DATE OF BIRTH (month, day, and year): Nov. 13-1843

7 AGE — Years: 81 — Months: 5 — Days: 9 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): York Co. Pennsylvania

PARENTS

10 NAME OF FATHER: John Keller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: Mary —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pennsylvania

14 Informant: Mrs C Klinefelter

(Address): 3712 Rolandave

15 Filed 4 24 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/22 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 28, 1924, to April 22, 1925, that I last saw her alive on April 22, 1925, and that death occurred, on the date stated above, at 9 30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach and Liver

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical test

(Signed) Harry C. Algire, M. D.

4/23, 1925 (Address) 3640 Rolandave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: April 25 1925

20 UNDERTAKER: Horace F. Burgee — ADDRESS: 363 Falls Rd.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97744

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Pauline Bennich

(a) Residence No. California, St Marys Co. Md. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept. 9th 1922

7-AGE, 2 yrs. 7 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Godfrey Fenrich

11-BIRTHPLACE OF FATHER (city or town) (State or Country), St Mary's Co. Maryland

12-MAIDEN NAME OF MOTHER, Elsie May Klopp

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto. Maryland

11- (Informant) Elsie May Klopp Fenrich

(Address) California St Marys Co. Md.

15- Filed 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 23 25

17- I HEREBY CERTIFY, That I attended deceased from April 23 25 19 to April 23 25 19

that I last saw h alive on April 23 25 19

and that death occurred, on the date stated above, at 2 00 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lung Abscess

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) V. V. Kelley M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Pierams Wharf. Md.	April 25th, 1925
20-UNDERTAKER.	ADDRESS
Fred K Loveless Sons	Fullerton

D 97745

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97745

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2015 Frederick Ave St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexandria M. Godfred

(Residence in Baltimore: No. 2015 Frederick Ave St. 8 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. ..... Unknown ..... 1.....
(Month) (Day) (Year)

7-AGE. 57 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Machinist
(b) General nature of industry, business, or establishment in which employed (or employer)..... B & O R R Co

9-BIRTHPLACE, (State or Country). N C

PARENTS.

10-NAME OF FATHER. M. A. Godfred

11-BIRTHPLACE OF FATHER, (State or Country). N C

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER. (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Effie M. Godfred

(Address) 2015 Frederick Ave

15- Apr 24 1925 Robert P. Harrison, Registrar.
Issued ..... 192 ..... Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Apr 23rd 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. ..... ds. At once

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. B. Norton M. D.
(Coroner.)

Apr 23rd 1925 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Natl. Ind

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. London Park DATE OF BURIAL. April 25 1925

20-UNDERTAKER. George L. Schwab ADDRESS 1201 Fredericks Ave

Spec—12-23-21—E.B.R.S.—400 Blks.

D 97746

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97746

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2806 Gar St., 12-2 Ward) 90

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dana Hann

(a) Residence No. 2806 Gar St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fe

4-COLOR OR RACE, Col

5-Single, Married, Widowed or Divorced, (Write the word.) Widd

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6-DATE OF BIRTH (month, day and year) 1878

7-AGE, 47 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER Dick Gaines

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) Oscar Robinson

(Address) 2806 Gar St

15- Filed ..... 192.. Robert P. Harrison, Registrar.

APR 24 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr 23 192

17- I HEREBY CERTIFY, That I attended deceased from Mar 19 1924 to Apr 22 19 25

that I last saw h alive on Apr 22 19 25

and that death occurred, on the date stated above, at 12:30 a.m.

The CAUSE OF DEATH* was as follows: Organic Heart Disease

Indefinite

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) R. Gaines Chamberlain M. D.

Apr 23, 1925 (Address) 1334 Druid Hill Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt. Auburn	4/25/1925
20-UNDERTAKER.	ADDRESS
Wm. Geo. H. Holland	1631 Druid Hill

D 97747

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97747

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pronounced Dead at Registered No. C.....

City of BALTIMORE: (No. Bayview Hospital St., 181 No 8 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward C. Bisel

(Residence in Baltimore: No. 1660 S. 1st St St.; yrs. 15 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. ..... (Month) ..... (Day) 1878 (Year)

7-AGE.	If LESS than 1 day,
47 yrs. ..... mos. ..... ds.	....hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Sanitary Corp.

9-BIRTHPLACE, (State or Country): Wilmington Del

PARENTS.

10-NAME OF FATHER, Edward Bisel

11-BIRTHPLACE OF FATHER, (State or Country): Wilmington Del

12-MAIDEN NAME OF MOTHER, X

13-BIRTHPLACE OF MOTHER, (State or Country) X

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Johanna Bisel

(Address) 1660 S 1st St.

15- Robert F. Harrison, Burial Permit Clerk.

Filed 4 24 1925 192

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 23 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxiation by Illuminating Gas accidental
Turned on Gas stove & forgot to light it
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Alcoholism
(Duration) ..... yrs. ..... mos. 15 ds.

(Signed) James M. Fowler M. D.
(Coroner.)

192 5 (Address) 700 E Chase

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Carmel	April 26 1925
20-UNDERTAKER,	ADDRESS
Wendell Dippel & Son	378 Penna

Spec.—1-10-21—M&T—1500 Bks.

D 97748

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97748

CERTIFICATE OF DEATH.

REGISTERED NO. 57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 E. Winston Ave (Gorsuch) 2 (WARD) 9

2-FULL NAME Sophia Seidler

(a) RESIDENCE NO. 712 E. Winston Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George William Seidler

6 DATE OF BIRTH (month, day, and year) May 5 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	11	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER William Seidler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Charlotte Von Achen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Minnie Seidler

(Address) 712 E. Winston Ave City

Robert P. Harrison, Registrar

5 4 1925 19 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1925, to April 23, 1925, that I last saw h[illegible] alive on April 23 1925 and that death occurred, on the date stated above, at 8:45 A m.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) yrs. 5 mos. — ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Robert L. Kirk M. D.

(Address) 3126 Harford ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn (Cedar)	April 27 1925
20 UNDERTAKER	ADDRESS
H. E. Hughes	424 N. Broadway

D 97749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

85 D 97749

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hospital St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Madeline Washington

(Residence in Baltimore: No. 1301 Brunt St. St.; yrs., 4 mos., 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	colored	single

6-DATE OF BIRTH, Dec. 24 1899
(Month) (Day) (Year)

7-AGE, 4 yrs. 3 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Martin Washington

11-BIRTHPLACE OF FATHER, (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Lula Artis

13-BIRTHPLACE OF MOTHER, (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martin Washington

(Address) 1301 Brunt St.

15- Apr 25 1925

Robert P. Harrison, 192.....
Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage due to rupture of kidney (accidental)

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Followed strain in above cause

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

April 25 1925 (Address) [illegible]

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn	April 26 1925
20-UNDERTAKER, Mrs. J. H. Dennis P.G.A. H.E.K.	ADDRESS 1303 Presstman St.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97750

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97750

CERTIFICATE OF DEATH.

15-33

1-PLACE OF DEATH

City of BALTIMORE: (No.) Municipal Tuberculosis Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Watson

(a) Residence No. 1614 Calhoun st. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Colored	Married

3a-If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6-DATE OF BIRTH (month, day and year) 1900

7-AGE.	If LESS than 1 day.
25 yrs. mos. ds.	hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9-BIRTHPLACE (city or town) (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, John Watson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Anna Fitzgerald

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Virginia

11- (Informant) Hospital Records

(Address) M.T.H.

15- Filed 192 Robert F. Harrison, Registrar.

Filed Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr. 22, 1925

17- I HEREBY CERTIFY, That I attended deceased from February 26, 25 to Apr. 22, 1925

that I last saw him alive on Apr. 22, 1925

and that death occurred, on the date stated above, at 1 p. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Peritonitis

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) I. B. Whaley M. D.

4-22-, 1925 (Address) Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cemtery	April 25 1925
20-UNDERTAKER.	ADDRESS
Wm Gas. Mt. Dennis per T. E. Nelson,	1303 Pressman St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 9775I

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-D 9775I

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital

City of BALTIMORE: (No. Calvert & 33rd St., 12-4 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen Collins

(a) Residence No. 321 Harwood ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Thomas Collins

6-DATE OF BIRTH (month, day and year) ? 1861

7-AGE, 64 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... at Home

(b) General nature of industry, business, or establishment in which employed (or employer)..... —

(c) Name of employer..... —

9-BIRTHPLACE (city or town)..... (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, Mc Glaughlin

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Ellen McCormick

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Ireland.

14- (Informant) Miss Collins

(Address) 321 Harwood Ave

15- Filed 5 1925 192.....

Robert P. Harrison, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 24, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 3, 1925 to April 24, 1925 that I last saw h[illegible] alive on April 24, 1925 and that death occurred, on the date stated above, at 6 30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Edwin B. Jarratt M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Cathedral Cemetery	4/28 1925
20-UNDERTAKER.	ADDRESS
Chas J. Kraus & Son	1181 West Royal Ave

Spec.—1-10-21—M&T—1500 lbs.

D 97752

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97752

CERTIFICATE OF DEATH.

21

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. (Ward) 17-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lenard Brown

(a) RESIDENCE No. 1036 Argyle Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 28, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		1	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William S Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Hattie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

5 1925 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22 1925

17

I HEREBY CERTIFY, That I attended deceased from April 17, 1925, to April 22, 1925; that I last saw him alive on April 22, 1925; and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Empyaemas

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Otitis media

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Not Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) W.H.B. Stewart, M. D.

(Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL April 25 1925

20 UNDERTAKER Wm Jas H Dennis per T. E. Kelson

ADDRESS 1803 Preastman St

Spec.—1-10-21—M&T—1500 Bks.

D 97753

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97753

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH West Balt. general Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. Rayner Ave & Dukeland St., WARD) 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Redman.

(a) RESIDENCE No. 1539 Woodyear St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	colored.	single ~~married~~

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) ? 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coals. 121

(b) General nature of industry, business, or establishment in which employed (or employer) Coals.

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Howard Co. md.

PARENTS

10 NAME OF FATHER John Redman

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va.

12 MAIDEN NAME OF MOTHER Mary Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Hospitals

(Address)

Filed 25 1925, 19 Robert P. Harrison, Registrar

Burial Permit clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/24/ 1925

17

I HEREBY CERTIFY, That I attended deceased from 3/23/ .1925. to 4/24/ .1925.

that I last saw h/ alive on 4/24/ .1925.

and that death occurred, on the date stated above, at 7:30 P m.

The CAUSE OF DEATH* was as follows:

Diabetis mellitus.

(duration) 2 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Diabetic gangrene. 3 weeks

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Clinical.

(Signed) Jas Herbert Wilkerson, M. D.

(Address) West Balto. Gen. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR REMOVAL Western Bay Cem DATE OF BURIAL Jan. 27 1925

20 UNDERTAKER Easton Sons ADDRESS Elkton Md

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97754

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97754

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hosp. St., 12-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Paul Richards

(a) Residence No. 7 Frederick Md. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Mr. Paul Richard

6-DATE OF BIRTH (month, day and year) Jan 29. 1886

7-AGE. 39 yrs. 2 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William Kreitzer

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Barbara Follmer

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Md.

14- (Informant) Mr. Paul Richards

(Address) Frederick, Md.

15- 25 1925 Robert P. Harrison, Registrar.

~~Burial Permit Clerk~~

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 24. 1925

17- I HEREBY CERTIFY, That I attended deceased from April 14, 1925 to April 24, 1925

that I last saw her alive on April 24, 1925

and that death occurred, on the date stated above, at 8.50 P. m.

The CAUSE OF DEATH* was as follows:

Toxic Thyroid. Adenomata.

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? Frederick, Md.

Did an operation precede death? yes Date of April 21. 1925

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Raymond T. Johnston M. D.

4/24. 1925 (Address) Union Memorial Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Hanover Pa	Sept 27, 1925
20-UNDERTAKER.	ADDRESS
M. R. Etchison & Son	Frederick, Md.

Spec.—1-12-23—M&T—500 Blks.

D 97755

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97755

CERTIFICATE OF DEATH.

100-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 939 Hollins Street ST., 18-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hazel Loretta Slacum

(a) RESIDENCE NO. 939 Hollins Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr. 3, 1925

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
		20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER William J. Slacum

11 BIRTHPLACE OF FATHER (city or town) Dorchester County
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ada E. Mathews

13 BIRTHPLACE OF MOTHER (city or town) Dorchester County
(State or country) Maryland

14 Informant William J. Slacum
(Address) 939 Hollins Street

15 Filed 4-24 1925, 19 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 23 1925

17 I HEREBY CERTIFY, That I attended deceased from 4/19, 1925, to 4/23, 1925, that I last saw her alive on April 23, 1925, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Acute Broncho Pneumonia,
(Primary)

(duration) 0 yrs. 0 mos 4 ds.

CONTRIBUTORY (Secondary) none (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no. —

What test confirmed diagnosis? Physical Exam &c.

(Signed) Thas Horton, Jr. M. D.

(Address) 886 W. Lombard Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Apr. 25, 1925
20 UNDERTAKER Joseph L. Cook	ADDRESS 1053 W. Balto St

Spec—12-23-21—E.B.R.S.—400 Blks.

D 97756 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97756

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 841 E. Eager St., 10-2 Ward) Registered No.....

2-FULL NAME Charles P. Walters (If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 841 E. Eager St., 10 Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred also 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? 5 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of ~~(or) WIFE~~ of Annie Walters

6-DATE OF BIRTH (month, day and year) Not Known

7-AGE. 58 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Solomon Walters

11-BIRTHPLACE OF FATHER (city or town) Johnstown Pa. (State or Country).

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (city or town) Not Known (State or Country).

14- (Informant) Mrs Annie Walters
(Address) 841 E. Eager St.

15- Filed Apr 25 1925 192 Robert F. Garrison Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr. 23 1925

17- I HEREBY CERTIFY, That I attended deceased from April 20 19 25 to April 23 19 25 that I last saw h. alive on April 23 19 25 and that death occurred, on the date stated above, at 1:30 P. m. The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Coma

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of .....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Wm B Howell M. D.

April 25, 1925 (Address) 1401 E. Eager St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Apr. 27 1925
20-UNDERTAKER.	ADDRESS
Henry Hoerle Son	1301 E. Eager St.

Burial Permit Clerk.

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 97757 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97757

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp ST. 10-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred Duany

(a) RESIDENCE. No. 1017 Aisquith St ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 11, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Albert Duany

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cuba

12 MAIDEN NAME OF MOTHER Mani Cora

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Albert Duany
(Address) 1017 Aisquith

15 Filed 4 25 1925 Robert P. Harrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24 1925

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1925, to April 24, 1925, that I last saw her alive on April 24, 1925, and that death occurred, on the date stated above, at 10 35 a m.

The CAUSE OF DEATH* was as follows:

Tuberculas Meningitis

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Positive Tuberculin

(Signed) Myron E. Tull, M. D.

4/24 1925 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetery Harford Rd	Apr. 25 1925
20 UNDERTAKER	ADDRESS
Henry Hoen & Son	1801 E Eager St

Spec.—1-19-21—M&T—1500 Bks.

D 97758

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97758

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 837. Willow st. ST. 10-2 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth Moore

(a) RESIDENCE No. 837. Willow st ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles R. Moore

6 DATE OF BIRTH (month, day, and year) Jan 16

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
27 Year				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work..... Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)..... —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Michael Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ruth Mullen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Charles R. Moore

(Address) 837 Willow St.

15 Filed 5 1925, 19

Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 23 1925

17

I HEREBY CERTIFY, That I attended deceased from July 14th, 1924 to Apr 23 1925, that I last saw her alive on Apr 22 1925, and that death occurred, on the date stated above, at 12:17 A. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Asthenia

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) L. M. C. Carter, M. D.

Apr 23, 1925 (Address) 111 N Hartford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	April 25 1925

20 UNDERTAKER ADDRESS

Lyons & Ruth 1735 Hartford

Spec.—1-10-21—M&T—1500-Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97759

CERTIFICATE OF DEATH.

74-001

D 97759

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Pippins

(a) RESIDENCE NO. 1006 McCulloh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE: Years 67 yr. Months Days If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Joseph Pippins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Christiana

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. V.

14 Informant Municipal Hospital Records (Address)

15 APR 25 1925 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22 1925

17 I HEREBY CERTIFY, That I attended deceased from April 7, 1925, to April 22, 1925, that I last saw him alive on April 22, 1925 and that death occurred, on the date stated above, at 7:10 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Hypertension

Myocardial failure

(duration) yrs. 10 mos (History) ds.

CONTRIBUTORY (Secondary) left hemiplegia (cerebral hemorrhage) (duration) yrs. 3 mos. (History) ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Laboratory

(Signed) W. L. Miller, M. D.

4/24, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 4/26/1925

20 UNDERTAKER: Daniel Easton

ADDRESS 916 Pa ave

FROM BACK OF CERTIFICATE. IT IS VERY important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 97760 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97760

CERTIFICATE OF DEATH. 11-60

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 Claggett — St., 17-3 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Olivia Hodridge

(a) RESIDENCE NO. 503 Claggett St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced ~~(Husband of)~~ (or) WIFE of Emmett Hodridge

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Va

PARENTS

10 NAME OF FATHER Wm Henry Craig

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond Va

14 Informant Frances Hodridge

(Address) 503 Claggett St

15 1925 Robert T. Hartman

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 23, 1925

17 I HEREBY CERTIFY, That I attended deceased from 4/19/25, 19 , to 4/23/25, 19 ; that I last saw her alive on 4/22/25, and that death occurred, on the date stated above, at 4 PM

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. Lee Ellis, M. D.

4/24, 1925 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	4/26/25
20 UNDERTAKER Daniel Easton	ADDRESS 916 Pa ave

Burial Permit Given

Spec.—1-10-21—M&T—1500 Blks.

(Johnson)

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 9776E

9776E

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 701—N—Vincent ST., 19-1 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bettie J Mooy

(a) RESIDENCE NO. 701—N—Vincent ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Negro	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 2-1897

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	28	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John J Mooy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Lottie Kellum

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Accomack Co Va

14 Informant Eva J Mooy

(Address) 1633 Pine St

15 Filed 25-1925, 19

Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-22 1925

17

I HEREBY CERTIFY, That I attended deceased from April 17, 1925, to April 22, 1925, that I last saw h alive on April 22, 1925 and that death occurred, on the date stated above, at 1.30 P. M.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Pulmonary T.B.

(duration) yrs. 6 mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? N/ Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Walter J Dooley, M. D.

. 19 (Address) 1618 W—Mulberry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 4/25/1925

20 UNDERTAKER Daniel Easton — ADDRESS 516 Park

Spec.—1-10-21—M&T—1500 Bks.

D 97762

HEALTH DEPARTMENT—CITY OF BALTIMORE

101 D 97762

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5041 Pine ST., 17 WARD 3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur Coates

(a) RESIDENCE No. 5041 Pine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): March 22, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	one		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter

(b) General nature of industry, business, or establishment in which employed (or employer): Fells Point

(c) Name of employer: Tilley Duncan

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Jesse Coates

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Mary Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Walter Coates

(Address): 1776 Aisquith St

Filed APR 25 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 22 1925

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1925, to April 22, 1925,

that I last saw him alive on April 22, 1925

and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) W. H. Corkey, M. D.

, 19 (Address) 703 George St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: 4/26/25

20 UNDERTAKER: Samuel T Kessler

ADDRESS: 1128 N Bradle

D 97763 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97763

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1923 Druid Hill Ave. St., 14-1 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME... Alice Coroner

(Residence in Baltimore: No. 1923 Druid Hill Ave. St.; 80 yrs., 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	colored	widow

6-DATE OF BIRTH, Sept. 7, 1845
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
80 yrs. 7 mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country),

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER, (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Courtney Johnson

(Address) 1923 Druid Hill Ave.

15- Apr 25-1925 16- Robert P. Harrison, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 22, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

April 23 1925 (Address) 2802 Eastern Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Laurel Lawn	Apr 25 1925
20-UNDERTAKER, Samuel T. Hensley	ADDRESS 578 N Bridge

Spec.—1-10-21—M&T—1500 Blks.

D 97764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

D 97764

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 511 N Pine ST., 17 WARD 3

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clifton Jesse

(a) RESIDENCE NO. 511 N Pine ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1900 —

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25	00	00	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wagon driver

(b) General nature of industry, business, or establishment in which employed (or employer) Labor 023

(c) Name of employer self —

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Frank Jesse

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Lizzie Jungen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Frank Jesse

(Address) 511 N Pine

Filed ..... 25 1925 ..... 19 .....

ROBERT E. ...

Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 28, 1925, to Apr 24, 1925.

that I last saw h.... live on Apr 23, 1925

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

tuberculosis of lung

(duration) 1 yrs. 0 mos 0 ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no —

What test confirmed diagnosis? Clinical

(Signed) R B Kenyon M. D.

4/24 1925 (Address) 607 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 4/26, 25

20 UNDERTAKER Jam C J Hemsley

ADDRESS 578 N Budle

Spec.—1-10-21—M&T—1500 Rks.

D 97765

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97765

CERTIFICATE OF DEATH

1-PLACE OF DEATH Colonial Hospital

CITY OF BALTIMORE: (No. 1122 N Mount ST., 19 WARD 40

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Wilson

(a) RESIDENCE NO. 428 N. Smithes ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 11 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 21, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) General

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Wm Wilson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Wilson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Mrs Wilson
(Address) 428 N Smithes St

5 1925, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24 1925

17

I HEREBY CERTIFY, That I attended deceased from April 8, 1925, to April 24, 1925,

that I last saw h alive on April 24, 1925,

and that death occurred, on the date stated above, at 2-00 P m.

The CAUSE OF DEATH* was as follows:

Acute retention of urine, suppression of urine, results of uremic convulsions

(duration) yrs. mos. 22 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 4/8/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical data

(Signed) E. K. Fuge, M. D.

, 19 (Address) Walbert Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 4/27 1925

20 UNDERTAKER Penn R Hensley — ADDRESS 78 Riddle

Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97766

CERTIFICATE OF DEATH.

45 D 97766

1-PLACE OF DEATH University Hospital.

CITY OF BALTIMORE: (No. Lombard + Greene ST. 21-3 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Gunn

(a) RESIDENCE No. 323 Albemarle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) General 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Joseph Gunn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Lillie Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Anthony Hall

(Address) Taylor Ave Catonsville Md

15 Dec 25 1925

16 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/23 1925

17

I HEREBY CERTIFY, That I attended deceased from 4/18, 1925, to 4/23, 1925, that I last saw him alive on 4/23/, 1925, and that death occurred, on the date stated above, at 10:20 A m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction - Volvulus

Carcinoma of Bladder - metastasis

Duration 15 mo.

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Lobular Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 4/22/25

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) M. Edwards, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Valley View Star Catonsville — DATE OF BURIAL 4/25 1925

20 UNDERTAKER Daniel J Kenealy — ADDRESS 578 W Biddle

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97767

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97767

101-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 557 Lauren St., 14-1 Ward)

Registered No.....

2-FULL NAME Charles Brown

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 557 Lauren St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or WIFE of) Mrs Mary Brown.

6-DATE OF BIRTH (month, day and year) 1857

7-AGE. 68 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Sexton

(b) General nature of industry, business, or establishment in which employed (or employer). of Church.

(c) Name of employer.....

9-BIRTHPLACE (city or town). Ellicott City
(State or Country), Md.

PARENTS.

10-NAME OF FATHER. John Brown

11-BIRTHPLACE OF FATHER (city or town). Md.
(State or Country),

12-MAIDEN NAME OF MOTHER. Martha Sanders

13-BIRTHPLACE OF MOTHER (city or town). Md.
(State or Country).

14-

(Informant) Mrs Mary Brown

(Address) 557 Lauren St.

15-

April 25 1925 (Burial Permit Clerk) Robert P. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 22 1925

17. I HEREBY CERTIFY, That I attended deceased from April 20 1925 to April 22 1925, that I last saw h.. alive on April 22 1925, and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Right)

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas. P. Clayton M.D.

Apr 24 1925 (Address) 1506 Mc Culloh

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn Cemetery — DATE OF BURIAL. 4/26 — 1925

20-UNDERTAKER. Mrs Jas H. Dennis Per J. C. Nelson — ADDRESS 1328 Pennsylvania Ave

Spec.—1-10-21—M&T—1500 Bks.

D 97768

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-08 D 97768

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 E Chase ST., 10-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Walzl

(a) RESIDENCE NO. 404 E Chase St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 6, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Letter

(b) General nature of industry, business, or establishment in which employed (or employer) 186

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Louis Walzl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Vienna, Austria

12 MAIDEN NAME OF MOTHER Cath. A. Waldow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs. Walzl (Address) 404 E. Chase St.

15 25 1925 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/23 1925

17 I HEREBY CERTIFY, That I attended deceased from 4/14 , 1925, to 4/23 , 1925, that I last saw h alive on 4/22 , 1925, and that death occurred, on the date stated above, at 2 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernstein, M. D.

4/25, 1925 (Address) 914 E Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Apr 27 1925

20 UNDERTAKER J. C. Weisfield — ADDRESS 914 Grmnt Pl

Spec.—1-10-21—M&T—1500 Bks.

D 97769

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97769

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3702 Barrington Road ST., 15-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George E. Cook

(a) RESIDENCE NO. 3702 Barrington Road ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, ~~or divorced~~ HUSBAND of (or) ~~WIFE of~~ Amelia Cook

6 DATE OF BIRTH (month, day, and year) July 11/1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	67	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) B & O. Rail Road

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Benj F. Cook

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Martha Burton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Nellie F. Mitchel

(Address) 3702 Piedmont Ave

15 Filed ..... 19 ..... Robert P. Harrison, Registrar

25 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23rd 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 14th, 1924, to April 23rd, 1925, that I last saw h[illegible] alive on April 22nd, 1925, and that death occurred, on the date stated above, at 5.30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) yrs. 5 mos 9 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? 835 N. Fremont Ave

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Chas. H. T. Burnett, M. D.

April 23rd 1925 (Address) 1100 W Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL April 27 1925

20 UNDERTAKER E Carson Kennard ADDRESS 723 W Lafayette Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97770

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97770

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., Ward)

Registered No. 10-31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Truman

(a) Residence No. 812 Lewis st. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Colored	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1871

7-AGE 47 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer do

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9-BIRTHPLACE (city or town) Baltimore (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, Levi Truman

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, (Connoway Mary Conway or

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) Hospital Records

(Address) M.T.H.

15- Filed 4-25 1925 Robert P. Harrison Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Apr. 24, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 9 1925 to April 24 1925, that I last saw him alive on April 24 1925, and that death occurred, on the date stated above, at 12.55 Am.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? X-ray laboratory

(Signed) J. B. Whaley M. D.

4-24-1925 (Address) Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, 1925
Asbury Bem	4/27
20-UNDERTAKER	ADDRESS
Jos. M. Sumner	625 E. Madison

Spec.—1-10-21—M&T—1500 Bks.

D 9777I HEALTH DEPARTMENT—CITY OF BALTIMORE D 9777I

CERTIFICATE OF DEATH. 58-004

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 650 W Lombard ST., 11 - 1 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Amelia Wansez Or Wonsowich

(a) RESIDENCE No. 650 W - Lombard ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. - mos. - ds. How long in U. S., if of foreign birth? 15 yrs. - mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Noknow 1856

7 AGE 69 Years - Months - Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work No.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithvania

PARENTS

10 NAME OF FATHER John Wonsowich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithvania

12 MAIDEN NAME OF MOTHER K.Prizingnt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithvania

14 Informant Frank Wonsowich
(Address) 650 W Lombard Street

15 Filed Apr 25 1925, 19 Robert P. Harrison, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr 2, 1925, to Apr 24, 1925, that I last saw her alive on Apr 22, 1925, and that death occurred, on the date stated above, at 9.45 A M

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Cardiac insufficiency

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Roscoe R. Ross, M. D.

Apr 24 1925 (Address) 2438 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem.	April 27 1925

20 UNDERTAKER Mary Ehrlichmans ADDRESS 425 S. Paca St

Spec.—1-10-21—M&T—1500 Bks.

D 97772 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97772

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH Johns Hopkins Hospital

REGISTERED NO.

CITY OF BALTIMORE: (NO. 7-1 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Tolar. John R.

(a) RESIDENCE NO. Fayetteville ST., WARD North Carolina
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. — mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. J. H Tolar

6 DATE OF BIRTH (month, day, and year) Dec 18. 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 086

(b) General nature of industry, business, or establishment in which employed (or employer) Cotton Manuf'r

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Tolar

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Cascell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Friends, J.H.H.

(Address) Robert P. Harrison.

25 1925

19 Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apl. 25 1925

17 I HEREBY CERTIFY, That I attended deceased from April 5 , 1924 , to Apr. 25 , 1925 , that I last saw him alive on April 25 , 1925 , and that death occurred, on the date stated above, at 4 35 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency
Senile changes.

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? N.C.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Allen, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Fayetteville N.C. Apl 25 1925

20 UNDERTAKER — ADDRESS

John A. Mitchell 120 W. Fayette St.

Spec.-1-10-21 M&T 1500 Bks.

1924

D 97773

HEALTH DEPARTMENT—CITY OF BALTIMORE D 97773

CERTIFICATE OF DEATH.

REGISTERED NO. 16-129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1538 W. Lanvale ST., (WARD)

2-FULL NAME Emmett F. Cromwell

(a) RESIDENCE No. 1538 W. Lanvale ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of May G. Cromwell

6 DATE OF BIRTH (month, day, and year) Sept. 28 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Stewarts & Co

(c) Name of employer Department Store

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Saml. Cromwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Eliza J. Hood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs. May G. Cromwell

(Address) 1538 W. Lanvale St.

15 Filed ..... 19 .....

Robert P. Harrison, Registrar

5 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24, 1925.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1924, to April 24, 1925.

that I last saw him alive on April 23, 1925

and that death occurred, on the date stated above, at 12 05 a. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

Indefinite (duration) yrs. mos ds.

Complication by mitral regurgitation

CONTRIBUTORY (Secondary) Indefinite (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Chemical and microscopic analysis

(Signed) S. H. Arthur, M. D.

Apr 25 1925 (Address) 1426 W Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL April 27 25

20 UNDERTAKER Chas. E. Franck

ADDRESS Chas. E. Franck 802 Madison Ave.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97774 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97774

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. Ward)

Registered No. 100-001

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME. Lacey Harrison

(a) Residence No. Woodlawn Md St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of ——

6-DATE OF BIRTH (month, day and year) 1923

7-AGE, ..1.. yrs. ..2.. mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer). ——

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER, Ira Harrison

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Howard Co Md

12-MAIDEN NAME OF MOTHER, Mary Howell

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Howard Co Md

14- (Informant) Jas F. Weer

(Address) Ellicott City Md

15- 25 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 4/25/25

17- I HEREBY CERTIFY, That I attended deceased from 4/23/25 19.. to 4/25/25 19..

that I last saw h— alive on 4/25/25 19..

and that death occurred, on the date stated above, at .. m.

The CAUSE OF DEATH* was as follows: Broncho Pneumonia

(Duration) .. yrs. .. mos. .. ds.

CONTRIBUTORY (Secondary) ——

(Duration) .. yrs. .. mos. .. ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. W. Kelly M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Florence Md

DATE OF BURIAL, April 26 1925

20-UNDERTAKER. Jas F Weer

ADDRESS Ellicott City Md

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97775

CERTIFICATE OF DEATH.

31

D 97775

REGISTERED No.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie Fuller

(a) RESIDENCE No. 905 Linden Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	29 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Walter Fuller

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Fanny Henry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Municipal Hospital Records (Address)

15 FILED ..., 19 Robert P. Harrison Registrar

25 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22 1925

17

I HEREBY CERTIFY, That I attended deceased from April 21, 1925, to April 22, 1925, that I last saw her alive on April 22, 1925, and that death occurred, on the date stated above, at 9:55a m.

The CAUSE OF DEATH* was as follows:

Tuberculous Pneumonia

(duration) yrs. mos 8 ds. (History)

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? laboratory + autopsy

(Signed) W. L. Miller, M. D.

4/24, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Burlington N. C — DATE OF BURIAL: April 26 1925

20 UNDERTAKER: L. L. Brown's Son Express, American — ADDRESS: 115 N. Monroe St

TION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97776

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

24-159-002

D 97776

Registered No. C.....

City of BALTIMORE: (No. 236 E. Cross St. St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emmerson Bailey.

(Residence in Baltimore: No. 236 E. Cross St. St.; yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male.	White.	Single.

6-DATE OF BIRTH. May 27, 1915 (Month) (Day) (Year)

7-AGE. 9 yrs. 10 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): 0

9-BIRTHPLACE, (State or Country): Cambridge Md.

PARENTS.

10-NAME OF FATHER: Walter J. Bailey.

11-BIRTHPLACE OF FATHER, (State or Country): Cambridge, Md.

12-MAIDEN NAME OF MOTHER: Mary E. Crockett.

13-BIRTHPLACE OF MOTHER, (State or Country): Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Bailey. (mother)

(Address) 236 E. Cross St.

15-

25 1925

Robert P. Harrison, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 24, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acuge Indigestion.

Valvular disease of the Heart.

congenital.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

April 24 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?....

Former or usual residence....

19-PLACE OF BURIAL OR REMOVAL, Highlands Island DATE OF BURIAL, April 27, 1925

20-UNDERTAKER, A. Howard Evans ADDRESS 33 E. Fort Ave

D 97777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6-2 100-001 D 97777

1-PLACE OF DEATH

City of BALTIMORE: (No. 2005 Lincoln Court St., Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn Virginia Travers

(Residence in Baltimore: No. 2005 Lincoln Court life St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	col	sing

6-DATE OF BIRTH. May 19-1924
(Month) (Day) (Year)

7-AGE. 11 yrs. 4 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Chas. Elmer Travers

11-BIRTHPLACE OF FATHER, (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER, Blanche H. Edwards

13-BIRTHPLACE OF MOTHER, (State or Country), Hartford Conn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. E. Travers

(Address) 2005 Lincoln Ct.

15-
25-1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 23-25
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Primary)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. S. W. Cullen M. D.
(Coroner.)

4-23-25 19.. (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.
Auburn Cemetery April 24 1925

20-UNDERTAKER. ADDRESS
Milton Davis 315 N. Eden St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97778 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97778

M. Williams

CERTIFICATE OF DEATH.

11-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 1210 Main St. St., 25-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth Brown

(a) Residence No. 1210 Main St. St., ... Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec 30-24

7-AGE, ...yrs. 3 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) Md

(State or Country),

PARENTS.

10-NAME OF FATHER, Wm Brown

11-BIRTHPLACE OF FATHER (city or town) Md

(State or Country),

12-MAIDEN NAME OF MOTHER, Susan Dipes

13-BIRTHPLACE OF MOTHER (city or town) Md

(State or Country),

14-

(Informant) Mother

(Address) 1210 Main St

15-

Filed Apr 25 1925 Robert P. Harrison, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 4/23/25

17- I HEREBY CERTIFY, That I attended deceased from 4/20, 1925, to 4/23, 1925, that I last saw h[illegible] alive on 4/23/, 1925, and that death occurred, on the date stated above, at 1.16 m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Grippe

(Duration) ....yrs. ....mos. 4 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Wm. L. Dunn, M. D.

, 19 (Address) 1210 Main St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cathedral DATE OF BURIAL, Apr. 25 19 25

20-UNDERTAKER George L. Schwab & Son Funeral Dir. ADDRESS 1210 Main St.

Spec.—1-10-21—M&T—1500 Blks.

D 97779

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97779

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2100 Frederick Ave ST., 20-4 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Hartman

(a) RESIDENCE NO. 2100 Frederick Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? ✓ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: John C. Hartman

6 DATE OF BIRTH (month, day, and year): Apr Nov 11-1871

7 AGE — Years: 53 — Months: 6 — Days: 13 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer): Keeping house

(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Otto Sherf

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Maryland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant (Address): John C. Hartman 2100 Frederick Ave

15 Robert P. Harrison, Registrar

5 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr 19, 1925, to Apr 24, 1925, that I last saw her alive on Apr 24, 1925, and that death occurred, on the date stated above, at 11-10 A m.

The CAUSE OF DEATH* was as follows:

1 Bronchial Pneumonia

(duration) 4 yrs. mos. 6 ds.

CONTRIBUTORY (Secondary): Chronic Valvular Heart disease

(duration) Over 6 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) [illegible] M.D.

Apr 24 1925 (Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Apr 27 1925

20 UNDERTAKER: George L. Schwab — ADDRESS: Northern Ave

IT IS very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 97780

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97780

CERTIFICATE OF DEATH.

x 159-023

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-1 WARD)

2-FULL NAME Emma Rmark

(a) RESIDENCE No. Hooperville Rd ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		5	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Thomas Rmark

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Sue Rmark

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Friends
(Address) JOHNS HOPKINS HOSPITAL.

15 ..... 19 Robert F. Harrison,
Registrar
Burial Permit Clerk

25 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24 1925

17

I HEREBY CERTIFY, That I attended deceased from April 14, 1925, to April 24, 1925, that I last saw he alive on April 24, 1925, and that death occurred, on the date stated above, at 10 00 P m.

The CAUSE OF DEATH* was as follows:

Menetrie cyst

(duration) ..... yrs. 5 mos. ..... ds.

CONTRIBUTORY —
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Ary Jacobsen, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hooker's Island Md	4/25/25
20 UNDERTAKER	ADDRESS
Joseph ahrens	221 Emory

FROM every Physician. See instruction on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 97781

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97781

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland Gen. Hosp. - Baltimore, Md. REGISTERED NO. 135

CITY OF BALTIMORE: (No. Madison & Linden St. Ave. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert R. Saylor

(a) RESIDENCE NO. 412 Shipley St. Wilmington WARD Del.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. 35 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Jennie Saylor

6 DATE OF BIRTH (month, day, and year) Oct. 31, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Berks Co. Pa.

PARENTS

10 NAME OF FATHER J. C. Saylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rose Reighner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Berks Co. Pa.

14 Informant Albert R. Saylor
(Address)

15 ... 19... Robert F. Harrison, Registrar
25 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 22 1925

17

I HEREBY CERTIFY, That I attended deceased from Mar. 30, 1925, to Apr. 22, 1925, that I last saw him alive on Apr. 24, 1925, and that death occurred, on the date stated above, at 2:30 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis - Bronchopneumonia -

Duration - 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Cystitis - Pyelitis - Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? In home

Did an operation precede death? Yes Date of Apr. 9, 25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. Thomson, M. D.

19 (Address) 1111 Gerrish St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W. & B. Cemetery, Wilmington Del. — DATE OF BURIAL Jan 28 1925

20 UNDERTAKER Jas. E. Fuller & Son — ADDRESS 2334 Ellamont

Spec.—1-10-21—M&T—1500 Blks.

D 97782

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97782

CERTIFICATE OF DEATH. 74-001

1-PLACE OF DEATH U. S. marine Hospital No 1. REGISTERED NO.....

CITY OF BALTIMORE: (No. ..... ST., 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Cosper.

(a) RESIDENCE NO. 2025 - N - 17th St. Philadelphia, Pa ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? —— yrs. —— mos. —— ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1859.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) " 086

(c) Name of employer S/S Manhattan

9 BIRTHPLACE (city or town) Pa
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Self
Address)

Filed APR 26 1925 ROBERT D. KRAUTER Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25 1925

17

I HEREBY CERTIFY, That I attended deceased from March 24, 1925, to April 25, 1925,

that I last saw him alive on April 25, 1925,

and that death occurred, on the date stated above, at 7 15 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. 1 mos — ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, general

(duration) — yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical findings at death

(Signed) W. H. Fowler, M. D.

19 (Address) U.S. Marine Hospital No. 1 Baltimore Md.

Jeg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Philia Pa — DATE OF BURIAL 4/[illegible], 19 25

20 UNDERTAKER Jos Linnan & Bro — ADDRESS 1127 E. Balto St

NOTE—Very important. See instructions on back of certificate.

Spec.—I-13-21—M&T—1500 Bks.

D 97783 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97783

CERTIFICATE OF DEATH. X 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 W. 23 dst ST., 12 WARD) 3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael O'Brooks

(a) RESIDENCE NO. 111 W. 23 d St ST., WARD Virginia

(Usual place of abode) (If non-resident give City or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, ~~Widowed~~, or Divorced, (write the word)
Male	Colored	Mar

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Debora Brooks

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Guy F. Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Sarah Whitney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Guy F Brooks

(Address) 111-W-23 St

15 APR 26 1925 ROBERT P. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23 1925

17 I HEREBY CERTIFY, That I attended deceased from April 18, 1925, to April 23, 1925, that I last saw him alive on April 23, 1925, and that death occurred, on the date stated above, at 9:45 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) General Exposure

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) Ed P Dell, M. D.

, 19 (Address) 426 E 23 dst

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Point Va.

DATE OF BURIAL Apr 26 1925

20 UNDERTAKER John H. Owens

ADDRESS 538 Dolphin St.

(Instructions on back of certificates.)

Spec.—1-10-21—M&T—1500 Blks.

D 97784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 129

D 97784
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3919 Belair ave ST., 5—1 WARD)

2-FULL NAME Mary E McIntyre

(a) RESIDENCE NO. 3919 Belair Ave ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 67 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	white	Wid

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Not known

6 DATE OF BIRTH (month, day, and year) 1844

7 AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	81	—	—	—

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ireland
(State or country)

PARENTS

10 NAME OF FATHER James McCourt

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant Catherine Speights
(Address) 2919 Belair Ave

15 APR 26 1925 ROBERT A. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1925, to Apr. 24, 1925, that I last saw her alive on Apr. 23, 1925, and that death occurred, on the date stated above, at 4:30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Bright's
(duration) 1 yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) None
(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R B Thruston, M. D.

Apr 26 1925 (Address) 607 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Peters Cem	April 27 1925
20 UNDERTAKER	ADDRESS
Martin Staley & Son	1827 W North

HOW to fill properly. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97785

CERTIFICATE OF DEATH.

19-232

D 97785

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 346 S. Calhoun ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J. Horan

(a) RESIDENCE NO. 346 S Calhoun ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Horan

6 DATE OF BIRTH (month, day, and year) 11th 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bar Tender

(b) General nature of industry, business, or establishment in which employed (or employer): 044

(c) Name of employer: John Barber

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Michael Horan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Jenett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Mrs Horan

(Address): 346 S Calhoun st

15 Filed APR 26 1925 ROBERT A. KRAMER, Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25 1925

17 I HEREBY CERTIFY, That I attended deceased from April 23 , 1925 , to April 25 , 1925 , that I last saw him alive on April 25 , 1925 , and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Meningitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Infection of Tibia.

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual.

(Signed) Edward Travers, M. D.

, 19 (Address) 500 Hollins St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Charles Pikesville	April 27 1925
20 UNDERTAKER: John J. Fields	ADDRESS: 1300 W Lombard St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97786

CERTIFICATE OF DEATH. X 129 D 97786

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1613 W. Lexington ST., 19 WARD 1)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Tall

(a) RESIDENCE NO. 1613 W. Lexington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State) Virginia

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Bessie Parris (Address) 1613 W. Lexington St.

15 Buried ....., 19 .... Registrar

APR 26 1925 ROBERT N. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4- 25- 1925

17 I HEREBY CERTIFY, That I attended deceased from March 1st. 1925 to April 25th. 1925 that I last saw her alive on April 24th 1925, and that death occurred, on the date stated above, at 12;30 a. m.

The CAUSE OF DEATH* was as follows:

Mitral Ins.

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Ch. Interstital Nephritis (duration) yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam

(Signed) Walter J. Jackson M. D.

, 19 (Address) 1618 W. Mulberry St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodland Wksp. Va.

DATE OF BURIAL 4/26/1925

20 UNDERTAKER Dame Easton

ADDRESS Va

Instructions on back of certificates.

S. A. E. T. Y.

Spec.—1-10-21—M&T—1500 Bks.

D 97787 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97787

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 Ballon ST., 11 - 2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baker Bailey

(a) RESIDENCE NO. 922 Ballon ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) June 1 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Elmer Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Carrie Talbert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Elmer Bailey (Address) 922 Ballon St

15 APR 26 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24 1925

17 I HEREBY CERTIFY, That I attended deceased from April 20 1925, to April 24 1925, that I last saw ... alive on April 24 1925, and that death occurred, on the date stated above, at 7:30 P.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis, M. D.

(Address) St Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Samuel Lam

DATE OF BURIAL 4/26/1925

20 UNDERTAKER David Easton

ADDRESS 516 Pa Ave

IMPORTANT: Answer questions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97788

CERTIFICATE OF DEATH.

74-001

D 97788

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 W Hamburg ST., 21-3 WARD)

2-FULL NAME August C Laspe

(a) RESIDENCE NO. 707 W Hamburg ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta A Laspe

6 DATE OF BIRTH (month, day, and year) Dec 23-1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.... min.
	69	4	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer United Ry. + Elect. Co

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER August Laspe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Augusta A Laspe (Address) 707 W Hamburg St

15 APR 26 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23 1925

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1925, to April 23, 1925, that I last saw him alive on April 22, 1925, and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. 1 mos. 9 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) C D Dayton, M. D.

4/23 1925 (Address) 309 East Cross St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Apr 27-'25
20 UNDERTAKER	ADDRESS
Jos Joerdens Son	202 S. Bro

ROBERT P. KNAUTH
Burial Permits

ITION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97789 HEALTH DEPARTMENT—CITY OF BALTIMORE

91-B03
91-D 97789

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 745 N North ave St., 14 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rivia Leah Berman

(a) Residence No. 745 N North ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Isreal Berman

6-DATE OF BIRTH (month, day and year) unknown

7-AGE. 87 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer)..... old age

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Yehuda L. Fell

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) L. Berman

(Address) 745 N North ave

15-

Filed..... 192..... ROBERT R. KRAUTER, Registrar.

APR 26 1925 Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 4-26-25

17- I HEREBY CERTIFY, That I attended deceased from Dec 21, 1924, to April 25th, 1925, that I last saw h. alive on April 25th, 1925, and that death occurred, on the date stated above, at 5:30 p. m.

The CAUSE OF DEATH* was as follows:

Obliterative Endo-arteritis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Michael A. Abrams M. D

April 25, 1925 (Address) 1360 Eutaw Place

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Pikesville Cemetery | DATE OF BURIAL, 4-27 1925

20-UNDERTAKER, Jack Lewis | ADDRESS 1429 E. Baltimore St.

Spec.—1-10-21—M&T—1500 Bks.

97790 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97790

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH Hebrew Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 15-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Losinsky

(a) RESIDENCE NO. 2508 Park Height ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 17 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sofia Losinsky

6 DATE OF BIRTH (month, day, and year) May 25 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49	11	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Tailor 180

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Abraham Losinsky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Untune

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Sofia Losinsky

(Address) 2508 Park Height

15 Filed APR 26 1925 ROBERT P. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 25 1925

17

I HEREBY CERTIFY, That I attended deceased from Apr 22, 1925, to Apr 25, 1925,

that I last saw h/m alive on Apr 25, 1925,

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Clinical Laboratory

(Signed) Isidore L. Fuzz, M. D.

April 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale DATE OF BURIAL 4/26 1925

20 UNDERTAKER Joseph Lewis ADDRESS 1409 E Balt

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97791 — CERTIFICATE OF DEATH. — 44 — D 97791

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3903 Banner Road ST. 15-4 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Leah Greenberg

(a) RESIDENCE. No. 3903 Banner Road ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	Wh.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob H. Greenberg

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	74	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Solomon Hyman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jacob H. Greenberg
(Address) 3903 Banner Road

15 Filed APR 26 1925 19 ROBERT A. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-24 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 19 24, to April 24th 19 25, that I last saw her alive on April 20th 19 25, and that death occurred, on the date stated above, at 11.15 A m.

The CAUSE OF DEATH* was as follows:

Coma

(duration) ..yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Gastric Carcinoma

(duration) 1 yrs. 3 mos. ..ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jacob L Winner, M. D.

4 25 19 5 (Address) 30 S B'way

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Hessed Cem	4/26 19 25
20 UNDERTAKER	ADDRESS
Jack Lewis	1439 E Balto

Issue in duplicate. Important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97792

CERTIFICATE OF DEATH.

32

D 97792

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 27-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellis Goldstein

(a) RESIDENCE NO. 100 Wiley Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] mos. ds. How long in U. S., if of foreign birth? [illegible] yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	20	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician's helper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Louis Goldstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore City Md.

12 MAIDEN NAME OF MOTHER Rebecca Kaplan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19.. ROBERT A. FRAILEY Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26 1925

17

I HEREBY CERTIFY, That I attended deceased from 4-15 1925 to 4-26 1925, that I last saw h alive on 4-26 1925, and that death occurred, on the date stated above, at 12 10 a.m.

The CAUSE OF DEATH* was as follows:

Sepsis, meningitis

(duration) — yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis? Bacteriological

(Signed) [illegible] M. D.

4/26 1925 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew, Edgewater Road	4-26 1925

20 UNDERTAKER ADDRESS

Jack Lewis, 1439 E Balto

FOR IS VERY IMPORTANT. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97793

CERTIFICATE OF DEATH.

3-31

D 97793

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Vance

(a) Residence No. 700 Carwell ave. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1896

7-AGE, 29 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thomas Vance

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Georgia Mays

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) Hospital Records

(Address) M.T.H.

15- Filed APR 26 1925 ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr. 24, 1925

17- I HEREBY CERTIFY, That I attended deceased from March 17, 19 25 to April 24, 19 25

that I last saw h.. alive on April 24, 19 25

and that death occurred, on the date stated above, at 6 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) J. Ward, M. D.

4-25- 19 25 (Address) Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Harford md	Apr 26 1925
20-UNDERTAKER.	**ADDRESS**
E Le Roy Stiffler	1252 North ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97794

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH.

D 97794

3-2

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1426 E. Gough St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Hannah Silverman

(a) Residence No. 1426 E. Gough St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. — mos. — ds. How long in U. S., if of foreign birth? 36 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female.	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE.	If LESS than 1 day,
63 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... none.

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Solomon Silverman.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Marian Silverman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) Jacob Silverman

(Address) 1426 Gough St

15-

APR 26 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 26 1925

17- I HEREBY CERTIFY, That I attended deceased from April 24 19 25 to April 26 19 25 that I last saw h.er alive on April 26 19 25 and that death occurred, on the date stated above, at 7.30 AM

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) ....yrs. ....mos. 1 ds.

18-Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of none

Was there an autopsy? none

What test confirmed diagnosis? Physical Exam

(Signed) Eugene Hoops M.D.

, 19 (Address) 200 W. Lafayette Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Hebrew Henry Pur.	April 26, 19 25
20-UNDERTAKER.	ADDRESS 1127 E.
S. Levinson Bro	Balto. St

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 97795

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97795

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. ST.; 9-3 10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Allen Harold Russell

(a) RESIDENCE. No. 611 E. 33rd St ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 19, 1920

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country)

PARENTS

10 NAME OF FATHER Allen Russell

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Myrtle Covington

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Allen Russell
(Address) 611 E 33rd St

15 APR 26 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25 1925

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1925, to April 25, 1925, that I last saw him alive on April 25, 1925, and that death occurred, on the date stated above, at 10.45 p m.

The CAUSE OF DEATH* was as follows:

Diphtheria, Nasal, Tonsillar & Pharyngeal

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Positive Culture Diphtheria

(Signed) Myron G. Tull, M. D.

4/26 1925 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	April 27 1925
20 UNDERTAKER William Cook	ADDRESS 502 E North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97796

D 97796

CERTIFICATE OF DEATH. 167-001

Registered No. C.....

1-PLACE OF DEATH Declared dead at

City of BALTIMORE: (No. St. Joseph Hospital St. 5 — 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wesley H. Ernst

(Residence in Baltimore: No. 510 N. Gay St St.; 50 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	white	Mar

6-DATE OF BIRTH. Jan 28-1864 (Month) (Day) (Year)

7-AGE. 83 yrs. 2 mos. 26 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Former
(b) General nature of industry, business, or establishment in which employed (or employer) Iron Holder

9-BIRTHPLACE, (State or Country), Penna

PARENTS.

10-NAME OF FATHER, John Ernst

11-BIRTHPLACE OF FATHER, (State or Country), Penna

12-MAIDEN NAME OF MOTHER, Mary Ann Miller

13-BIRTHPLACE OF MOTHER, (State or Country), Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Allen (Daughter)

(Address) 738 Overbrook Road

15-

Filed APR 26 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 24-25 (Month) (Day) 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said his inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Asphixiation

(Probable Suicide)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. S. H. Pate M. D. (Coroner.)

4-25-25 192.... (Address) 508 E. North Ave.

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
H. C. National	Apr 28 1925
20-UNDERTAKER. W. M. Cook	ADDRESS 502 E. Northern

D 97797

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97797

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 329 S. 14th St., 26-29 Ward)

2-FULL NAME Wilhelmine Grippner

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 329 S. 14th St.; yrs. 30 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

6-DATE OF BIRTH: May (Month) 15 (Day) 1850 (Year)

7-AGE: 74 yrs. 11 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER, ~~the~~ unknown

11-BIRTHPLACE OF FATHER, (State or Country): Germany

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma L. Hudson

(Address) 329 S. 14th St

15-

Filed APR 26 1926 ROBERT R. KRAUER, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: April (Month) 24 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Enteritis colitis

(Duration) yrs. 1/2 mos. ds.

(Signed) James M. Benton M. D. (Coroner.)

April 25 1926 (Address) 700 E. Chase St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Carmel — DATE OF BURIAL: Apr 28 1926

20-UNDERTAKER: W. M. Cook — ADDRESS: 372 E Fayette

Spec.—1-10-21—M&T—1500 Blks.

D 97798

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97798

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3710 Forest Park Ave ST., 15-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James B. Graeter

(a) RESIDENCE No. 3710 Forest Park Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Graeter

6 DATE OF BIRTH (month, day, and year) June 3 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Supt Fire Alarm

(b) General nature of industry, business, or establishment in which employed (or employer) Telegraph

(c) Name of employer Baltimore City

9 BIRTHPLACE (city or town) (State or country) Frederick Md

PARENTS

10 NAME OF FATHER Jacob Graeter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hderyn Md

12 MAIDEN NAME OF MOTHER Sarah Galezio

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Md

14 Informant (Address) John A. Graeter Jr Catonsville

15 Filed APR 26 1925 ROBERT A. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24 1925

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1925, to April 24, 1925, that I last saw him alive on April 24, 1925, and that death occurred, on the date stated above, at 7.30 pm.

The CAUSE OF DEATH* was as follows:

Uraemia caused by

nephritis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno Eugene Kramer, M. D.

, 19 (Address) 330 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL April 1925

20 UNDERTAKER H. J. Nuttall Sons — ADDRESS North

IMPORTANT See instructions on back of certificate.

D 97799

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97799

CERTIFICATE OF DEATH.

X29

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. University Hospital St., 4 — 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Allen Vernon Cole

(Residence in Baltimore: No. Cockeysville Md St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Dec (Month) 1 (Day) 1919 (Year)

7-AGE. 5 yrs. 4 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Howard Cole

11-BIRTHPLACE OF FATHER, (State or Country). Md

12-MAIDEN NAME OF MOTHER. Estella Brown

13-BIRTHPLACE OF MOTHER, (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard Cole

(Address) Cockeysville

15- APR 26 1925 ROBERT P. KRAUTER Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 24 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... find that said deceased came to his death ~~(Inquest, autopsy or~~ inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Tetanus

(Duration) ..... yrs. 3 mos. days.

CONTRIBUTORY (Secondary) Lymphangitis of foot

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. K. Gruwell M. D.
(Coroner.)

April 26 1925 (Address) 111 W Lanvale St

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Black Rock Lodge Co. DATE OF BURIAL. April 25 1925

20-UNDERTAKER. W. Brook Parks ADDRESS Md

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97800 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 97800

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Sydenham, Hosp. St., 7 Ward) 21 5 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Frank Kral

(a) Residence No. 1308 Glyndon Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) married

5a-If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of Mary A Kral

6-DATE OF BIRTH (month, day and year) June 26 1871

7-AGE, 53 yrs. 9 mos. 30 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Tailor

(b) General nature of industry, business, or establishment in which employed (or employer). 080

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Austria

PARENTS.

10-NAME OF FATHER. Joseph Kral

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Austria

12-MAIDEN NAME OF MOTHER. Mary Fuchs

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Austria

14- (Informant) Mrs Mary A Kral

(Address) 1308 S Glyndon Ave

15- APR 26 1925 ROBERT R. KRAUTER, Registrar.

~~Burial Permit Clerk.~~

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Apr 25 th 1925

17- I HEREBY CERTIFY, That I attended deceased from April 23 1925 to April 25 1925 that I last saw him alive on April 25 1925 and that death occurred, on the date stated above, at. 11.15 A. m.

The CAUSE OF DEATH* was as follows:

Erysipelas

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Myron G. Tull M. D.

Apr. 25, 1925 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer Cem.	Apr 28 th, 1925
20-UNDERTAKER.	ADDRESS.
John F. Cowan & Son Per F. J. Cowan	901 Hollins St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97801

D 97801

CERTIFICATE OF DEATH.

15 - 113

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1306 N Carey ST., (WARD) 15

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert Johnson

(a) RESIDENCE NO. 1306 Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Oct 9 1924

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Robt Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Alice Brown

13 BIRTHPLACE OF MOTHER (city or town) Va. (State or country)

14 Informant Florence Foote

(Address) 1306 N Carey

APR 26 1925 HUBERT F. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr 3, 1925, to Apr 25, 1925, that I last saw him alive on Apr 23, 1925, and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 22 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. William Frey, M. D.

4/26/25 (Address) 1928 Pennsylvania

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel cemetery	27 April 1925
20 UNDERTAKER	ADDRESS 1631
Edward Bryson	Orleans St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97802

D 97802

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

REGISTERED NO. 117

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Maryland General Hospital (S.) (WARD)

2-FULL NAME Mr. John Dwyer

(a) RESIDENCE NO. 606 Melville Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married.

5a If married, widowed, or divorced, HUSBAND of Mrs. John Dwyer. (or) ~~WIFE of~~

6 DATE OF BIRTH (month, day, and year) Nov 8-1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance Agent

(b) General nature of industry, business, or establishment in which employed (or employer) 071

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York.

PARENTS

10 NAME OF FATHER Mr. Dennis Dwyer.

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York.

12 MAIDEN NAME OF MOTHER Johannah Heffer.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Sister.

(Address)

Filed APR 26 1925, 19.. ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr. 22, 1925 to Apr 26, 1925, that I last saw him alive on Apr. 26, 1925, and that death occurred, on the date stated above, at 9:06 a.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia.

(duration) yrs. mos 1wk ds.

CONTRIBUTORY (Secondary) 1. Duodenal Ulcer. 2 Cr. cholecystitis 3 Cr. Endocarditis chr.

(duration) 20 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home,

Did an operation precede death? Yes Date of Apr 23/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Operative,

(Signed) E. E. Wilcox, M. D.

19 (Address) Maryland General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Syracuse N.Y.	Apr 28 1925
UNDERTAKER Chas. E. Brandt	ADDRESS 1st Madison Ave

PRINT very important. See instructions on back of certificates.

Dec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97803
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

91-002 D 97803
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Little Sisters of the St. 10-2 Ward)

2-FULL NAME Catherine Clark

(a) RESIDENCE NO. Preston & Valley ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Bernard Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown age

12 MAIDEN NAME OF MOTHER Catherine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Sister Florence
(Address) Preston & Caroline

15 Filed APR 26 1925 HUBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25 1925

17 I HEREBY CERTIFY, That I attended deceased from None 19..., to ..., 19...,
that I last saw her alive on April 24, 1925,
and that death occurred, on the date stated above, at 8:45 a. m.
The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Debility of age (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed djagnosis?

(Signed) F. A. Warner, M. D.
April 25, 1925 (Address) 1133 Valley St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross	April 27 1925
20 UNDERTAKER	ADDRESS
H. C. Niedefeld	914 Gruman Bldg

IF VERY important: See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Bks.

D 97804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 97804

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the St. Paul 10-5 WARD)

2-FULL NAME Mary Bauerberger.

(a) RESIDENCE NO. Preston & Caroline ST.; WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed, or Divorced, (write the word)~~
Female	White	Single

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) ~~WIFE of~~ Single

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER John W. Bauerberger

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Catherine Whiteford

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Sister Florence
(Address) Preston & Caroline

15 Filed APR 26 1925 ROBERT R. KRAUTER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26 1925

17.

I HEREBY CERTIFY, That I attended deceased from No record, 19..... to ....., 19.....,

that I last saw her alive on April 24, 1925,

and that death occurred, on the date stated above, at 6 a/ m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Unknown (duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)

..... (duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) J. Albaran, M. D.

1925 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	Apr. 27 1925

20 UNDERTAKER ADDRESS

J. C. Waidefeld 914 Fremont Ave

FROM is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97805

CERTIFICATE OF DEATH.

D 97805

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat ST., (WARD) 28-11

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J. McNamara

(a) RESIDENCE No. Mt Hope Retreat ST., 28 WARD 693 E. Chase St.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 4 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 24-1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	0	0	0

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk - 009

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Patrick McNamara

11 BIRTHPLACE OF FATHER (city or town) (?) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Redding

13 BIRTHPLACE OF MOTHER (city or town) (?) (State or country) Ireland

14 Informant Records of Mt Hope Retreat (Address) Mt Hope Retreat Baltimore Md

15 Filed APR 26 1925, ROBERT A. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr 20, 1925, to Apr 25, 1925, that I last saw h alive on Apr 24, 1925, and that death occurred, on the date stated above, at 12 Midnight.

The CAUSE OF DEATH* was as follows:

Paralysis - (L. Hemi) Post Cerebral Hemorrhage.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Dem. Mani Psychosis - Acc (duration) 2 yrs. 2 mos. 0 ds.

18 Where was disease contracted if not at place of death? Baltimore Md -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery, M. D.

, 19 (Address) Mt Hope Retreat -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters — DATE OF BURIAL Apr 27 1925

20 UNDERTAKER J. C. Weidefeld — ADDRESS 914 Gramont Ave

FROM IS very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97806 ✓ D 97806

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1404 Harlem Ave. ST. 16-7 WARD) REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Reginald H.Offutt,

(a) RESIDENCE No. 1404 Harlem Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Lillie C.Offutt,

6 DATE OF BIRTH (month, day, and year) October 9.1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Druggist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Montgomery Co.Md.

PARENTS

10 NAME OF FATHER Wm.S.Offutt,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ara J.Hawkins,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Mrs.Lillie C.Offutt, 1404 Harlem Ave.

Filed APR 26 1925 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) APR 24 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 , 1924 , to Apr. 24 , 1925 .

that I last saw him alive on Apr. 24 , 1925 ;

and that death occurred, on the date stated above, at 10 30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Cardiac Sclerosis

Chronic Arterial Hypertension

Severe (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis Senile Gangrene

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Carroll Lollard, M. D.

4/25, 1925 (Address) 4 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park DATE OF BURIAL APR 27 1925

20 UNDERTAKER Geo W Little ADDRESS 2760 EDMONDSON AVE.

Note.—Every important Item should be answered. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97807

CERTIFICATE OF DEATH.

X 49 D 97807

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 708 N. Broadway ST., 7 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George E. Keeler

(a) RESIDENCE NO. 708 N. Broadway ST. WARD

(Usual place of abode) (If non-resident give city or town and State) New York

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Belle A. Keeler

6 DATE OF BIRTH (month, day, and year) Feb 26, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	65	1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of Industry, business, or establishment in which employed (or employer) 166

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER George W. Keeler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Connecticut

12 MAIDEN NAME OF MOTHER Eliza Candler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Belle A. Keeler

(Address) 708 N. Broadway

15 APR 26 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24 19 25

17 I HEREBY CERTIFY, That I attended deceased from March 23, 1925, to April 24, 1925; that I last saw him alive on April 23, 1925, and that death occurred, on the date stated above, at 12 30 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

(duration) yrs. 1 mos 1 ds.

CONTRIBUTORY (Secondary) Myeloid Nephroma

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X ray

(Signed) Allen B. Leonard, M. D.

(Address) 718 W. Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D. C. DATE OF BURIAL April 27 25

20 UNDERTAKER William G. Schaefer ADDRESS 816 Mount

FOR A very important. See instructions on back of certificates.

Spec.–1-10-21–M&T–1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97808

CERTIFICATE OF DEATH.

91-002

D 97808

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST., 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret groh.

(a) RESIDENCE NO. Preston & Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If ~~married, widowed, or divorced~~ HUSBAND of ~~(or)~~ WIFE of Martin groh.

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
87 Unknown			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Hermann

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Margaret X

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Sister Forewoman

(Address) Same

Filed APR 27 1925 ...Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24 1925

17 I HEREBY CERTIFY, That I attended deceased from 4-14-, 1925, to 4-24, 1925, that I last saw h. alive on 4-23, 1925, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warner, M. D.

April 24, 1925 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross A & C	4-27 1925

20 UNDERTAKER Earl B Hurley ADDRESS 1156 W Fayette

Form is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1795-54 D 97809 ✓ D 97809

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL. ST., WARD) 7-1

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles W. Griffin

(a) RESIDENCE NO. Riegelsville, N. J. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Griffin

6 DATE OF BIRTH (month, day, and year) 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Knife Manufacturer

(b) General nature of industry, business, or establishment in which employed (or employer) —"—

(c) Name of employer —"— 045

9 BIRTHPLACE (city or town) (State or country) Mass

PARENTS

10 NAME OF FATHER Dan J. Griffin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mass

12 MAIDEN NAME OF MOTHER Lucy Mallad

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mass

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed APR 27 1925 ROBERT A. KRAUTER Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26, 1925

17

I HEREBY CERTIFY, That I attended deceased from March 19, 1925 to April 26, 1925.

that I last saw him alive on April 26, 1925.

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Pyelonephritis

(duration) — yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Eugene C. Thalr, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Riegelsville N. J. DATE OF BURIAL Apr 27 1925

20 UNDERTAKER J. D. Mitchell ADDRESS 1201 W Fayette

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97810

CERTIFICATE OF DEATH.

D 97810

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 2400 McElderry St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Margaret G. Schuman

(a) Residence No. 2400 McElderry St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John Schuman

6-DATE OF BIRTH (month, day and year) Apr 24-1870

7-AGE. 55 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town).....
(State or Country). Maryland

PARENTS.

10-NAME OF FATHER. John Bein

11-BIRTHPLACE OF FATHER (city or town).....
(State or Country). Germany

12-MAIDEN NAME OF MOTHER. Margaret Att

13-BIRTHPLACE OF MOTHER (city or town).....
(State or Country). Germany

14-

(Informant). John A. Schuman

(Address) 2400 McElderry St

15-

APR 27 1925

ROBERT A. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 24/25

17- I HEREBY CERTIFY, That I attended deceased from April 20 19 25 to April 24 19 25

that I last saw h.. alive on April 24 19 25

and that death occurred, on the date stated above, at 6 30 m.

The CAUSE OF DEATH* was as follows:

Uremic Coma

(Duration) 3 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alan B Lemmon M. D.

4/26/25 (Address) 718 N Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Baltimore County	April 27 1925
20-UNDERTAKER	ADDRESS
Chas C. Miller & Son	2334 Jeffer... St

Spec.—1-10-21—M&T—1500 Bks.

Infant Smith

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97811

CERTIFICATE OF DEATH.

160

D 97811

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 N. Dallas ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Not Named

(a) RESIDENCE NO. 519 N Dallas ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 10 Min How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Baby

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4-26-25

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
10 Min.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ...

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer ...

9 BIRTHPLACE (city or town) Balto Md;
(State or country)

PARENTS

10 NAME OF FATHER Clarence Smith

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Celestine Johnson

13 BIRTHPLACE OF MOTHER (city or town) Balto,
(State or country)

14 Informant Clarence Smith
(Address)

15 Filed APR 27 1925 ROBERT P. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4 26 1925

17

I HEREBY CERTIFY, That I attended deceased from 4-26-, 1925, to 4-26-, 1925

that I last saw h alive on 4-26-25, 10:20 A.M.

and that death occurred, on the date stated above, at 10:30 A m.

The CAUSE OF DEATH* was as follows:

Not Known

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? Examination

(Signed) J. H. Walker, M. D.

(Address) 921 N. Fremont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	April 27 1925
20 UNDERTAKER Mrs Chas G. Bailey	ADDRESS 1421 Jefferson St

FOR A VERY IMPORTANT: See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97812

CERTIFICATE OF DEATH.

3-190

D 97812

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1117 E. Balto st St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Hurwitz

(a) Residence No. 1117 E. Balto st St., ... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? 35 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE, 85 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Jacob Hurwitz

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Bessie Rudman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) L. Hurwitz

(Address) 1700 Harlem Ave

APR 27 1925

ROBERT N. KRAUTER, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 4/26/25

17- I HEREBY CERTIFY, That I attended deceased from August 19 24 to April 26 19 25

that I last saw h. alive on April 26 19 25

and that death occurred, on the date stated above, at 11 30 m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr Bronchitis

(Duration) 20 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ernest S Edwards, M. D.

4/26, 19 25 (Address) 2348 Eutaw Place

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Hebrew Herring Run	4/27, 19 25
20-UNDERTAKER.	ADDRESS 1127 E
Sol Levinson & Bro	Balto st

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97813

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97813

CERTIFICATE OF DEATH.

5-2 100-001

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1311 May St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertie Wilmore

(a) Residence No. 1311 May St St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Sept 21-1924

7-AGE. ....yrs. 7 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER Thornton Wilmore

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Amelia Butler

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore

14- (Informant) Thornton Wilmore

(Address) 1311 May St.

APR 27 1925

ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 25-1925

17- I HEREBY CERTIFY, That I attended deceased from April 21- 1925 to April 25 1925

that I last saw her alive on April 24 1925

and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

(Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

I (Signed) Edw W Kinnamon M. D

April 25 1925 (Address) 708 Eager St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Asbury Cem. DATE OF BURIAL, April 27, 1925

20-UNDERTAKER Chas. F. Johnson ADDRESS 426 N. Carey St

Spec.—1-12-23—M&T—500 Blks.

D 97814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-08 D 97814

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST., 20-3 WARD)

2-FULL NAME Baby girl Lenxbaum

(a) RESIDENCE NO. 2113 Vine St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 25, 1925

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or 5 min.
~~one day~~			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md. (State or country)

PARENTS

10 NAME OF FATHER Ed. Lenabaun

11 BIRTHPLACE OF FATHER (city or town) Maryland (State or country)

12 MAIDEN NAME OF MOTHER Lena Herby

13 BIRTHPLACE OF MOTHER (city or town) Maryland (State or country)

14 Informant Hospital Record (Address)

APR 27 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26 1925

17

I HEREBY CERTIFY, That I attended deceased from April 25, 1925, to April 26, 1925, that I last saw her alive on April 26 1925, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Newman B. Freedman, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem	4/27/25
20 UNDERTAKER	ADDRESS
Jas A Farley	Fulton & Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97815

CERTIFICATE OF DEATH.

D 97815

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital, WARD 26-7

REGISTERED NO. 98

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herman Lamping

(a) RESIDENCE NO. Bay View Asylum, WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Lamping

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wood Turner

(b) General nature of industry, business, or establishment in which employed (or employer) 014

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Unknown

14 Informant Municipal Hospital Records (Address)

15 APR 27 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25 1925

17 I HEREBY CERTIFY, That I attended deceased from April 22, 1925, to April 25, 1925, that I last saw him alive on April 24, 1925, and that death occurred, on the date stated above, at 12:40 p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, chronic myocarditis (degenerative) auricular fibrillation, myocardial failure (duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) R. L. Miller, M. D.

4/25, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery — DATE OF BURIAL April 27 1925

20 UNDERTAKER J. Henry Lutz — ADDRESS 1203 N. Broadway

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97816

D 97816

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 W. Hamilton ST., WARD) 8-4

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Wollert

(a) RESIDENCE NO. 2205 Mura ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Wollert

6 DATE OF BIRTH (month, day, and year) Oct 14 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	32	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wilmington Del.

PARENTS

10 NAME OF FATHER George Schroppinger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Eva Seebold

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Mr John Wollert (Address) 2205 Mura st

15 Filed APR 27 1925 ROBERT A. KRAUTH, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25 1925

17 I HEREBY CERTIFY, That I attended deceased from April 23, 1925, to April 25 1925, that I last saw h alive on April 25 1925 and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? 2205 Mura St

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Laboratory tests

(Signed) Wm E Singenfeld, M. D.

(Address) 1613 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	April 29 1925
20 UNDERTAKER	ADDRESS 1203
Henry Lutz	N. Broadway

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 97817

HEALTH DEPARTMENT—CITY OF BALTIMORE

V001 67-D 97817

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2003 E. Federal ST.: [illegible] WARD.)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Stevens

(a) RESIDENCE. No. 2003 E. Federal ST., WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence V. Stevens

6 DATE OF BIRTH (month, day, and year) 10/7/1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	6	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John H. Stevens Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Virginia Anthony

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs Florence V. Stevens

(Address) 2003 E. Federal St.

15 APR 27 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 25, 1925, to April 25, 1925, that I last saw him alive on April 24, 1925, and that death occurred, on the date stated above, at 5-25 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Lead Poisoning (Gastritis & Peritonitis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Lead Poisoning

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R. B. Cannon, M. D.

4-27 1925 (Address) 1701 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	4/28 1925

20 UNDERTAKER Albert L Hilty Jr ADDRESS 1606 N. Chester St

Goldbeck.

97818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

No. 129 D 97818

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 8th St. Baltimore St., No. 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME, John Goldbeck

(Residence in Baltimore: No. 309 S. 2nd St.; yrs., 65 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Oct. (Month) 23 (Day) 1859 (Year)

7-AGE, 65 yrs. 6 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Carpenter Builder
(b) General nature of industry, business, or establishment in which employed (or employer)..... 015

9-BIRTHPLACE, (State or Country), Salt Lake City

PARENTS.

10-NAME OF FATHER, John Goldbeck

11-BIRTHPLACE OF FATHER, (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Anna Fladung

13-BIRTHPLACE OF MOTHER, (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. John Goldbeck

(Address) 309 S. 2nd St.

-15-

APR 27 1925 HUBERT R. FRAUTER
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 25 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or Inquiry.) find that said deceased came to Died death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Nephritis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(Duration) yrs. Sudden mos. ds.

(Signed) James M. Fenton M. D. (Coroner.)

April 25 1925 (Address) 7 W. Chase

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cemetery.	April 28 1925.
20-UNDERTAKER,	ADDRESS
George J. Ruth	1735 Harford ave

Spec.—1-10-21—M&T 1500 Blks.

D 97819

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97819

CERTIFICATE OF DEATH.

14-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 E. Preston ST., 8-4 WARD

2-FULL NAME Philip R. Abrams

(a) RESIDENCE No. 1617 Epreston ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Langlotz Abrams

6 DATE OF BIRTH (month, day, and year) Mch. 14, 1875.

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
50	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Monumental Letterer

(b) General nature of industry, business, or establishment in which employed (or employer) 8/6

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER George W. Abrams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Ida McCubry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Laura L. Abrams

(Address) 1617 E. Preston st.

15 APR 27 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Feby 24, 1925, to Apr. 23, 1925, that I last saw him alive on Apr. 23, 1925, and that death occurred, on the date stated above, at 7.40 P. m.

The CAUSE OF DEATH* was as follows:

- Apoplexy

(duration) — yrs. 2 mos — ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam,

(Signed) Frank E. Wagner M. D.

4/24/1925 (Address) 6006 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nuture of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Apr. 27, 1925
20 UNDERTAKER	ADDRESS
Wm. C. Black,	927 N. Broadway

Spec.–1-10-21–M&T–1500 Blks.

Drucinda Darsch

D 97820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97820

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene ST., 21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Drucinda Darsch

(a) RESIDENCE No. 762 W. Lexington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. 10 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H Darsch

6 DATE OF BIRTH (month, day, and year) March 5 79

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John Stein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Hoffeletter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant John H Darsch

(Address) 762 W Lexington

APR 27 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr. 24, 1925 to Apr. 26, 1925 that I last saw h alive on Apr. 26, 1925 and that death occurred, on the date stated above, at 12 25 a m.

The CAUSE OF DEATH* was as follows:

Pneumococcic Meningitis Acute Malaria

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Bacteriological and Autopsy

(Signed) H. S. Anderson, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery

DATE OF BURIAL April 28 1925

20 UNDERTAKER W M Routson

ADDRESS 2238 N North

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97821

1-PLACE OF DEATH

City of BALTIMORE: (No. 433 N. Gay St., 5-1 Ward) 90

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis A Gerber

(a) Residence No. 433 N. Gay St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (Write the word) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Gerber

6-DATE OF BIRTH (month, day and year) Sept 19 1876

7-AGE. 49 yrs. 7 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Store Ladies Cloaks

(b) General nature of industry, business, or establishment in which employed (or employer) Retail

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Philip Gerber

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Rachael Hoteh

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) Abraham Gerber

(Address) 2419 Madison Ave

15- Filed 192

ROBERT A. HUNTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Apr 26/25

17- I HEREBY CERTIFY, That I attended deceased from Apr 25, 1925 to Apr 26, 1925

that I last saw h. alive on Apr 26, 1925

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Bernard Kelly M. D.

, 19 (Address) 100 N Linwood Ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Reuben Herring Run	Apr 27, 1925
20-UNDERTAKER.	ADDRESS
Jack Laurs 1429	Eutaw

KEEP CLEAN

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97822

D 97822

CERTIFICATE OF DEATH.

99-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor, 10-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Katzenberger

(a) RESIDENCE NO. Preston Parkway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married, Widowed,~~ or ~~Divorced~~, (write the word)
Male	White	Widowed

5a ~~Married~~, widowed, ~~or divorced~~
HUSBAND ~~of~~
(or) WIFE of Rose Mallon

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
85			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None (Ret'd)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Louis Katzenberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Eva Snyder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14

Informant Sister Superior

(Address) Preston Park

15

Filed ..., 19... ROBERT A. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26 1925

17

I HEREBY CERTIFY, That I attended deceased from ~~April~~ 20 28 ~~ceased~~, 19... to ..., 19...,

that I last saw h. ~~alive~~ on April 23, 1925,

and that death occurred, on the date stated above, at 10 15 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute bronchitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. Albanese, M. D.

Apr 26, 1925 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	Apr 28 1925

20 UNDERTAKER ADDRESS

N. C. Wiedefeld 914 Fremont Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97823

CERTIFICATE OF DEATH.

90 D 97823

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Annie Lorrigan ST., 10-3 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Little Sisters of the Poor.

(a) RESIDENCE No. Preston & Valley St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a If married, widowed, or divorced ~~HUSBAND of~~ ~~(or)~~ WIFE of John Lorrigan

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Irelands

PARENTS

10 NAME OF FATHER Charles Dowdy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Loghlin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Sister Florence
(Address) Preston & Bond

15 APR 27 1925 ROBERT A. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26 1925

17 I HEREBY CERTIFY, That I attended deceased from ~~1920~~ record, 19..., to ....., 19.....,
that I last saw h~~e~~r alive on April 26, 1925,
and that death occurred, on the date stated above, at 12 30 P.m.
The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F.A. Warner, M. D.
Apr 26, 1925 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	Apr 28 1925
20 UNDERTAKER	**ADDRESS**
H.C. Weidefeld	914 Greenmount Av

NOTE—For Directions see back of certificate. See INSTRUCTIONS on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

97824

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97824

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. Womans Hospital St., 14-90 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Miss Rebecca Fleeman

(a) Residence No..... 1403 Park Ave St.,..... Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) June 21/53

7-AGE 71 yrs. 10 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Macon — Ga

PARENTS.

10-NAME OF FATHER, Robert Freeman

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Georgia (Near Macon)

12-MAIDEN NAME OF MOTHER, Harriette Byron Pratt

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Macon - Ga

14- (Informant) Roberta Freeman (Sister)

(Address) 1404 Park Ave

15- APR 27 1925 ROBERT N. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 25/25

17- I HEREBY CERTIFY, That I attended deceased from April 12, 1925, to April 25, 1925, that I last saw h.. alive on April 25, 1925, and that death occurred, on the date stated above, at 6.35 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
Mitral Insufficiency

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Kenneth B. Boyd, M. D.

, 19 (Address) Womans Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, 1925
Macon, Ga	April 28
UNDERTAKER	ADDRESS
John Cuttchell & Bill	Fayette

Spec.—1-10-21—M&T—1500 Bks.

D 97825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97825

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3, South Fourth St. (WARD) 25

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E Kates

(a) RESIDENCE NO. 3 South Fourth ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Kates

6 DATE OF BIRTH (month, day, and year) June 13 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John H. Lehrmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Johanna Skowden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Annie Faber

(Address) 613 Arundel Ave

15 APR 27 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr 21, 1925, to Apr 25, 1925, that I last saw h alive on Apr 4 1925, and that death occurred, on the date stated above, at 1055 a m.

The CAUSE OF DEATH was as follows: Chronic Interstitial Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirms diagnosis?

(Signed) Chas F Brooke, M. D.

, 1925 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore	April 28 1925

20 UNDERTAKER John F Denny

ADDRESS 715 Lig[illegible]

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

97826

CERTIFICATE OF DEATH.

74-001

D 97826

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 W. West ST., 23 WARD)

2-FULL NAME Stephen N.R. Lynch

(a) RESIDENCE No. 9 W. West ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Lynch

6 DATE OF BIRTH (month, day, and year) May 11 1845

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
79	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Waverly Maryland

PARENTS

10 NAME OF FATHER William Lynch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Bertha Price

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant (Address) Mrs. Minnie R. Wentworth 502 E. Fitzsimmons st.

15 APR 27 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1925, to April 24, 1925.

that I last saw him alive on April 23, 1925,

and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J H Graham M. D.

Apr 24, 25 (Address) 3100 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill	Apl 27 1925
20 UNDERTAKER	ADDRESS
John F. Denny	715 Light St

Spec—12-23-21—E.B.R.S.—400 Eks.

D 97827 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97827

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4711 Homer Ave St., 27-3 Ward) Registered No. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward H. Woolford

(a) Residence No. 4711 Homer Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~Single~~, Married, ~~Widowed~~, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Flora B. Woolford

6-DATE OF BIRTH (month, day and year) June 9th, 1879

7-AGE. 45 yrs. 10 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Marine Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Old Bay Line

(c) Name of employer

9-BIRTHPLACE (city or town) Madison (State or Country), Dorchester Co. Md.

PARENTS.

10-NAME OF FATHER, Washington Woolford

11-BIRTHPLACE OF FATHER (city or town) Maryland (State or Country),

12-MAIDEN NAME OF MOTHER, Laura Thompson

13-BIRTHPLACE OF MOTHER (city or town) Maryland (State or Country),

14- (Informant) Mrs James F. Archer

(Address) 4711 Homer Ave

15- Filed APR 27 1925 19 ROBERT A. HAUTER Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 25. 1925

17- I HEREBY CERTIFY, That I attended deceased from December 1, 1924 to April 25 1925

that I last saw him alive on April 25, 1925

and that death occurred, on the date stated above, at 3.15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Cardiac Dilitation)

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Dropsy & Toxaemia

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton F. Hall, M. D.

, 19 (Address) Hyde or Reisterstown Rd

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
Madison Dorchester Co. Md.	April 27th 1925
20-UNDERTAKER, Latham & Roe	ADDRESS 1723 W Lafayette Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97828

CERTIFICATE OF DEATH.

100 D 97828 ✓

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen'l Hosp. ST., 23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian L. Ridge

(a) RESIDENCE No. 1015 S. Charles St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXX

6 DATE OF BIRTH (month, day, and year) May 23, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER William Ridge

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Miller

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Mrs. William Ridge (Address) 1045 S. Charles St.

15 Filed APR 27 1925 ROBERT R. KRAUSE, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-25-25 19

17 I HEREBY CERTIFY, That I attended deceased from April 8, 1925, to April 26, 1925, that I last saw her alive on April 25, 1925 and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of XXX

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy-Symptoms

(Signed) J. A. Peterman, M. D.

, 19 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Apl 27 1925
20 UNDERTAKER	ADDRESS
Eschbrenner & Son	Hanover

ATION is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—1500 Blks.

Namyska

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97829

CERTIFICATE OF DEATH.

D 97829

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene ST., 4 WARD) 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Moise Namyska.

(a) RESIDENCE NO. unknown ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred unknown ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Living and Lithuania

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Lithuania (State or country)

PARENTS

10 NAME OF FATHER Don't know

11 BIRTHPLACE OF FATHER (city or town) Don't know (State or country)

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) Don't know (State or country)

14 Informant Charles Jamenska

(Address) Cherry Hill Westport

15 APR 27 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22, 1925

17 I HEREBY CERTIFY, That I attended deceased from April 8, 1925, to April 22, 1925, that I last saw him alive on April 22, 1925, and that death occurred, on the date stated above, at 6:20 a m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency, Cardiac Hypertrophy and Dilatation, Arteriosclerosis-Arteriosclerosis. Chronic Interstitial Nephritis.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Primed Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Anthony V. Bruchas, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cemetery	Apr. 27, 19 25
20 UNDERTAKER	ADDRESS
Chas. B. Kuchanska	637 S. Paca St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97830

CERTIFICATE OF DEATH.

1 2 3 D 97830

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2643 Eastern ave ST., 1 WARD 2)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna ~~Mulcahey~~ Connolly

(a) RESIDENCE NO. 2643 Eastern ave ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martin J Connolly

6 DATE OF BIRTH (month, day, and year) May 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick McDonough

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Miss Connolly

(Address) 2643 Eastern ave.

Filed APR 27 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/24 1925

17

I HEREBY CERTIFY, That I attended deceased from 4/3/ 1925, to 4/24 1925,

that I last saw h[illegible] alive on 4/24 1925,

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

Acute Obstruction Peritonitis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Jaundice (Gallstones) (Suspected)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Jaundice

(Signed) D Hamilton, M. D.

, 19 (Address) 3015 Elwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	April 28, 1925
20 UNDERTAKER J J Moran	ADDRESS 0 and E. Baltimore St.

FROM A very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97831

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97831

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Josephs Hosp. St., 12-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Virginia Leary

(a) Residence No. 2323 Barclay St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
F	W.	

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) March 17, 1919

7-AGE. 6 yrs. 1 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. School girl

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Richmond Va.

PARENTS.

10-NAME OF FATHER. James L. Leary

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Machen W. Va.

12-MAIDEN NAME OF MOTHER. Charlie Leary

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Staunton Va.

14- (Informant). James L. Leary

(Address) 2323 W. Barclay St.

15- APR 27 1925 ROBERT A. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Apr 25 1925

17- I HEREBY CERTIFY, That I attended deceased from Apr 24, 1925 to Apr 25, 1925 that I last saw h. alive on Apr 25, 1925 and that death occurred, on the date stated above, at 12:45 a.m.

The CAUSE OF DEATH* was as follows:

Ruptured Gangrenous appendix

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Generalized peritonitis

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 4/24/25

Was there an autopsy? no

What test confirmed diagnosis? Clin & post. op. findings

(Signed) Dear Bylert M. D.

, 19 (Address) St. Josephs Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cemetery — DATE OF BURIAL. Apr 27, 1925

20-UNDERTAKER. John A. Moran — ADDRESS 1000 E. Balto. St.

Spec.—1-10-21—M&T—1500 Blks.

D 97832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

202 D 97832

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Raymond & Dukeland ST., WARD 14)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Inscore (Robert H. Inscore)

(a) RESIDENCE NO. 766 W Lexington ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maria C. Inscore

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Mr. Inscore

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Russell W. Inscore

(Address) 629 W. Franklin Street

15 [illegible] 19 ROBERT R. KRAUTER, Registrar

APR 27 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/25 1925

17 I HEREBY CERTIFY, That I attended deceased from 4/19, 1925, to 4/25, 1925, that I last saw her alive on 4/25, 1925, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Foreign Body in Rectum -

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? at Home -

Did an operation precede death? Yes Date of 4/10/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical + X-Ray -

(Signed) Clement R. Monroe, M. D.

4-27, 1925 (Address) West Baltimore General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Apr 27, 1925
20 UNDERTAKER Joseph B. Cook	ADDRESS 1003 W. Fay

Cor.—1-12-25—M&T—100 Bks.

D 97833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97833

1-PLACE OF DEATH

REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No.) 2625 Bernard ST., 12 WARD

2-FULL NAME Walter L. Gladwell

(a) RESIDENCE NO. 1625 Bernard ST., 12 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	N	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie M. Gladwell

6 DATE OF BIRTH (month, day, and year) May 17, 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	11	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Barber
(b) General nature of industry, business, or establishment in which employed (or employer) 004
(c) Name of employer Robinson

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Thomas Gladwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Catherine Bachey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant R. C. Dunlap (Address) 1705 E. Fort Ave

15 APR 27 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Coronary Occlusion of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John J. Morrissey, M. D.
(Coroner.)

April 26 1925 (Address) 502 Reliance

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — DATE OF BURIAL April 29 1925

20 UNDERTAKER J. H. Cook — ADDRESS 502 Eliot Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97834

CERTIFICATE OF DEATH.

90

REGISTERED NO. D 97834

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (a) No. 2038 E. 31st St., Ward 9-2

2-FULL NAME George League

(a) RESIDENCE No. 2038 E 31st St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E League

6 DATE OF BIRTH (month, day, and year) Dec 26th 1843

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Police

(b) General nature of industry, business, or establishment in which employed (or employer) Captain. 067

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Abraham League.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Anna League.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Rhea Reisenweber

(Address) 2028 E 31st

15 APR 27 1925 ROBERT A. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/24" 1925

17

I HEREBY CERTIFY, That I attended deceased from March 5th, 1925, to April 24, 1925, that I last saw h— alive on April 24th, 1925, and that death occurred, on the date stated above, at 9.30 A m.

The CAUSE OF DEATH* was as follows:

Senescentis of Age

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Debilitation of Heart

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) D. Hutchcraft M. D.

, 19 (Address) 1340 S Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn. DATE OF BURIAL April 27, 1925

20 UNDERTAKER Rott & Turner Inc ADDRESS 1442 N Broadway

FION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 D 97835

CERTIFICATE OF DEATH.

D 97835

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp ST.: 15-12 WARD:

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Miller

(a) RESIDENCE. No. 1543 Smallwood St ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 5, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country)

PARENTS

10 NAME OF FATHER Samuel Miller

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Russia

12 MAIDEN NAME OF MOTHER Elsie Tarsin

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Russia

14 Informant Samuel Miller
(Address) 1543 N. Smallwood

APR 27 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27 1925

17 I HEREBY CERTIFY, That I attended deceased from April 22, 1925, to April 27, 1925, that I last saw h[illegible] alive on April 27, 1925, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Hereditary Syphilis

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Myron G. Tull, M. D.

4/27 1925 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship	4-27-1925
20 UNDERTAKER	ADDRESS
Jos. Levin	1439 E Baltimore

Spec.—1-10-21—M&T—1500 Blks.

Juchniewicz

D 97836 HEALTH DEPARTMENT—CITY OF BALTIMORE 101-001 D 97836

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital. 2

CITY OF BALTIMORE: (No. Pagnier ave & Oakland ST., WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Dominick Gdaniewoiz.

(a) RESIDENCE NO. 2032 E Pratt. ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? 12 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Aleksandra Juchniewicz

6 DATE OF BIRTH (month, day, and year) Nov. 10 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith Job

(b) General nature of industry, business, or establishment in which employed (or employer) B. O.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Casimir Juchniewicz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Stefania Wojciechowski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs Aleksandra Juchniewicz
(Address) 2032 E Pratt Street

15 Filed ..... 19.. 16 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/23 1925

17 I HEREBY CERTIFY, That I attended deceased from 4/22, 1925, to 4/23, 1925, that I last saw h~~im~~ alive on 4/23, 1925, and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) acute cardiac Dilatation

(duration) ..... yrs. ..... mos. 3 hrs

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) Jas Herbert Williamson M.D.

19 (Address) West Balto Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem.	April 27 1925

20 UNDERTAKER John M Weber ADDRESS 1893 Bank St

Spec.—1-10-21—M&T—1500 Bks.

D 97837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 D 97837

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 S. Collinton Avenue ST., 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Yeager

(a) RESIDENCE No. 414 SColinton Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March.24 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	36	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Peter Yeager

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Elezabeth.Buczynski

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant Mrs. Anna . Szczypinski
(Address) 418 S. Madeira Street

15 APR 27 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/26/25

17 I HEREBY CERTIFY, That I attended deceased from April 24, 1925, to April 26, 1925, that I last saw him alive on April 26, 1925, and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage
Myocardial Insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Tuberculosis Advanced

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Andrew Kunkowski, M. D.

19 (Address) 2529 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cem	April 29 1925
20 UNDERTAKER	ADDRESS
John M Weber	1703 Bank St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 D 97838

1-PLACE OF DEATH Municipal Tuberculosis Hosp. Registered No.....

City of BALTIMORE: (No. Bay View St., 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Johnson

(a) Residence No. 422 Lorraine Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Annie Johnson

6-DATE OF BIRTH (month, day and year) Unknown 1860

7-AGE. 65 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. of....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Hospital orderly

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Balto., Md.

PARENTS.

10-NAME OF FATHER, Chas. Johnson

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Va

12-MAIDEN NAME OF MOTHER, Mary Tate

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto. Md

14-(Informant) Hosp. Records

(Address) M. T. N.

APR 27 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Gle

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr. 26 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept 25, 1917 19 24 to Apr. 26, 1925 that I last saw h[illegible] alive on Apr. 26 1925, and that death occurred, on the date stated above, at 9:30 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 14 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. & Lab. findings

(Signed) J. T. White M. D.

4/26, 1925 (Address) Bay View Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem. DATE OF BURIAL. 4/28, 1925

20-UNDERTAKER Chas. P. Sloane & Son ADDRESS 11 W. Royal Ave

D 97839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97839

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1212 Wilcox St. St., 10-90 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Donohue

(Residence in Baltimore: No. 1212 Wilcox St. St.; yrs., 18 Years mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	white	Widow

6-DATE OF BIRTH. Unknown ..... 1..... (Month) (Day) (Year)

7-AGE. 36 yrs. mos. ds. If LESS than 1 day, hrs. or mnts.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 031

9-BIRTHPLACE, (State or Country). Ireland

PARENTS.

10-NAME OF FATHER. Michael Mannion

11-BIRTHPLACE OF FATHER. (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Mary Farrell

13-BIRTHPLACE OF MOTHER. (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. John A. Knighton

(Address) 1212 Wilcox St

15- Filed 27 1925 192 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26-25 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) found that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency
(Probably Myocardial)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Obesity

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. H. Cullen M. D.
(Coroner.)

4-26-25 192.... (Address) 506 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Cathedral Cemetery — DATE OF BURIAL. April 28 1925

20-UNDERTAKER. Henry Storch & Son — ADDRESS 1301 E Eager

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97840 HEALTH DEPARTMENT—CITY OF BALTIMORE

58-001

D 97840

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1421 Ashland Ave St., 10-2 Ward) Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME. Frank S. Owings

(a) Residence No. 1421 Ashland ave St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 4 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of ~~(or)~~ WIFE of Mary L. Owings

6-DATE OF BIRTH (month, day and year) Oct. 12 1869

7-AGE. 55 yrs. 4 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)..... 015

(c) Name of employer.....

9-BIRTHPLACE (city or town)... Balto (State or Country). Md

PARENTS.

10-NAME OF FATHER, Henry Owings,

11-BIRTHPLACE OF FATHER (city or town) Balto Co (State or Country), Md

12-MAIDEN NAME OF MOTHER, Amanda Potter

13-BIRTHPLACE OF MOTHER (city or town) Balto Co (State or Country), Md

11-(Informant) Mrs Mary L. Owings

(Address) 1424 Ashland Ave

15-Filed 27 1925 192 ROBERT R. KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 26 1925

17- I HEREBY CERTIFY, That I attended deceased from July 14— 1924, to April 26— 1925 that I last saw h[illegible] alive on April 26— 1925 and that death occurred, on the date stated above, at 12.45 P m.

The CAUSE OF DEATH* was as follows:

Pernicous Anaemia

(Duration) 2 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood examination

(Signed) Edwin B. Fenby M. D

4/26/1925 (Address) 1223 N. Caroline St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore County — DATE OF BURIAL. Apr. 29 1925

20-UNDERTAKER. Henry Hoerdt Son — ADDRESS 1301 E Eager St

Spec—12-23-21—E.B.R.S.—400 Bks.

97841

HEALTH DEPARTMENT—CITY OF BALTIMORE

97841

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Josephs Hospital 10 129 Ward.) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Mrs. Dora Cusimano

(a) Residence No.... 810 Ensor St. Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Frank P. Cusimano

6-DATE OF BIRTH (month, day and year) 1874

7-AGE, 51 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)...

(c) Name of employer...

9-BIRTHPLACE (city or town)... (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Marion Ray.

11-BIRTHPLACE OF FATHER (city or town)... (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Marie Le Courte

13-BIRTHPLACE OF MOTHER (city or town)... (State or Country), Italy

11- (Informant) Frank Pleusinano

(Address) 810 Ensor St.

15- Filed ... RUFUS R. KRAUTER, Registrar.

APR 27 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 26th 1925

17- I HEREBY CERTIFY, That I attended deceased from Apr. 19, 1925, to Apr. 26, 1925, that I last saw h~~e~~r alive on Apr. 26, 1925, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Paralytic Ileus

Acute dilatation of the Stomach

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Interstitial Nephr.

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death?...

Did an operation precede death? Yes Date of 4/20/25

Was there an autopsy? No

What test confirmed diagnosis? Phys & Clin. Tests

(Signed) Dr. B. Sy Levy, M. D.

, 19 (Address) St. Joseph's Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Holy Redeemer — DATE OF BURIAL, April 28th 1925

20-UNDERTAKER, Leo G. Cook — ADDRESS 1731 Patterson Park Ave.

D 97842

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002 D 97842

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Fund Market Space ST.: 4-3 WARD)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown

(Residence in Baltimore: No. Unknown St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Unknown

6-DATE OF BIRTH,

....., 1..... (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
63 yrs.....mos.....ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Odd

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Robert P. Harrison

Filed ..... 191.. Burial Permit Clerk.

Registrar.

27 1925

THE MORGUE.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 21, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an.....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Sclerosis Coronary Thrombosis

Unknown (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) W. J. Riley M. D.
(Coroner.)

Apr. 23, 1925 (Address) 639 Cathedral

*State the DISEASE CAUSING DEATH, or, in deatbs from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
UNIVERSITY OF MARYLAND.	....., 19....
20-UNDERTAKER Commissioner Health,	ADDRESS APR 27 1925

For Wm. B. WOODALL

THE MORGUE. 200 Wm. E. WOODALL APR27

D 97843

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97843

CERTIFICATE OF DEATH.

REGISTERED No. C 31

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 503 Broom ST. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. Truly

(Residence in Baltimore: No. 503 Broom St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col.	Married

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 30 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Dyer

(Address).....

15- Filed ..... 191.. Registrar.

Robert P. Harrison, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr. 15, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis
Pul. tuberculosis
Tbc. Peritonitis (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
..... (Duration) yrs. mos. ds.

(Signed) W. J. Fahy M. D.
(Coroner.)
Apr. 17, 1925 (Address) 1639 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, UNIVERSITY OF MARYLAND. DATE OF BURIAL, ..., 19..

20-UNDERTAKER ADDRESS

Commissioner Health.

APR27 1925

Wm. E. WOODALL

7 1925 E MORGUE. 403

D 97844

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97844

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Living Home ST. 5-1 WARD)

REGISTERED No. C 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME W. Frank.

(Residence in Baltimore: No. 100 N. Front St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Widow

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 60 yrs. mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....
(b) General nature of industry, business, or establishment in which employed (or employer) ....

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- ....., 191....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..., 19[illegible]
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....
.....
.....
..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)
....., 1912. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, UNIVERSITY OF MARYLAND.

DATE OF BURIAL, ..., 19....

20-UNDERTAKER Robert P. Harris, Undertaker

ADDRESS [illegible]

R27 1925

THE MORGUE.

Per. Wm. R. WOODALL

APR 2 1925

Important. See instructions on back of certificate.

D 97845

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97845

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. Baltimore City Jail. St., ... Ward) V-2

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Barnes.

(Residence in Baltimore: No. 1717 Lancaster St. St.; ---yrs., 2 mos. ---ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widow or Widower or Divorced, (Write the word.)
Male.	White.	Widower.

6-DATE OF BIRTH. Do not know. ....., 1..... (Month) (Day) (Year)

7-AGE. 38 yrs. ---------- mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stationary
(b) General nature of industry, business, or establishment in which employed (or employer): Engineer.

9-BIRTHPLACE, (State or Country). Canada.

PARENTS.

10-NAME OF FATHER, Do not know.

11-BIRTHPLACE OF FATHER, (State or Country). Do not know.

12-MAIDEN NAME OF MOTHER, Do not know.

13-BIRTHPLACE OF MOTHER, (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record of

(Address) Baltimore City Jail

15- Filed ..... 192..... Registrar.

Robert F. Harrison, Public Health Commissioner

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 12, 1925. ....., 192..... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.
Uraemia.

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....(Duration).....yrs.....mos.....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

April 22 192 5 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, UNIVERSITY OF MARYLAND. DATE OF BURIAL, ... 192..

20-UNDERTAKER, Address APR 23 1925

THE WORLD.

Per Wm. B. WOODALL

Spec—12-23-21—E.B.R.S.—400 Eks.

D 97846

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97846

CERTIFICATE OF DEATH

1-PLACE OF DEATH Maryland Penitentiary Hospital — Registered No. 31

City of BALTIMORE: (No. 954 Forrest St., 12-5 Ward)

2-FULL NAME John White

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 123 E. 20th St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE, 31 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Md. Penitentiary Record
(Address)

15- ..... 192.... Registrar.

Robert P. Harrison
Burial Permit Clerk

1925

RE MORGUE.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 18, 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1924 to April 18, 1925

that I last saw h.. alive on April 18, 1925

and that death occurred, on the date stated above, at 12.45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) Tuberculous peritonitis

(Duration) ... yrs. ... mos. 14 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Laboratory

(Signed) J. M. Edmonds M. D.

, 19 (Address) 954 Forrest St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, ... DATE OF BURIAL, ... 19....

20-UNDERTAKER, ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health, APR 27 1925

For Wm. S. Woodside

Spec.—6-9-19—H. P. Co.—1000 Blks.

D 97847

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97847

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Vol. America Hospital ST. — WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant of Clara Jones

(a) RESIDENCE. NO. Vol. America Hospital ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1/2 hour ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4-15-25

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or 30 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Clara Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14

Informant

(Address) Robert P. Harrison UNIVERSITY OF MARYLAND.

Filed APR 27 1925, 19

Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-15 1925

17

I HEREBY CERTIFY, That I attended deceased from 4-15, 1925, to 4-15, 1925, that I last saw h[illegible] alive on 4-15, 1925, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Albert F. Conrey, M. D.

, 19 (Address) Vol. America Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
	APR 27 1925

20 UNDERTAKER ADDRESS

Commissioner Health,

APR 27 1925

THE MORRIS

Spec.—6-9-19—H. P. Co.—1000 Blks.

D 97848

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97848

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH Vol. of Amer. Hospt.

CITY OF BALTIMORE: (No. 418 W. Lexington St. ST.; 21-3 WARD.)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Silvian Nickum

(a) RESIDENCE. NO. 854 Wash. Boulevard ST., WARD. Male

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Unk

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio - Bedel

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14

Informant.....

(Address) UNIVERSITY OF MARYLAND.

7 1925 , 19 Robert P. Harrison, Registrar

Burial Permit Clark

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20 1925

17

I HEREBY CERTIFY, That I attended deceased from Apr. 19, 1925, to Apr. 20, 1925, that I last saw him alive on Apr. 19 11:30 p.m. 1925, and that death occurred, on the date stated above, at 4:30 A m.

The CAUSE OF DEATH* was as follows: -

Chronic valvular heart disease with auricular fibrillation -

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneu.

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. F. Coury, M. D.

, 19 (Address) Vol. of Amer. Hospt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
	APR 27 1925

20 UNDERTAKER ADDRESS

Commissioner Health,

D 97849 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97849

CERTIFICATE OF DEATH.

4 + 702 4-3

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital. St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin F. Wheatley.

(Residence in Baltimore: No. Rockland, Baltimore Co. Md. St.; yrs., None mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Male.	White.	Married.

6-DATE OF BIRTH. December 15, 1900. 1.....
(Month) (Day) (Year)

7-AGE. 24 yrs. 4 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Carroll Co. Md.

PARENTS.

10-NAME OF FATHER. Benjamin F. Wheatley.

11-BIRTHPLACE OF FATHER. (State or Country). Maryland.

12-MAIDEN NAME OF MOTHER. Amanda Orem.

13-BIRTHPLACE OF MOTHER. (State or Country). Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edna Wheatley. (wife)

(Address) Rockland, Balto. Co. Md.

15- Apr 27 1925 Robert F. Harrison, 192.....
Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 25, 1925. 192....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Due to accidental fall of a tree during a storm.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....
(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas M. Reinhardt M. D.
(Coroner)

April 27 1925 (Address) 1017 E. Charles st.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? Rockland, Balto. Co. Md. April 25, 1925.

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Prospect, Towson. DATE OF BURIAL. April 28 1925

20-UNDERTAKER. Chenoweth & Son ADDRESS 3615 Chestnut ave

Spec.—1-10-21—M&T—1500 Bks.

D 97850

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97850

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers of America Hospital ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dana S. Whitehouse

(a) RESIDENCE NO. Jacksonville Fla ST., WARD Chicago, Ill.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Alberta Whitehouse

6 DATE OF BIRTH (month, day, and year) Oct 16, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Dover N. H.

PARENTS

10 NAME OF FATHER Dan Whitehouse

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. H.

12 MAIDEN NAME OF MOTHER Lela Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ky

14 Informant Alberta Whitehouse (Address) Jacksonville Fla

15 [illegible] 27 1925 Robert P. Harrison, .19.... Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4 - 24 1925

17 I HEREBY CERTIFY, That I attended deceased from 4-22, 1925, to 4-24, 1925, that I last saw him alive on 4-24, 1925, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? New Cumberland Hotel

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Albert J. Conrey, M. D.

, 19 (Address) Vol. America Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery Md	April 28 1925

20 UNDERTAKER Henry H. Weitzke ADDRESS 153 W. Lombard.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97851 HEALTH DEPARTMENT—CITY OF BALTIMORE D 9785

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal tuberculosis Hospital St., 22 Ward) 3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Eugene McCoy

(a) Residence No. 720 Hanover st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1905

7-AGE. 20 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer). Unknown

(c) Name of employer. Unknown

9-BIRTHPLACE (city or town) (State or Country). Virginia

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Ella McCoy

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Virginia

14- (Informant) Hospital Records

(Address) M.T.H.

15- Filed 192 Registrar.

Robert F. Harrison

Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Apr. 22, 1925

17- I HEREBY CERTIFY, That I attended deceased from Apr. 18 1925 to Apr. 22 1925

that I last saw him alive on Apr. 22 1925

and that death occurred, on the date stated above, at 6.15 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Tuberculous Peritonitis

Tuberculosis of Retroperitoneal glands (Duration) unknown ds.

CONTRIBUTORY (Secondary) Obstruction of Duodenum

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? (Partial)

What test confirmed diagnosis? Autopsy

(Signed) L. B. Whaley M. D.

4-22-1925 (Address) Municipal Tbc. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.

DATE OF BURIAL. 19

20-UNDERTAKER.

ADDRESS

Commissioner Health

APR 27 1925

UNIVERSITY OF MARYLAND

Spec.—1-10-21—M&T—1500 Blks.

D 97852

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97852

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 S. Fakewood ST., 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph F. Moloney

(a) RESIDENCE No. 606 S. Fakewood ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. 0 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Moloney

6 DATE OF BIRTH (month, day, and year) Jy 4 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	37	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Capt. of Harbor Boat 186

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Wm. Moloney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Anastatia Cleary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Anna M. Moloney

(Address) 606 S. Fakewood Ave

15 Filed 4-27-1925, 19

Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25 1925

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1925, to April 25, 1925, that I last saw him alive on April, 1925, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Toxaemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B. Tilden, M. D.

3-27, 1925 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	4/28/ 1925
20 UNDERTAKER J. G. Moran	ADDRESS 3009 E. Baltimore

Spec.—1-10-21—M&T—1500 Bks.

D 97853 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97853

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland Genl. Hosp. REGISTERED NO.

CITY OF BALTIMORE (No. 11 ST., WARD 2)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Washington Spence

(a) RESIDENCE NO. Savage Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Josephine Spence

6 DATE OF BIRTH (month, day, and year) May 9, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mill worker

(b) General nature of industry, business, or establishment in which employed (or employer) Mill

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Stafford Co. Va.

PARENTS

10 NAME OF FATHER John Spence

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Elizabeth Sullivan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Stafford Co. Va.

14 Informant Geo. W. Spence

(Address) Savage, Md

15 7 1925 19 Robert P. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr. 21, 1925, to Apr. 26, 1925.

That I last saw h/ alive on Apr. 26, 1925

and that death occurred, on the date stated above, at 2.25 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) General Carcinomatosis

(duration) yrs. 6 mos. 6 weeks ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Studies

(Signed) Geo A Tompkins, M. D.

. 19 (Address) 3 E Gen. Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Savage Md	4/28 1925

20 UNDERTAKER Geo E French ADDRESS Laurel Md

Spec.—1-10-21—M&T—1500 Bks.

18 46 2 D 97854

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97854

CERTIFICATE OF DEATH.

152

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) JOHNS HOPKINS HOSPITAL. ST., 27 — 12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgianna Driscoll

(a) RESIDENCE NO. 204 Montebello Terrace WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Driscoll

6 DATE OF BIRTH (month, day, and year) July 17, 1904

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20	9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer) 109

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER Herbert H. Hamilton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Marie Kennedy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Parents JOHNS HOPKINS HOSPITAL

15 Filed 27 1925, 19 Robert F. Harrison, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26 1925

17

I HEREBY CERTIFY, That I attended deceased from April 18, 1925, to April 26, 1925, that I last saw her alive on April 26, 1925, and that death occurred, on the date stated above, at 6 40 P m.

The CAUSE OF DEATH* was as follows:

Septicaemia - from carbuncle of face

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? Yes Date of Apr. 20 & 23

Was there an autopsy? Yes

What test confirmed diagnosis? Blood cultures

(Signed) Geo H Gardner M.D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and (Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem.

DATE OF BURIAL April 29 1925

20 UNDERTAKER H. Sander & Sons

ADDRESS 1210 Eutaw

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 97855 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 D 97855

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 W Lexington St. 18-1 Ward)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Gadner

(a) RESIDENCE. No. 1118 W Lexington St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 11- 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charles Co Md

PARENTS

10 NAME OF FATHER Harvey Gates

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Fannie Gardner 1118 W Lexington

15 Filed ... 19 ... Registrar

27 1925 Robert P. Harrison

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 26 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1925, to Apr 26, 1925, that I last saw h[illegible] alive on Apr 24, 1925, and that death occurred, on the date stated above, at 10.40 P m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary tuberculosis.

(duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Bernard S. Farrell, M. D.

4/27, 1925 (Address) 1707 Edmondson Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Md	Apl 28 1925
20 UNDERTAKER	ADDRESS 57
Samuel T. Hemsley	W Saddle

Spec—12-23-21—E.B.R.S.—400 Blks.

D 97856

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97856

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1532 Brunt St., 14th Ward) Registered No. 129

2-FULL NAME Mrs Leamphere

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1532 Brunt St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, cc

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Leamphere

6-DATE OF BIRTH (month, day and year) Dec 10 1879

7-AGE, 46 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Laundress

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Harriet Lane Steele

(Address) 1532 Brunt St

15- Robert P. Harrison, Registrar.

27 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 25/25

17- I HEREBY CERTIFY, That I attended deceased from Jany 26, 1925, to April 25, 1925, that I last saw h[illegible] alive on April 25, 1925, and that death occurred, on the date stated above, at 7.30 A.M.

The CAUSE OF DEATH* was as follows:

Tetanus Traumatic

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exploration

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam.

(Signed) Frank E. Hagner M. D.

4/27/1925 (Address) 1006 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, 19
Mt Auburn	4/28/25
20-UNDERTAKER.	ADDRESS
Samuel T. Kemler	578 Pulaski St

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97857

D 97857

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 N Bethel ST.: 8 WARD 5

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Davidson

(a) RESIDENCE. No. 1812 N Bethel ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Roberto Benton Davidson

6 DATE OF BIRTH (month, day, and year) Jan 3-1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Conrad Dieschner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Amelia Bickel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant LeRoy Davidson (Son)
(Address) 724 E-Cold Spring Ave

15 Filed Robert P. Harrison, Registrar
7 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24, 1925

17 I HEREBY CERTIFY, That I attended deceased from April 21, 1925 to April 24 1925 that I last saw her alive on April 23 1925 and that death occurred, on the date stated above, at 9:35 a m.

The CAUSE OF DEATH* was as follows:

Paralytic ileus

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? No

(Signed) J. A. Davidson, M. D.

4/24 1925 (Address) 1517 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery DATE OF BURIAL 4/28/25 19

20 UNDERTAKER George J. Ruth ADDRESS 1735 Hoford

Spec.—1-10-21—M&T—1500 Blks.

97858 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97858

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Colonial Hospital REGISTERED NO. 171

CITY OF BALTIMORE: (No. 1122 N. Mount ST., 3 WARD 5

2-FULL NAME Carmelo Defatta

(a) RESIDENCE NO. 15 S. Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Rosa Defatta

6 DATE OF BIRTH (month, day, and year) Oct 12, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Peddler

(b) General nature of industry, business, or establishment in which employed (or employer) Fruit

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER ~~Charles~~ Parents Defatta

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Rose Culotta

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Rosa Defatta

(Address) 15 S. Caroline St

15 This 27 day of 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27 1925

17

I HEREBY CERTIFY, That I attended deceased from April 24, 1925, to April 27, 1925, that I last saw him alive on April 27, 1925, and that death occurred, on the date stated above, at 11.20 A m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Uraemia Coma

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical data

(Signed) L. H. Fierce, M. D.

, 19 (Address) 1 E W Lebert apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	4/30/25
20 UNDERTAKER George J Roth	ADDRESS 1735 Hanover

Spec.—1-10-21—M&T—1500 Blks.

1925 494
D 97859

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97859

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7 WARD 1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin Anderson

(a) RESIDENCE No. Parkville Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown.

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Horse

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Sweden

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Sweden (State or country)

14 Informant (Address) JOHNS HOPKINS HOSPITAL.

Filed 4-27-1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24 1925

17

I HEREBY CERTIFY, That I attended deceased from April 20, 1925, to April 24, 1925, that I last saw him alive on April 24, 1925, and that death occurred, on the date stated above, at 7.25 P. m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis
Appendix Abscess

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? Yes Date of Apr. 20 25

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) F. L. Reichert, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

St. John Lutheran 4/29/25

20 UNDERTAKER — ADDRESS

Geo. J. Roth 1730 Hanover

Spec.—1-10-21—M&T—1500 Blks.

D 97860 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97860

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 923 St Paul ST. 11-3 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Goodenow Hoopes

(a) RESIDENCE NO. 923 St Paul ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word)
Female	White	Widow

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND ~~of~~ (or) WIFE of

6 DATE OF BIRTH (month, day, and year) February 18th 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Auburn Main

PARENTS

10 NAME OF FATHER John Goodenow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Auburn Main

12 MAIDEN NAME OF MOTHER Sarah Appleton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Auburn Main

14 Informant Miss Goodenow

(Address) 923 St Paul St

15 Received APR 28 1925 ROBERT B. KRAUTER Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25th 1925

17

I HEREBY CERTIFY, That I attended deceased from Feby 22, 1925, to April 25, 1925,

that I last saw her alive on April 25, 1925,

and that death occurred, on the date stated above, at 11-30 P. m.

The CAUSE OF DEATH* was as follows:

Uremia about

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis & Mitral regurgitation about

(duration) 8 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Typical signs

(Signed) Jno. M. Cranford, M. D.

Apl 27, 1925 (Address) 1805 St. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	April 28 1925
20 UNDERTAKER	ADDRESS
Henry W. Jenkins & Sons Co	Orchard & Fair-Oaklock Sts

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97861

CERTIFICATE OF DEATH.

185 D 97861

1-PLACE OF DEATH

City of BALTIMORE: (No. Bayview Hospital St., 10 — 2 Ward.)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Frost

(Residence in Baltimore: No. 1418 Anthony St.; yrs. 40 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	white	widow

6-DATE OF BIRTH. January (Month) 8 (Day) 1848 (Year)

7-AGE. 77 yrs. 3 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER, (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Pauline Hamm

(Address) 915 N. Eden st

15 FILED APR 28 1925 192.. ROBERT A. KRANTZ Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April (Month) 25 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Clavicle & L forearm by fr fall and ? Accident

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Terminal) (Duration) ....yrs. ....mos. 5 ds.

(Signed) James M. Fenton M. D. (Coroner.)

April 27 1925 (Address) 702 E. Chase

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents)
At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Bayview Hos

Former or usual residence 1418 Anthony St

19-PLACE OF BURIAL OR REMOVAL. Trinity Cemetery DATE OF BURIAL. April 28 1925

20-UNDERTAKER. J. Henry Lutz ADDRESS 1203 N. Broadway

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97862

D 97862

CERTIFICATE OF DEATH.

REGISTERED NO. 20 - 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3342 Stricklan d ST., 20 WARD) 2

(if death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen J Stevens

(a) RESIDENCE No. 3342 Strickland ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George B Stevens

6 DATE OF BIRTH (month, day, and year) Apr 14 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62		14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) (37)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Levy E Batchelor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Louisa L Poole

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant George B Stevens (Address) 3342 Strickland St

15 APR 28 1925 ROBERT R. KRAMER Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/25 1925

17 I HEREBY CERTIFY, That I attended deceased from 4/22, 1925, to 4/25, 1925, that I last saw her alive on 4/25, 1925, and that death occurred, on the date stated above, at 5:10 A m.

The CAUSE OF DEATH* was as follows: Chronic Ulcerative nephritis with Hypertension

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia Coma

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms.

(Signed) Samuel Paley M. D.

19 (Address) 3326 Fredrick Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem — DATE OF BURIAL 4/28/25

20 UNDERTAKER Engel & Farley Fulton & Laynette — ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97863

CERTIFICATE OF DEATH.

D 97863

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 28 N. Bruce ST., 19 WARD 21

2-FULL NAME Robert H Haywood

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO. 28 N. Bruce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer md

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 BIRTHPLACE OF FATHER Haywood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Ethel Haywood

(Address) 927 Bruce St

APR 28 1925 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25 1925

17 I HEREBY CERTIFY, That I attended deceased from April 16, 1925, to April 25, 1925, that I last saw him alive on April 25, 1925, and that death occurred, on the date stated above, at 12-00 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Leo. H. Lautenbach M. D.

4-27, 1925 (Address) 2215 N. Monta Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	4/28/1925
20 UNDERTAKER Daniel Easton	ADDRESS 916 Pa ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97864

CERTIFICATE OF DEATH.

90 D 97864

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 Mechanic ST., 14 WARD)

REGISTERED NO. 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen Mann

(a) RESIDENCE NO. 505 Mechanic ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Mann

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress 041

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) " (State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) " (State or country)

14 Informant Daniel Easton (Address) 916 Penna ave

15 Filed ....., 19 ROBERT N. KRAUTER, Registrar

APR 28 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-26-1925

17 I HEREBY CERTIFY, That I attended deceased from 4-14-25, 19...., to 4-26-25, 19 25

that I last saw her alive on ....., 19....

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows: Acute endocarditis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Senility debility 4 20 Mos ds

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. Carter Jr, M. D.

4-26-25 (Address) 1524 N. Dallas

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Dem	4/29/1925
20 UNDERTAKER Daniel Easton	ADDRESS 916 Pa ave

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA- ...t may be properly classified.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97865 **HEALTH DEPARTMENT—CITY OF BALTIMORE** VD 97865

CERTIFICATE OF DEATH.

16 - 90 / 7

1-PLACE OF DEATH

City of BALTIMORE: (No.) 814 N. Bruce St., Ward) Registered No.

2-FULL NAME Elizabeth Duvall

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 814 N. Bruce St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced, ~~HUSBAND of~~ WIFE of: Harry Duvall

6-DATE OF BIRTH (month, day and year): Sept 26-1873

7-AGE: 51 yrs. 7 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Cook. 021

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Mrs Bush 806 Fulton Ave

9-BIRTHPLACE (city or town) (State or Country): Harford Co. Md.

PARENTS.

10-NAME OF FATHER: Elijah Barnes.

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Harford Co. Md

12-MAIDEN NAME OF MOTHER: Millie Gover.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Harford County Md

14- (Informant): Geo. E. Shannon MD

(Address): 700 Fulton Ave

15- Filed APR 28 1925 Registrar. ROBERT R. KRAUTER Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Apr. 26-1925

17- I HEREBY CERTIFY, That I attended deceased from April 23 1925 to April 26 1925

that I last saw h.. alive on Apr 25 1925

and that death occurred, on the date stated above, at 4.40a m.

The CAUSE OF DEATH* was as follows:

Bronchitis Acute.

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Myalgia

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Usual Methods

(Signed) Geo. E. Shannon M. D

4/26 1925 (Address) 700 Fulton ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Bethlehem	4/29/1925
20-UNDERTAKER Daniel Easton	ADDRESS 916 Ca ave

Spec.—1-10-21—M&T—1500 Blks.

Dr Sellner, Caroline Fear St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24-001

D 97866

D 97866

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Inverness Ave, Morrell Park ST., 25-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J Sommer

(a) RESIDENCE NO. Inverness Ave ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Sommer

6 DATE OF BIRTH (month, day, and year) Oct 18. 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cabinet Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer J F. Langstar Co

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Sommer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Odille Valmstadt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Anna Sommer

(Address) Morrell Park

APR 26 1925 Filed ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 26 1925

17 I HEREBY CERTIFY, That I attended deceased from April 14 1925 to April 26 1925

that I last saw him alive on April 26 1925, and that death occurred, on the date stated above, at 1.10 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H W Elmer M. D.

(Address) 1004 Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western — DATE OF BURIAL Apr 29 1925

20 UNDERTAKER Wm Cook — ADDRESS 502 E Fayette St.

Fold in this way for mailing. See instruction on back of certificates.

Spec.–1-10-21–M&T–1500 Rls.

Bl Murgatroyd 25 E Barclay

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97867

CERTIFICATE OF DEATH.

D 97867

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4176 Belair Road ST., (WARD) 13

2-FULL NAME Florence Irene Herring

(a) RESIDENCE NO. 4176 Belair Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of Howard Herring

6 DATE OF BIRTH (month, day, and year) 6-21

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
54	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Lawrence Klausman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Carrie January

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Howard Herring

(Address) 4176 Belair Road

Filed APR 28 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-27 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 11 1925, to April 27 1925, that I last saw living alive on April 27 1925, and that death occurred, on the date stated above, at 2:30 P m.

The CAUSE OF DEATH* was as follows:

Renile Pneumonia.

Arteriosclerosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemic Coma

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Thompson Thompson M. D.

4/27 1925 (Address) 401 E 20th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: April 30 1925

20 UNDERTAKER: Wm Cook

ADDRESS: 502 E Hoffman

FROM A VERY important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

D 97868

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-B 001 97868

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2737 Guilford Ave ST. 12-3 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul John Gebelein

(a) RESIDENCE NO. 2737 Guilford ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Swangeser

6 DATE OF BIRTH (month, day, and year) May 12-1894

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	30	11	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pork Packer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John A Gebelein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Anna M Sennemann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs Grace Gebelein

(Address) 2737 Guilford Ave

15 Filed APR 28 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/26/1925 1925

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1925, to April 26, 1925; that I last saw h[illegible] alive on April 26 1925; and that death occurred, on the date stated above, at 3:35 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(duration) 2 yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas B Lemmon, M. D.

4/27 1925 (Address) 718 W Lt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem — DATE OF BURIAL Apr 28 1925

20 UNDERTAKER John Merrick — ADDRESS Eden

Spec.—1-10-21—M&T—1500 Bks.

D 97869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 49 D 97869

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL. ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Sarah Elliott

(a) RESIDENCE No. Savannah, Ga — ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
-	32	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerical

(b) General nature of industry, business, or establishment in which employed (or employer) Juvenile Court

(c) Name of employer unknown

9 BIRTHPLACE (city or town) (State or country) Ga

PARENTS

10 NAME OF FATHER Stephen Elliott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga

12 MAIDEN NAME OF MOTHER Mary Hartridge

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga

14 Informant

(Address) JOHNS HOPKINS HOSPITAL.

15 APR 28 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 28 1925

17 I HEREBY CERTIFY, That I attended deceased from April 12, 1925, to April 28, 1925,

that I last saw her alive on April 21, 1925,

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of Bladder

History (duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Metastases to Liver, Peritoneum — (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes - Date of 4/17/25

Was there an autopsy? yes -

What test confirmed diagnosis? operation & autopsy

(Signed) L O Good, M. D.

4/28, 1925 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Savannah Georgia	April 28 1925
20 UNDERTAKER	ADDRESS
Geo. W. Jenkins Sons Co	Ordered Via Collect 8

FOR a very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97870

1-PLACE OF DEATH

CERTIFICATE OF DEATH. 7-2 74-001 74 D 97870

Registered No. C.....

City of BALTIMORE: (No. 1024 N. Chapel St. St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anderson Johnson

(Residence in Baltimore: No. 1024 N. Chapel St. St.; 2 yrs., ...mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed or Divorced, (Write the word.)
male	col	unknown

6-DATE OF BIRTH. ....unknown...., 1.....
(Month) (Day) (Year)

7-AGE about 50 yrs. ....mos. ....ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer) Wilcox & Ziegler

9-BIRTHPLACE, (State or Country), unknown

PARENTS.

10-NAME OF FATHER, "

11-BIRTHPLACE OF FATHER, (State or Country), "

12-MAIDEN NAME OF MOTHER, "

13-BIRTHPLACE OF MOTHER, (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Police Dept

(Address).....

15- APR 28 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 25-25, 192....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry.
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Apoplexy

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

.....(Duration).....yrs.....mos.....ds.

(Signed) J. S. K. Collins M. D.
(Coroner.)

4-25-25 192.... (Address) 306 E. North Ave

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Cemetery	April 28 1925
20-UNDERTAKER.	ADDRESS
Mack & G. Elliott	1722 Ashland Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

97871

CERTIFICATE OF DEATH.

128 D 97871

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2110 W Baltimore ST., 20-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr Guernsey G. Wareheim

(a) RESIDENCE NO. 2110 W Balto ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Wareheim

6 DATE OF BIRTH (month, day, and year) May 25 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dentist 65

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Glen Rock Pa

PARENTS

10 NAME OF FATHER Edward Wareheim

11 BIRTHPLACE OF FATHER (city or town) (State or country) Glen Rock Pa

12 MAIDEN NAME OF MOTHER Achtsch Falsh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Glen Rock Pa

14 Informant Mary E. Wareheim

(Address) 2110 W Baltimore St

15 APR 28 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26 1925

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1925, to April 26, 1925, that I last saw him alive on April 26, 1925, and that death occurred, on the date stated above, at 7.30 m.

The CAUSE OF DEATH* was as follows:

acute hyphretis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

after

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Anamlysis

(Signed) [illegible] M. D.

4/28. 1925 (Address) 2406 Jarrison ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Reform Cem. Glen Rock Pa

DATE OF BURIAL 4/29 1925

20 UNDERTAKER Robert Brooks & Son

ADDRESS Calhoun & Hollins sts

How to fill out this certificate. See instructions on back of certificates.

Spec.—5-19-13—M. & T.—500 Bks.

D 97872

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-00

CERTIFICATE OF DEATH.

D 97872

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 E. Madison St. ST. 10- WARD.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Batson

(Residence in Baltimore: No. 1104 E. Madison St. St. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH. June (Month) 30 (Day), 1895 (Year)

7-AGE. 39 yrs. 10 mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer, 040
(b) General nature of industry, business, or establishment in which employed (or employer). Day.

9-BIRTHPLACE. (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. John Batson

11-BIRTHPLACE OF FATHER (State or Country). Maryland.

12-MAIDEN NAME OF MOTHER. Lulu Sullivan,

13-BIRTHPLACE OF MOTHER (State or Country). Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Batson

(Address) 719 Stirling St.

15- APR 28 1925 ROBERT A. KRAUTER, Special Permit Clerk. 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. April (Month) 27 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 22 1925, to April 27 1925, that I saw him alive on April 26 1925, and that death occurred, on the date stated above, at 7.40 A. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia, following an acute bronchitis.

(see remarks)

(Duration). 0 yrs. 2 mos. 17 ds.

CONTRIBUTORY (Secondary). Acute cardiac asthenia

(Duration). 0 yrs. 0 mos. 2 ds.

(Signed). John L. Stansbury M. D.

191... (Address) 1037 Edmondson Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Laurel Cemetery

DATE OF BURIAL. APR. 30, 1925

20-UNDERTAKER. Chas. H. Johnson

ADDRESS 446 N. Carolina St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97873

CERTIFICATE OF DEATH.

90 D 97873

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 25-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Stefanski

(a) RESIDENCE NO. 417 Anapolis Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
76 Yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 060

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Municipal Hospital Records

(Address)

APR 28 1925 Filed ..... 19.. ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27 1925

17 I HEREBY CERTIFY, That I attended deceased from April 26, 1925, to April 27, 1925, that I last saw him alive on April 27, 1925, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, chronic

Myocarditis, emphysema

(duration) 5 (History) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. L. Fuller M. D.

4/27, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus. DATE OF BURIAL Apr. 29" 1925.

20 UNDERTAKER M. F. Sadowski ADDRESS 705 S. Ann

TION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97874

D 97874

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 782 W Mulberry st St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Handy Finney

(Residence in Baltimore: No. 782 W Mulberry st St.; (yrs., 1) mos..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Col	Widower

6-DATE OF BIRTH. January 10 1862
(Month) (Day) (Year)

7-AGE. 63 yrs. 4 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Sailor
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Va

PARENTS.

10-NAME OF FATHER. Andrew Finney

11-BIRTHPLACE OF FATHER, (State or Country). unknown Va

12-MAIDEN NAME OF MOTHER. Georgie Heath

13-BIRTHPLACE OF MOTHER, (State or Country). Northampton Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Finney

(Address) 782 Mulberry st

15-

Filed ... 1925 192.... ROBERT K. KRAUTER, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 27 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) ... yrs. 2 mos. ... ds.

CONTRIBUTORY (Secondary) Dont Know

(Duration) ... yrs. ... mos. ... ds.

(Signed) W H Jones M. D.
(Coroner.)

4-27 1925 (Address) 113 W Saratoga St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence..... Va.

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL. Westminster 4-29 1925

20-UNDERTAKER. ADDRESS Joseph Bosley 15 Whitelock

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97875 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97875

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 105 Warren St., 24-1 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H May

(a) Residence No. 105 Warren Ave St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Mar

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Maria May

6-DATE OF BIRTH (month, day and year) Aug 30-1856

7-AGE, 68 yrs. 7 mos. 26 ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town)..... (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John May

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), England

12-MAIDEN NAME OF MOTHER, Mary Kirschin

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), England

14- (Informant) Maria May
(Address) 105 Warren Ave

15- Filed APR 28 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 26-1925

17- I HEREBY CERTIFY, That I attended deceased from Apr 15 19 25 to Apr 26 19 25, that I last saw h[im] alive on Apr 25 19 25, and that death occurred, on the date stated above, at 11.40a m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(Duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Arteri. Sclerosis

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Dr. [illegible] M. D

4/27, 1925 (Address) 120 St Paul St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	April 29 1925
20-UNDERTAKER, F. C. Thanhauser	ADDRESS 703 Hanover St

Spec.—1-10-21—M&T—1500 Bks.

D 97876 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. X 101-001 D 97876

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., 7-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillie Hart

(a) RESIDENCE NO. Chicago Illinois ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 7 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44	8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Chicago (State or country) Illinois

PARENTS

10 NAME OF FATHER Harry Hart

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Germany

12 MAIDEN NAME OF MOTHER Addie Klein

13 BIRTHPLACE OF MOTHER (city or town) Chicago, Ill (State or country)

14 Informant Hosp Records (Address)

15 Filed APR 28 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 28 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1924 to April 28, 1925

that I last saw her alive on April 28, 1925,

and that death occurred, on the date stated above, at 2.20 a.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Staphylococcus septicemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Johns Hopkins Hosp.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Blood culture

(Signed) Ruth E Fairbank M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Chicago, Ill	4/28/1925
20 UNDERTAKER David Sondheim	ADDRESS 1122 W Mt Royal Av

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 97877

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 D 97877

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 N. Mount ST. 16-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Virginia Knight.

(a) RESIDENCE. No. 805 N. Mount ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm H. Knight.

6 DATE OF BIRTH (month, day, and year) March 6 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER — McCleary.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown U.S.A.

12 MAIDEN NAME OF MOTHER unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia U.S.A.

14 Informant Elmer L. Knight
(Address) 1936 W. Lafayette Ave

15 APR 28 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb, 1925, to April 27 1925.

that I last saw h. W alive on April 26, 1925.

and that death occurred, on the date stated above, at 12.40A m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis.
Mitral Insufficiency.
Arteriosclerosis?

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Colitis.

Senility. (duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) W. Michel, M. D.

April 27 1925 Address) 2901 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	April 29 1925

20 UNDERTAKER George J. Smith

ADDRESS 1532 Hollins

D 97878 HEALTH DEPARTMENT—CITY OF BALTIMORE -003 D 97878

CERTIFICATE OF DEATH.

5-2 188

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oliver D. Brown

(Residence in Baltimore: No. 1224 Orleans St life St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	col	sing

6-DATE OF BIRTH. Dec 5-1914
(Month) (Day) (Year)

7-AGE. 10 yrs. 4 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: school boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Walter Brown

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER. Frances Jackson

13-BIRTHPLACE OF MOTHER, (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Frances Brown (Mother)
(Address) 1224 Orleans St

15- APR 28 1925 Registrar. Burial Permit Clerk. ROBERT R. KRAUTER.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 24-25, 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Shock- Abdominal Hemorrhage
Run over by Autotruck-Accidental

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. H. Packin M. D. (Coroner.)

4-27-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Asbury cemetery	april 28 1925
20-UNDERTAKER.	ADDRESS
Milton Davis	315 Eden St

D97879

Spec.—6-9-19—H. P. Co.—1000 Bks.

D97879 ✓

D 97880

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97880

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. 90

CITY OF BALTIMORE: (No. 1524 Lancaster ST.: 3-4 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Kenney

(a) RESIDENCE. NO. 1524 Lancaster ST., 3 WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of → Archibald Kenney

6 DATE OF BIRTH (month, day, and year) June 16-197

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Blasius Moister

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Honora Splan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Archibald Kenney
(Address) 1524 Lancaster

15 APR 28 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1925, to April 25, 1925, that I last saw her alive on April 25, 1925, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis, auricular fibrillation, Cardiac decompensation

over 5 years
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Lawson Wilkins, M. D.

Apr. 26 1925 (Address) 1014 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Apr 29 1925
20 UNDERTAKER Lilly & Zuber	ADDRESS 4033 W. Belvedere

Spec.—1-10-21—M&T—1500 Bks.

D. 97880 HEALTH DEPARTMENT—CITY OF BALTIMORE D. 97880

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 11-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lottie McDaniel

(a) RESIDENCE No. 453 Orchard ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): widowed

9a ~~If married~~, widowed, ~~or divorced~~

HUSBAND of (or) WIFE of Randolph McDaniel

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE: Years 34 yrs. Months ..... Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Richmond Snead

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Harriett Tompkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Municipal Hospital Records
(Address)

15 28 1925 Robert P. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25 1925

17 I HEREBY CERTIFY, That I attended deceased from March 4, 1925, to April 25, 1925, that I last saw her alive on April 25, 1925, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Hypertension, chronic nephritis
chronic myocarditis (degenerative)
myocardial insufficiency

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) W L Miller, M. D.

4/26 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: Apr. 29 1925

20 UNDERTAKER: Jno. M. Johnson

ADDRESS 1309 Druid Hill Ave.

TION is very important. See instructions on back of certificates.

Spec.--1-10-21--M&T--1500 Bks.

D. 97881

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 97881

I8826 C

I8826 C

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 Frederick St- Ward 25-7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Lawrence Baumann.

(a) RESIDENCE NO. 422 Frederick St- St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 22, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Baumann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Isabel Fuller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs John Baumann

(Address) 422 Frederick St-

Apr 28 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr. 27 1925, to Apr. 28 1925, that I last saw him alive on Apr. 28 1925, and that death occurred, on the date stated above, at 1-40 a.m.

The CAUSE OF DEATH* was as follows:

Acute Gastroenteritis.

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Exam in clinics.

(Signed) Wm H Cork, M. D.

Apr 28 1925 (Address) 816 - Pennington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	April 29 1925

20 UNDERTAKER Wm H Cork ADDRESS 502 E North Ave

TION IS very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97882 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97882

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2157 Chelsea Terrace St., 15-5 Ward) Registered No. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Robert Cyprus Griffith

(a) Residence No. 2157 Chelsea Terrace St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. — mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ella Hall

6-DATE OF BIRTH (month, day and year) June 16, 1846

7-AGE. 78 yrs. 10 mos. 12 ds. If LESS than 1 day ....hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Retired
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer.

9-BIRTHPLACE (city or town) Friendship
(State or Country) Anne Arundel Co Md

PARENTS.

10-NAME OF FATHER. Robert Griffith

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Virginia Sutton

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

11- (Informant) Roberta Griffith
(Address) 2157 Chelsea Terrace

15- Filed 1925 Robert P. Harrison, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 28, 1925

17- I HEREBY CERTIFY, That I attended deceased from Apl. 15 1925 to Apl. 28 1925 that I last saw him alive on Apl. 27 1925 and that death occurred, on the date stated above, at 4:20 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Old Age

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Robert C Blake M. D.

, 19 (Address) 1014 N Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. London Park Cem. DATE OF BURIAL. Apl 30 1925

20-UNDERTAKER. Harry W. Ehlen ADDRESS 1414 W. North Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

(Stadelman)

D 97883

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 97883

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 13-4 Ward)

Registered No. 57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sadie Stadelmann

(a) Residence No. 3309 Falls Road St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced WIFE of ~~HUSBAND of~~ Jacob Stadelmann

6-DATE OF BIRTH (month, day and year) Feb 22 1856

7-AGE 69 yrs. 2 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto city Md

PARENTS.

10-NAME OF FATHER Jacob Deems.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Helen Harris

(Address) 3309 Falls Road

15- Filed Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 4/27/25

17- I HEREBY CERTIFY, That I attended deceased from 4/3/25, 19.., to 4/27/25, 19..

that I last saw h[illegible]ative on 4/27/25

and that death occurred, on the date stated above, at 11.30 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. W. Kelly, M. D.

4/28, 1925 (Address) Mercy

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Prot Cathedral — DATE OF BURIAL, 5/1st 1925

20-UNDERTAKER Walter Davis — ADDRESS 330 Paine St.

D 97884

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16-001

D 97884

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hosp. St. 4 Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Emma Lenig

(Residence in Baltimore: No. 706 N. Duncan St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	white	Single

6-DATE OF BIRTH. April 26, 1925
(Month) (Day) (Year)

7-AGE. .....yrs. .....mos. 2 ds. If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Herman Lenig

11-BIRTHPLACE OF FATHER, (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER. Margie Hoffman

13-BIRTHPLACE OF MOTHER, (State or Country). New Freedom Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herman Lenig

(Address) 706 N Duncan St

15- 4-28 1925 Robert F. Harrison, 192..... Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 28, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity

5 hrs 66 min duration

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Mellon M. D.
(Coroner)

4-28 1925 (Address) 508 E North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer	April 29, 1925
20-UNDERTAKER.	ADDRESS
Geo M Emil & Son	811 N Wolfe

D 97885 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97885

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward) 22 5 90

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard S. Knox. 10

(Residence in Baltimore: No. 425 Hanover St. St.; yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Male.	White.	Single.

6-DATE OF BIRTH. October 12, 1891. (Month) (Day) (Year)

7-AGE. 33 yrs. 6 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter.
(b) General nature of industry, business, or establishment in which employed (or employer): 0/0

9-BIRTHPLACE, (State or Country). Alabama.

PARENTS.

10-NAME OF FATHER. Do not know.

11-BIRTHPLACE OF FATHER, (State or Country). Do not know.

12-MAIDEN NAME OF MOTHER. Do not know.

13-BIRTHPLACE OF MOTHER. (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Murphy.

(Address) 1207 Madison Ave.

15- Robert P. Harrison, Burial Permit Clerk
Apl. 28 1925 192 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 27, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

Apl. 28, 192 5 (Address) 1017 E. Charles St.

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? 425 Hanover St.

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Montgomery Alabama	April 28 1925
20-UNDERTAKER.	ADDRESS
John G. Denny	715 Light St

Do not write above this line. See instructions on back of certificate.

See Letter and affadivit in file for Frances Lantieri age 46 Wife of Alfonsa Landi M.D. Coroners Docket 24 page 149

D 97886

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97886 1917

CERTIFICATE OF DEATH.

B—1 188-00

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital. St., Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfonsa Landi. Lantieri

(Residence in Baltimore: No. 1032 E.Lombard St. St.; 12 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male.

4-COLOR OR RACE: White.

5-Single, Married, Widowed or Divorced, (Write the word.): Married.

6-DATE OF BIRTH: April 10, 1879. (Month) (Day) 1 (Year)

7-AGE: 46 yrs. 0 mos. 17 ds.

If LESS than 1 day: ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Track walker.
(b) General nature of industry, business, or establishment in which employed (or employer): Pa.R.R.Co.

9-BIRTHPLACE, (State or Country): Italy.

PARENTS.

10-NAME OF FATHER: Mike Landi. Lantieri

11-BIRTHPLACE OF FATHER, (State or Country): Italy.

12-MAIDEN NAME OF MOTHER: Santa Prato.

13-BIRTHPLACE OF MOTHER, (State or Country): Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances Landi. Lantieri (wife)

(Address) 1032 E.Lombard St.

15- APR 29 1925 ROBERT E. KRAUTH, Special Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 27, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidentally run over and crushed about the legs by Engine #5708 of Pa.R.R.Co.
Shock.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

Apl. 28, 192 5 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death? Pa.R.R.Co. tracks Canton. April 25, 1925.

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer cemetery DATE OF BURIAL, April 29 1925

20-UNDERTAKER, L. Jenson Bro Balto ADDRESS 1121 E

D 97887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97887

1-PLACE OF DEATH Pronounced dead at Presbyt Hospital

City of BALTIMORE: (No. on Washington Boulevard St., 4 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Maurel Smith

(Residence in Baltimore: No. 606 Delaware Ave S W. Washington D C St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Col.	Single

6-DATE OF BIRTH. 1890
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
35 yrs. mos. ds.	hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Musician
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Washington D C,

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER, (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. K. Jones

(Address) 901-3 St S W Wash D C

15- APR 29 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 27, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured skull

Accident (Duration) a few hours

CONTRIBUTORY (Secondary) Burns from Automobile (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. K. Jones M. D.
(Coroner.)

4-28 1925 (Address) 117 W Saratoga St

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Bath D C	4-29 1925

20-UNDERTAKER. Samuel Hemsley ADDRESS 578 N Bridge

D 97888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97888

1-PLACE OF DEATH (Pronounced Dead at Mercy Hospital) Registered No. C.....

City of BALTIMORE: (No. 611 Washington Road St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME... Harrison Edelin

(Residence in Baltimore: No. 1244 Union Court Washington D.C. St.; yrs. mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Col.	Sgle

6-DATE OF BIRTH. ..... 1..... (Month) (Day) (Year)

7-AGE. ..37..yrs. ..mos. ..ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country), Md

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. Reuben

(Address) 901 E 39th St Wash D C

15- Filed APR 29 1925 192.....

ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 27 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (~~Inquest, autopsy or inquiry.~~) thereon and from the evidence obtained by said ..... (~~Inquest, autopsy or inquiry.~~) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull,

Accident a few hours
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Shock from Automobile

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. F. Kemp M. D.
(Coroner.)

4-28 1925 (Address) 117 W Saratoga St

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Wash DC	4/29/25
20-UNDERTAKER. Samuel T Wemsley	ADDRESS 518 W Biddle

Spec.--1-10-21--M&T--1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97889

CERTIFICATE OF DEATH.

91-002

D 97889

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2928 N. Calvert ST., 12-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Shearer

(a) RESIDENCE NO. 2928 N. Calvert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes M. Carr

6 DATE OF BIRTH (month, day, and year) Feby 2. 1836

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	89	2	26	

8 OCCUPATION OF DEECEASED

(a) Trade, profession or particular kind of work retired 045

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Scotland

PARENTS

10 NAME OF FATHER Mc Kay Shearer

11 BIRTHPLACE OF FATHER (city or town) Scotland (State or country)

12 MAIDEN NAME OF MOTHER Jean Brown

13 BIRTHPLACE OF MOTHER (city or town) Scotland (State or country)

14 Informant Janet C. Shearer

(Address) 2928 N. Calvert St

15 Date APR 29 1925 HUBERT R. KRAUTER Registrar Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 28 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 11th, 1925, to April 28th, 1925, that I last saw him alive on April 27th, 1925, and that death occurred, on the date stated above, at 12.15 A. m.

The CAUSE OF DEATH* was as follows:

Arteria-Sclerosis

Pulmonary oedema

unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) ✓ unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Jefferies Buck M. D.

4/28 1925 (Address) 2844 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park DATE OF BURIAL April 30 1925

20 UNDERTAKER John O'Mitchell ADDRESS 201 N. Fayette St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 97890 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97890

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 S. Smallwood ST. 20-4 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edna St. Stiller

(a) RESIDENCE No. 312 S. Smallwood ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. 9 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed~~, or ~~Divorced~~, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 15 1911

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	13	9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm. St. Stiller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Clara E Forney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Wm St. Stiller

(Address) 312 S Smallwood St

APR 29 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) APR 28 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 31, 1925, to April 27, 1925, that I last saw h~~er~~ alive on April 27, 1925, and that death occurred, on the date stated above, at 4 40 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart (Mitral Stenosis)

Chronic Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? ✓

What test confirmed diagnosis? Clinical

(Signed) Wells Hennings, M. D.

4/28, 1925 (Address) 2000 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Loudon Park DATE OF BURIAL May 1st 1925

20 UNDERTAKER Geo W Little ADDRESS 2700 EDMONDSON AVE.

FILM

IMPORTANT. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97891 — 128 D 97891

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. 2223 McHenry St., 20-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lyda Wilson

(Residence in Baltimore: No. 2223 McHenry St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

6-DATE OF BIRTH: Unknown ..... 1..... (Month) (Day) (Year)

7-AGE: about 72 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country): Unknown

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER, (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sw. Dist Police Sta

(Address)

15- Filed APR 29 1925 ROBERT R. KRAUTER, Burial Permit Clerk. (Registrar.)

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Apr 27th, 192.5 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, and from (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uraemic Convulsions

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) yrs. mos. ds.

(Signed) Thos. B. Fenton M. D. (Coroner.)

Apr 28th 1925 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet — DATE OF BURIAL: 4/29 1925

20-UNDERTAKER: J H Wilzbe Per A Huber — ADDRESS: Fayette & Eutaw

D 97892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97892

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1712 Hollins Street St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary F. Switzer

(Residence in Baltimore: No. 1712 Hollins Street St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, February 2nd 1886
(Month) (Day) (Year)

7-AGE	If LESS than 1 day,
39 yrs. 2 mos. 24 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Brooklyn New York

PARENTS.

10-NAME OF FATHER, James Stolker

11-BIRTHPLACE OF FATHER, (State or Country), New York

12-MAIDEN NAME OF MOTHER, Annie Ryan

13-BIRTHPLACE OF MOTHER, (State or Country), Brooklyn New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. W. Switzer

(Address) 1712 Hollins Street

APR 29 1925
Filed 192 ROBERT A. KRAUTER, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26th 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by inhaling Illuminating Gas

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. D.
(Coroner.)

4-27 1925 (Address) Cedar and Curtis Avenue

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence N. Y.

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Apr. 29 1925

20-UNDERTAKER	ADDRESS
Joseph B. Cook	1003 W. Baltimore St

If very important, See instructions on back of certificate.

D 97893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

86-001

D 97893

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary French

(Residence in Baltimore: No. 2809 Eastern Ave St.; yrs., Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	white	sing

6-DATE OF BIRTH. March 2-1924
(Month) (Day) (Year)

7-AGE. ....yrs. 1 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER, Wm. French

11-BIRTHPLACE OF FATHER, (State or Country). Balto. Md

12-MAIDEN NAME OF MOTHER, Carrie Merrl

13-BIRTHPLACE OF MOTHER, (State or Country). Balto. Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie M. French

(Address) 2809 Eastern Ave

15- ROBERT R. KRAUTER,

Filed APR 29 1925 19.. Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 27-25, 192..
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said
(Inquest, autopsy or inquiry.)
find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Meningitis following
acute Otitis Media-probably
Pneumococcic
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) J. S. H. Cullen M. D.
(Coroner.)

4-27-25 (Address) 300 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.... yrs.... mos.... ds. In the State.... yrs.... mos.... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holly Redeemer	April 29 1925
20-UNDERTAKER John A. Doman	ADDRESS 3000 Balto St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97894

CERTIFICATE OF DEATH.

D 97894

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 3202 Gwynn Oak St., 28-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Wright

(a) Residence No. 3202 Gwynn oak St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced ~~HUSBAND of (or)~~ WIFE of Saml. Wright

6-DATE OF BIRTH (month, day and year) Sept. 6 1843

7-AGE. 81 yrs. 7 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Scotland

PARENTS.

10-NAME OF FATHER, Alexander Christie

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Scotland

12-MAIDEN NAME OF MOTHER, Elizabeth Jackson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Scotland

14- (Informant) Samuel J. Wright

(Address) Plymouth Rd, Catonsville

15- APR 29 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 26 1925

17- I HEREBY CERTIFY, That I attended deceased from Mar 20 1925 to apr 26 1925

that I last saw her alive on apr 25 1925

and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(Duration) yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary) Coma

(Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis? usual tests

(Signed) H. C. Knipp M. D.

apr 27, 1925 (Address) 1002 W. Lanvale

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (I) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park — DATE OF BURIAL. 4/29, 19 25

20-UNDERTAKER. W. H. Watts for A. Weber — ADDRESS. Lombard & Gilmor sts

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97895

CERTIFICATE OF DEATH.

90 D 97895

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 N. Calhoun ST.: 19-1 WARD)

2-FULL NAME Ernestine Pahr

(a) RESIDENCE. No. 517 N. Calhoun ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? 58 yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Pahr

6 DATE OF BIRTH (month, day, and year) July 28th 1837

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	8	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Magdeburg
(State or country) Germany

PARENTS

10 NAME OF FATHER Emil Straske

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country) Do not know

12 MAIDEN NAME OF MOTHER Eichelman

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs Emma E. Thisal
(Address) 517 N. Calhoun

15 APR 29 1925 ROBERT S. KRAUTER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27 1925

17 I HEREBY CERTIFY, That I attended deceased from April 10th, 1925, to April 27, 1925, that I last saw her alive on April 27, 1925, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Disease of the Heart
Do not know (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis
Do not know (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Do not know

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. J. Carrick, M. D.

, 19 (Address) 412 N. Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hoy Funeral Co	4/30/25
20 UNDERTAKER	ADDRESS
Geo A Tarby	Fulton + Lafayette

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 97896 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97896

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp ST.; 5-2 WARD.)

REGISTERED NO. 29

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Norman Smith

(a) RESIDENCE. No. 1106 Low St ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. Life mos. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 7, 1912.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13.	2.	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Wm Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lillian Gundy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mother

(Address) 1106 Low St

15 Filed APR 29 1925 ROBERT R. KRAMER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26 1925

17 I HEREBY CERTIFY, That I attended deceased from April 19, 1925, to April 26, 1925, that I last saw him alive on April 26, 1925, and that death occurred, on the date stated above, at 9-05 a m.

The CAUSE OF DEATH* was as follows:

Tetanus (Acute)

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Myron G. Tull, M. D.

4/26, 1925 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury cemetary	April 29 1925
20 UNDERTAKER	ADDRESS
Milton Davis	915 N Eden St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97897

CERTIFICATE OF DEATH.

100-001

D 97897

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 S. East Ave ST., 76-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta Himmler

(a) RESIDENCE NO. 217 S. East Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. — mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (or) ~~HUSBAND of~~ WIFE of late Ed. A. Himmler

6 DATE OF BIRTH (month, day, and year) Apr 4/86

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	—	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER Daniel Homberg

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Barbara Freitag

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant Mrs Geo. G. Wehner

(Address) 217 S. East ave.

15 Filed APR 29 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/26 1925

17 I HEREBY CERTIFY, That I attended deceased from January 17. 1925. to April 26. 1925.

that I last saw her alive on " " 19 "

and that death occurred, on the date stated above, at 12 40 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. 3 mos. 9 ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm. L. Fellenberg, M. D.

(Address) 1810 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn

DATE OF BURIAL: 4/29 1925

20 UNDERTAKER: Philip Herwig

ADDRESS 2016 Orleans

FION is very important. See instructions on back of certificates.

D 97898

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97898

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 506 Norris alley, St., 19 21 —Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James C. Brown

(Residence in Baltimore: No. 506 Norris alley St.; 42 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	colored	single

6-DATE OF BIRTH. About ....., 1883
(Month) (Day) (Year)

7-AGE. 42 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Brice Brown

11-BIRTHPLACE OF FATHER, (State or Country), Md

12-MAIDEN NAME OF MOTHER, Sally Jennings

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. Jenkins

(Address) 1136 N. Gilmor St.

15- APR 28 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 26, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) no other history

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Hennessy M. D.
(Coroner.)

April 28 1925 (Address) 2802 Eutaw Pl.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Pleasant	4/29/1925
20-UNDERTAKER.	ADDRESS
Daniel Easter	916 Pa ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97899

CERTIFICATE OF DEATH.

111-001 D 97899

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 Argyle Ave ST., 14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena Briggs

(a) RESIDENCE No. 1623 Argyle Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 9th 1884

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	—	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Pickle House

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Richard Brown

11 BIRTHPLACE OF FATHER (city or town) Charlestown
(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Millard

13 BIRTHPLACE OF MOTHER (city or town) St. Marys Co
(State or country)

14 Informant Francis Jackson
(Address) 543 Mc Mechen St

15 Filed APR 28 1925, 19 Burial Permit Issued ROBERT A. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 27 1925

17

I HEREBY CERTIFY, That I attended deceased from Apr 22, 1925, to Apr. 27, 1925.

that I last saw her alive on Apr 27, 1925

and that death occurred, on the date stated above, at 5:15 P.M.

The CAUSE OF DEATH* was as follows:

Ulcer of Stomach - (Hemorrhage)

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Hosp + Physician Ex.

(Signed) James Bosom, M. D.

(Address) 1837 Penna Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem	4/29/25
20 UNDERTAKER Dan Fenlon	ADDRESS 916 Pa Ave

FOR IS very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97900

CERTIFICATE OF DEATH.

4-1101

D 97900

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 763 Vine St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME....Howard Thomas

(a) Residence No....763 Vine St St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Lucy Thomas

6-DATE OF BIRTH (month, day and year) May 14 1883

7-AGE, 42 yrs. 1 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Porter

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James A. Thos.

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Harriett Smith

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Md

14- (Informant) Harriett Thos.

(Address) 763 Vine St

15- Filed APR 29 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 25-25

17- I HEREBY CERTIFY, That I attended deceased from April 23, 1925, to April 25, 1925, that I last saw h.... alive on April 25, 1925, and that death occurred, on the date stated above, at 7.30 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis?.....

(Signed) Harry Glassman, M. D.

April 29 1925 (Address) 1268 Mosher av

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Pt Lookout Cem. DATE OF BURIAL, April 29 25

20-UNDERTAKER, Samuel Wheeler & Bro ADDRESS 1938

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 97901 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97901

CERTIFICATE OF DEATH.

11-80

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2529 McCulloh ST. 13-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Marie Milligan

(a) RESIDENCE. No. 2529 McCulloh ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 3" yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James H. Milligan

6 DATE OF BIRTH (month, day, and year) April 1, 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27	0	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Laurel Md.

PARENTS

10 NAME OF FATHER Jefferson Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) Laurel Md

12 MAIDEN NAME OF MOTHER Elsie Waters

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Laurel Md

14 Informant James H. Milligan (Address) 2529 McCulloh St

15 Filed ....., 19.... Registrar

Marital Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26 1925

17 I HEREBY CERTIFY, That I attended deceased from April 19, 1925, to April 26, 1925, that I last saw h alive on April 26, 1925, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) ....yrs. ....mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Wm H Wagatt, M. D.

April 28, 1925 (Address) 1209 Presstman

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Lukes Westertown Md	Apr 29 1925

20 UNDERTAKER Samuel T. Hemsley ADDRESS 578 N Eutaw St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97902

CERTIFICATE OF DEATH.

D 97902

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 22-2 WARD)

2-FULL NAME John Smith

(a) RESIDENCE NO. 12 Church ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ~~1864~~ 1871

7 AGE: 54 yr. 1 mo. 27 da. If less than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: John Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Eliza Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Municipal Hospital Records (Address)

15 Filed APR 29 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27 1925

17 I HEREBY CERTIFY, That I attended deceased from March 30, 1925, to April 27, 1925, that I last saw ~~him~~ alive on April 26, 1925, and that death occurred, on the date stated above, at 4:30 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Hypertension

Chronic myocarditis, myocardial insufficiency (History)

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) W. L. Miller, M. D.

4/28 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn et — DATE OF BURIAL: April 30 1925

20 UNDERTAKER: L. L. Brown & Son — ADDRESS: 108 N. Monto

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97903 HEALTH DEPARTMENT—CITY OF BALTIMORE 101-D 97903

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hosp. St., 22 — Ward 1) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Meade Fields

(a) Residence No. 527 W. Barre St. St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred (yrs. 35) mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) March 2, 1871

7-AGE. 54 yrs. 1 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Log laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), unknown

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), unknown

14- (Informant) Mr. Frank Smith

(Address) 527 W. Barre St.

15- APR 29 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 28 - 25

17- I HEREBY CERTIFY, That I attended deceased from April 20, 1925, to April 28, 1925, that I last saw h. in. alive on April 28, 1925, and that death occurred, on the date stated above, at 6:45 A. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. B. Lybert, M. D.

, 19 (Address) St. Joseph Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt. Zion ct- | DATE OF BURIAL, April 29, 25

20-UNDERTAKER, L. L. Brown & Son | ADDRESS 108 N. Monta St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97904 ✓ D 97904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland Penitentiary Hospital Registered No.....

City of BALTIMORE: (No. 954 Forrest St., 7-1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Oliver Byman

(a) Residence No. 910 Warner St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Black

5-Single, Married, Widowed or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Maggie Byman

6-DATE OF BIRTH (month, day and year) Oct. 1 1865

7-AGE, 59 yrs. 8 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Foundry

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Hertford North Carolina

PARENTS.

10-NAME OF FATHER, Jacob Byman

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown North Carolina

12-MAIDEN NAME OF MOTHER, Agnes Byman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown North Carolina

14- (Informant) Mrs. Byman

(Address) 910 Warner St

15- APR 29 1925 ROBERT A. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 1925

17. I HEREBY CERTIFY, That I attended deceased from April 25 1925 to April 27 1925 that I last saw him alive on April 27 1925 and that death occurred, on the date stated above, at 5.55 P. m.

The CAUSE OF DEATH* was as follows:

1 Cer. Peritonitis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of April 1925

Was there an autopsy? No

What test confirmed diagnosis? Spec. Typ. findings

(Signed) John M. Eichhorn M. D.

, 19 (Address) 954 Forrest St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal**. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Mt Zion et	April 29 1925
20-UNDERTAKER	**ADDRESS**
J. L. Brown's Son	1011 W. Monroe St

Spec—12-23-21—E.B.R.S.—400 Eks.

D 97905

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97905

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 203 Pulaski St., 18-1 Ward) 90

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Scott

(a) Residence No. 203 Pulaski St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fe

4-COLOR OR RACE, Col

5-Single, Married, Widowed or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6-DATE OF BIRTH (month, day and year) Feb 27, 1873

7-AGE. 51 yrs. 7 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George Dare

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Emmie Dare

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

11- (Informant) Etta Barton
(Address) 934 N Lexington St

15- APR 29 1925 HOBART R. HOMER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr. 27 1925

17- I HEREBY CERTIFY, That I attended deceased from Apr. 19 1925 to Apr 27 1925 that I last saw h alive on Apr 24 1925 and that death occurred, on the date stated above, at 4:30 P. M. The CAUSE OF DEATH* was as follows:

Organic Heart Disease

Indefinite
(Duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Ex

(Signed) R. Garland Littlefield, M. D.

Apr 27 1925 (Address) 1534 E. H

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Riverna Back Rm — DATE OF BURIAL, April 30 19 25

20-UNDERTAKER George T. A Gibson — ADDRESS 1733 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Bks.

D 97906

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

D 97906

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2014 Elsworth ST., 8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Sramek

(a) RESIDENCE NO. 2014 Elsworth ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 27

7 AGE Years Months Days If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Frank Sramek

11 BIRTHPLACE OF FATHER (city or town) Bohemia (State or country)

12 MAIDEN NAME OF MOTHER Anna Bunta

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant Frank Sramek (Address) 2014 Elsworth

15 Date APR 29 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 28 1925

17 I HEREBY CERTIFY, That I attended deceased from April 27, 1925, to April 28 1925

that I last saw he alive on April 28, 1925

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bronchial

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm J Kopsamer, M. D.

Apr 29 1925 (Address) 2014 Elsworth

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dakota

DATE OF BURIAL April 29 1925

20 UNDERTAKER Frank Enoch Son

ADDRESS 1906 Eastern Ave

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 97907

1-PLACE OF DEATH

City of BALTIMORE: (No. 738 Cumberland St., Ward 15-13) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannah Arenson

(a) Residence No. 738 Cumberland St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Elya Arenson

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 78 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) Jack Lewis

(Address) 1439 E. Baltimore

PR 29 1925 192 ROBERT E. PRAIGG Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 4/28/25

17- I HEREBY CERTIFY, That I attended deceased from April 18, 1925 to April 28, 1925

that I last saw her alive on April 28, 1925

and that death occurred, on the date stated above, at 7:30 P.M.

The CAUSE OF DEATH* was as follows:

Coronary thrombosis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 10 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Samuel Weinberg M. D.

, 19 (Address) 1810 Eutaw St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Arlington Cemetery	4-29, 1925
20-UNDERTAKER.	ADDRESS
Jack Lewis	1439 E Balto.

Spec.—1-10-21—M&T—1500 Bks.

Marciszewski

D 97908

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97908

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5143 Oman ST., 1-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rozmus Marciszewski

(a) RESIDENCE NO. 5143 Duncan ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 2 [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	12 Weeks		6	

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Jan Marciszewski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Stanislawa Lewandowska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Frank Marciszewski

(Address) 5143 Duncan

15 Filed APR 29 1925 19 ROBERT H. [illegible] Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/29 1925

17

I HEREBY CERTIFY, That I attended deceased from 4/23, 1925, to 4/29, 1925,

that I last saw him alive on , 19 ,

and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage,

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia & Heart failure

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) Jno. L. Goodhart, M. D.

4/27, 1925 (Address) 1025 N. Wolfe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL 4/30 1925

20 UNDERTAKER F. W. Bazuisko

ADDRESS 1930 Eastern Ave.

THIS is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

Gmurek.

HEALTH DEPARTMENT—CITY OF BALTIMORE

97909

CERTIFICATE OF DEATH.

100-001

D 97909

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 2314 Fleet ST., 1 WARD 2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul Gmurek

(a) RESIDENCE NO. 2314 Fleet 21 ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 17-25

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Lucas Gmurek.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Kalkowska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant J. Gmurek. (Address) 2314 Fleet st

15 Date APR 29 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/28 1925

17 I HEREBY CERTIFY, That I attended deceased from 4/25, 1925, to 4/28, 1925, that I last saw h[illegible] alive on , , 1925, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

1 Broncho Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. F. Fruhan, M. D.

4/29 1925 (Address) 918 E. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary.	4/30 19
20 UNDERTAKER F. W. Ozazewski	ADDRESS 1480 Boston St

D 97910

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97910

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Declare dead at

City of BALTIMORE: (No. St. Joseph Hospital 15-8 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonard Snider

(Residence in Baltimore: No. 2809 Overland Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	mar

6-DATE OF BIRTH. Sept. 27-1846 (Month) (Day) (Year)

7-AGE. 76 yrs. 7 mos. ds. If LESS than 1 day, hrs. or mlo.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Optometrist
(b) General nature of industry, business, or establishment in which employed (or employer): 186

9-BIRTHPLACE. (State or Country.) St Francis Ville La

PARENTS:

10-NAME OF FATHER. Leonhart Snider

11-BIRTHPLACE OF FATHER. (State or Country.) Germany

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER. (State or Country.)

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Jane Snider (wife)

(Address) 2809 Overland Ave

15- APR 29 1925 (Date) ROBERT S. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 27-25 (Month) (Day) (Year) 192

17- I HEREBY CERTIFY, That I took charge of the remains described above, held un. Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cardiac Insufficiency
(Angina Pectoris for sevseral yrs)
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. S. H. Pollen M. D.
(Coroner)
4-28-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Parkwood Cemetery DATE OF BURIAL. April 30 1925

20-UNDERTAKER. Jos Joerdens Son ADDRESS 207 S. Paca

Spec.—1-12-23—M&T—500 Bks.

D 97911

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97911

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital ST., 20-3 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Scharf.

(a) RESIDENCE NO. 2122 Booth ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. Life dys. How long in U. S., if of foreign birth? yrs. mos. dys.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Scharf

6 DATE OF BIRTH (month, day, and year) Apr. 26-1899

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tarr & Paper Roofer

(b) General nature of industry, business, or establishment in which employed (or employer) Roofer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Martin L. Scharf

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md

12 MAIDEN NAME OF MOTHER Anna C. Gross

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md

14 Informant Mrs. Grace Scharf

(Address) 2122 Booth St

Filed 29 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 28 1925

17

I HEREBY CERTIFY, That I attended deceased from April 12, 1925, to April 28th, 1925, that I last saw him alive on April 28th, 1925, and that death occurred, on the date stated above, at 4 p m.

The CAUSE OF DEATH* was as follows:

Peritonitis associated with appendicitis

(duration) ..... yrs. ..... mos ..... da.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) P. P. Harrison, M. D.

19 (Address) 804 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross	Nov 30 1925

20 UNDERTAKER George L. Schwab ADDRESS 501 Fulton Ave

97912

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97912

CERTIFICATE OF DEATH.

Registered No. C.....128

1-PLACE OF DEATH

City of BALTIMORE: (No. Baptist Hospital St., No 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James J. Rejzits

(Residence in Baltimore: No. 324 S Bouldin St.; yrs. 42 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
mal	white	Married

6-DATE OF BIRTH. Sept (Month) 24 (Day) 1882 (Year)

7-AGE. 42 yrs. 7 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Butcher 013
(b) General nature of industry, business, or establishment in which employed (or employer) Schmidesberg Bros

9-BIRTHPLACE, (State or Country). Bal'd City

PARENTS.

10-NAME OF FATHER. Joseph Rejzits

11-BIRTHPLACE OF FATHER, (State or Country). Austria

12-MAIDEN NAME OF MOTHER. Catherine Hoerner

13-BIRTHPLACE OF MOTHER, (State or Country). Bal'd City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Rejzits

(Address) 324 S Bouldin

15- Robert P. Harrison,

Filed ..... 192.....

29 1925 Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 27 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Hemorrhagic Nephritis

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) James M Benders M. D. (Coroner.)

April 29 1926 (Address) 1 W Fayette

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ....yrs. ....mos. 4 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 324 S Bouldin

Former or usual residence. 324 S Bouldin

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Oak Hill Cem.	April 30 1926

20-UNDERTAKER.	ADDRESS
Lilly & Julius	403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

D 97913

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97913

CERTIFICATE OF DEATH.

11-00

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 N. Robinson St. ST., 6-3 WARD

2-FULL NAME Anna Maria Koerner.

(a) RESIDENCE NO. 401 N. Robinson St ST., 6 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
BUSBAND of
(or) WIFE of George Koerner.

6 DATE OF BIRTH (month, day, and year) Feb. 9-1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer) ..... at home

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto. md.

PARENTS

10 NAME OF FATHER Andrew Kuhn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

12 MAIDEN NAME OF MOTHER .....

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant George J. Koerner
(Address) 401 N. Robinson

15 Filed ..... 19 .....
Robert P. Harrison,
Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27 1925

17 I HEREBY CERTIFY, That I attended deceased from April 25 1925 to April 27 1925, that I last saw h[illegible] alive on April 26 1925, and that death occurred, on the date stated above, at 8.45 A. m.

The CAUSE OF DEATH* was as follows:

La Grippe

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) J. Ed Burgard, M. D.

(Address) 800 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Most Holy Redeemer Cem.	April 30 1925

20 UNDERTAKER Lilly and Zeiler ADDRESS 403 S. Wolfe St.

FROM IN very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 97914 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97914

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3314 Fait Ave ST., 76 WARD 5

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Attilia Moeslein

(a) RESIDENCE NO. 3314 Fait Ave ST., 76 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? 61 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Moeslein

6 DATE OF BIRTH (month, day, and year) Feb 5 - 1839

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	86	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Nicholas Goldbach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Conrad Austmann

(Address) 3314 Fait Ave

15 29 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 28 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 15, 1925, to April 28, 1925, that I last saw her alive on April 24, 1925, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Senile Bronchitis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis (clinic)

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Wm. J. McAvoy, M. D.

4/29, 1925 (Address) 839 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL May 1925

20 UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe St.

FOR information as to preparing this certificate, see instructions on back of certificates.

D 97915

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97915

CERTIFICATE OF DEATH.

66

1-PLACE OF DEATH

City of BALTIMORE: (No. 815 N. Gilmor St., 16-7 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Mouring

(Residence in Baltimore: No. 815 N. Gilmor St. 48 St.; yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	colored	widow

6-DATE OF BIRTH. About 1887
(Month) (Day) (Year)

7-AGE. 45 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 070

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER, (State or Country),

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER, (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) N. W. Dist. Police

(Address) Penna. Ave.

15- Robert P. Harrison 192
Burial Permit Clerk. Registrar.

APR 29 1925

MORGUE.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. March 30, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

acute alcoholism

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. T. Hennessy M. D.
(Coroner.)

April 27, 1925 (Address) 2. S. Gay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, UNIVERSITY OF MARYLAND. DATE OF BURIAL, ... 19....

20-UNDERTAKER, Commissioner Health. ADDRESS APR 29 1925

Spec.—1-12-23—M&T—500 Bks.

D 97916 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97916

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 415 Eolaw ST., W4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William J. Sulaman

(a) RESIDENCE No. 415 Eolaw ST., W4 WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 17, 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	23	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John S. Sulaman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mary Hall

(Address) 415 Eolaw St

15 Apr 29 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 27/25

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1925, to Apr 27/25, 19..., that I last saw h[illegible] alive on Apr 27/25, 19..., and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 4 mos [illegible] ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Pulmonary

(Signed) A. Hollman, M. D.

Apr 29 1925 (Address) 1203 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL 4/30 1925

20 UNDERTAKER J. F. Schaefer & Sons

ADDRESS 131 Light St.

D 97917

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97917

CERTIFICATE OF DEATH.

3-2129

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE. (No. Day view Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME.... Edward J. Holden

(Residence in Baltimore: No. 1415 E. Lombard St.; 41 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. June (Month) 1 (Day) 1883 (Year)

7-AGE. 42 yrs. 3 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Md & City

PARENTS.

10-NAME OF FATHER. Michael Holden

11-BIRTHPLACE OF FATHER. (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Mary Smith

13-BIRTHPLACE OF MOTHER. (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Holden

(Address) 921 E. Preston St.

15- Filed ....., 192.. Robert P. Harrison, Registrar.

29 1925 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April (Month) 27 (Day) 192.5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M. Fenton M. D.
(Coroner.)

April 29 1925 (Address) 700 E. Lombard

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park Cem	4/30/25, 19....

20-UNDERTAKER. George J. Ruth ADDRESS 1735 Harford Ave

Spec.—1-10-21—M&T—1500 Rks.

D 97918 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97918

CERTIFICATE OF DEATH.

146

1-PLACE OF DEATH 1122 n. mount St

CITY OF BALTIMORE: (No. Colonial Hospital ST. 19 WARD 2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Bertha Wilson

(a) RESIDENCE NO. 1408 W. Lombard ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 1, 1898

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or min.
26	6	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Wm Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Sadie Neal

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant (Address) Wm Hoffman Reisterstown Md

Filed 4-29-1925 Robert F. [illegible] Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29 1925

17 I HEREBY CERTIFY, That I attended deceased from March 30, 1925, to April 29, 1925, that I last saw her alive on April 24, 1925 and that death occurred, on the date stated above, at 1.50 P. m.

The CAUSE OF DEATH* was as follows:

Puerperal septicemia

(duration) yrs. mos. 30 ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? non delivery Date of 3/30/25

Was there an autopsy? no

What test confirmed diagnosis? Clinical data

(Signed) W. W. Tippett, M. D.

, 19 (Address) 1324 W Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sykesville Md — DATE OF BURIAL May 2 1925

20 UNDERTAKER Geo R. Weer — ADDRESS Sykesville Md

Fill in very important. See instructions on back of certificates. Exact statement of occupa-

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 97919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97919

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 Hawthorn Rd ST. 27 WARD 6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Wilson Hammond Downey

(a) RESIDENCE. No. New Market, Md ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6 DATE OF BIRTH (month, day, and year) Jan. 1-1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	4	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. (at home)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New Market
(State or country) Frederick Co. Maryland

PARENTS

10 NAME OF FATHER Dustin Hammond

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Frederick Co. Md

12 MAIDEN NAME OF MOTHER Eliz. Hammond

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Frederick Co. Md.

14 Informant Jesse E. Downey, Jr.
(Address) 209 Hawthorn Road

15 APR 29 1925 19 Robert P. Harrison,
Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29 1925

17 I HEREBY CERTIFY, That I attended deceased from September, 1924, to April 29—, 1925, that I last saw her alive on April 29—, 1925, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

General arteriosclerosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) "Senile coma"

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General exam. blood pressure etc.

(Signed) Jesse E. Downey Jr. M. D.

. 19 (Address) 529 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Market. Md.

DATE OF BURIAL Apl 30 1925

20 UNDERTAKER H. E. Stephens. 4 mi N. Frederick

ADDRESS

Sec. 2. Physicians are requested to make full and accurate returns to all questions. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97920 HEALTH DEPARTMENT—CITY OF BALTIMORE 101-001

CERTIFICATE OF DEATH. 101 D 97920

1-PLACE OF DEATH

City of BALTIMORE: (No. 643 Wayne St., 22nd Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edith V. Mason

(a) Residence No. 643 Wayne St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Mason

6-DATE OF BIRTH (month, day and year) Oct-8-1883

7-AGE, 41 yrs. 5 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Days work

(b) General nature of industry, business, or establishment in which employed (or employer)..... Domestic

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Calvert Co.
(State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thomas Murray

11-BIRTHPLACE OF FATHER (city or town)..... Calvert Co.
(State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Maria Johnson

13-BIRTHPLACE OF MOTHER (city or town)..... Calvert Co.
(State or Country), Maryland

14- (Informant) Walter Murray

(Address) 643 Wayne St.

15- APR 30 1925 NOEL R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Apr-28-1925

17- I HEREBY CERTIFY, That I attended deceased from Apr-22, 19 25 to Apr-28, 19 25

that I last saw h. alive on Apr-27 19 25

and that death occurred, on the date stated above, at 12 45 m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) — yrs. — mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? not Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Dwr. Trumbauer, M. D.

4/29, 1925 (Address) 122 W. Lee St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Brooks Island Creek Cemet Co Md	May 1, 19 25
20-UNDERTAKER. John H. Toadvine	ADDRESS 1027 Hanover

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97921

CERTIFICATE OF DEATH.

31 D 97921

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1444 Patapsco St. ST., 23 WARD 2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Butz.

(a) RESIDENCE NO. 1444 Patapsco St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. 8 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 2, 1889.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35,	8,	20.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER George T. Butz.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mary Elliott.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant... Mary Elliott, (Mother).
(Address) 1444 Patapsco. St.

15 Filed APR 30 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29 1925

17

I HEREBY CERTIFY, That I attended deceased from April 1, 1925 to April 29, 1925 that I last saw h alive on April 29, 1925 and that death occurred, on the date stated above, at 10—A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) Indefinite yrs. mos ds.

CONTRIBUTORY (Secondary) Ephraim tion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? R. C. T. Campbell

Signed R. C. T. Campbell M. D.

April 29, 1925 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery DATE OF BURIAL April 2 1925

20 UNDERTAKER A. Howard Evans ADDRESS 38 E Fayette

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97922

1-PLACE OF DEATH

City of BALTIMORE: (No. 1513 Eastern Ave. St., 3-4 Ward) 101

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. THEADORE GREEN

(a) Residence No. 1513 Eastern Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. W

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept. 21. 1924

7-AGE. ..yrs. 7 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Joseph Green

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Russan

12-MAIDEN NAME OF MOTHER. Paulain Luhrwerski

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Russan

14- (Informant) Helen Green

(Address) 1513 Eastern Ave.

15- APR 30 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 29. 1925

17- I HEREBY CERTIFY, That I attended deceased from April 1. 1925 to April 29. 1925

that I last saw h. alive on April 29 1925

and that death occurred, on the date stated above, at 8. a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Emphysema

Cirrh. Liver (Duration) yrs. mos. 19 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of April 16 1925

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) O. W. Harper, M. D.

April 25 1925 (Address) 827 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park	April 30. 1925
20-UNDERTAKER.	**ADDRESS**
John Grebliunas	425 S. Pora St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97923

CERTIFICATE OF DEATH.

D 97923

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Sq. Hospital (ST.) 27-6 (WARD)

REGISTERED NO. 1074-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Duggins

(a) RESIDENCE NO. 220 Old Spring Lane ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 11 mos. 5 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) May 23, 1920

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	11	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of Industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Richard J. Duggins

11 BIRTHPLACE OF FATHER (city or town) Clinton
(State or country) Mo.

12 MAIDEN NAME OF MOTHER Mary Elizabeth O'Brien

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Richard J. Duggins
(Address) 220 Cold Spring Lane

15 APR 30 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-29-1925

17

I HEREBY CERTIFY, That I attended deceased from 4-26-1925, to 4-29-1925,

that I last saw her alive on 4-29-1925,

and that death occurred, on the date stated above, at 5-15 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) N. J. Pan, M. D.

4/29/1925 (Address) Franklin Sq. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 4/30 1925

20 UNDERTAKER: Henry W. Spears & Son — ADDRESS: 805 N. Calvert

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97924

CERTIFICATE OF DEATH.

D 97924

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal tuberculosis hospital St., 19-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Constance Jones

(a) Residence No. 402 N. Carey st. St., Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred: Unknown yrs. 4 mos. ds. How long in U. S., if of foreign birth? Unknown yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept 13 1898

7-AGE.	If LESS than 1 day,
27 yrs. mos. 16 ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Clerical

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): West Indies

PARENTS.

10-NAME OF FATHER, Edward Jones

11-BIRTHPLACE OF FATHER (city or town) (State or Country), West Indies

12-MAIDEN NAME OF MOTHER, Marion Musgrouse

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), West Indies

14- (Informant) Hospital Records

(Address) M.T.H.

15- Filed APR 30 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr. 29, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 6 19 25 to April 29 19 25

that I last saw h.. alive on April 29 19 25

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) James D. White M. D.

4-29-1925 (Address) Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
St Paul's	May 1, 19 25
20-UNDERTAKER.	ADDRESS
Wm. Cook	532 E Lexington

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97925 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 11-0 B 97925

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1426 Arguith St. St., 92 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emily Elizabeth Thompson

(a) Residence No. 1426 Arguith St. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (Month, day and year) Oct 9th 1923

7-AGE. 1 yrs. 6 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John Thompson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Emma L Moore

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto Md

14-

(Informant) John H Thompson

(Address) 1426 Arguith St

15-

Filed APR 30 1925 192... ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 27th 1925

17- I HEREBY CERTIFY, That I attended deceased from April 27th 1925 to April 27th 1925

that I last saw him alive on April 27th 1925

and that death occurred, on the date stated above, at 8.30 a.m.

The CAUSE OF DEATH* was as follows:

Infantile Diarrhoea

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Geo Thompson M.D. M. D.

4/29 1925 (Address) 924 E. 25th St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park — DATE OF BURIAL. May 1 1925

20-UNDERTAKER. William Cook — ADDRESS 502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

D 97926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

88 D 97926

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2013 Greenmount Ave ST., 9-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Stietz

(a) RESIDENCE NO. 2013 Greenmount Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louisa M Stietz

6 DATE OF BIRTH (month, day, and year): Jan 16 1853

7 AGE: Years 72 Months 3 Days 13 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Gilder

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Own Self.

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: John Stietz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Upshur

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Louisa M Stietz 2013 Greenmount Ave

15 Filed APR 30 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 28 1925

17

I HEREBY CERTIFY, That I attended deceased from Apr 20, 1925, to Apr 29, 1925, that I last saw him alive on Apr 28, 1925, and that death occurred, on the date stated above, at 2 30 p. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Acute dilation sig Ht with Dyspnea

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Lewis Hollander M. D.

4/24, 1925 (Address) Maple Ave. Belair Rd,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem't

DATE OF BURIAL: May 1925

UNDERTAKER: Williamback

ADDRESS: 502 E Balto

TION is very important. See instructions on back of certificates.

S.A.F.E. DAK

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97927

CERTIFICATE OF DEATH.

88-003

88 D 97927

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Gen. Hosp., St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Earl W. Otto

(Residence in Baltimore: No. 614 N. Brice St. St.; yrs. 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	Single

6-DATE OF BIRTH, about 1903
(Month) (Day) (Year)

7-AGE	If LESS than 1 day,
22 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... R. R. Car Inspector
(b) General nature of industry, business, or establishment in which employed (or employer)..... Penna R.R.

9-BIRTHPLACE, (State or Country), Denton, Md.

PARENTS.

10-NAME OF FATHER, Harry E. Otto

11-BIRTHPLACE OF FATHER, (State or Country), Md

12-MAIDEN NAME OF MOTHER, Margie Eyler

13-BIRTHPLACE OF MOTHER, (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry E. Otto

(Address) 614 N. Brice St.

15- Filed APR 30 1925 19... ROBT. J. KRAUTER, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 28, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Concussion of brain 7 hrs.
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) automobile accident
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Hennessy M. D.
(Coroner.)

April 29 1925 (Address) 2 E. Lex. Edmondson Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	May 1st 1925

20-UNDERTAKER,	ADDRESS
Wilbur W. Skinner	1018 Edmondson Ave

D 97928

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97928

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 N. Payson ST. 16-25 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm McCoy

(a) RESIDENCE. No. 705 N. Payson ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha F. McCoy

6 DATE OF BIRTH (month, day, and year) Feb 5 1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Michael McCoy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Wm McCoy
(Address) 705 N. Payson

15 APR 30 1925 ROBERT K. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29th 1925

17 I HEREBY CERTIFY, That I attended deceased from April 25th 1925 to April 29th 1925, that I last saw him alive on April 29th 1925, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy —
Paralysis right side
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Exhaustion
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Chas H. Burkert M. D.

April 29th 1925 (Address) 1102 W Lafayette Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	May 2nd 1925
20 UNDERTAKER	ADDRESS
Wilbur W. Shurin	1018 Edmondson Ave

This is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

180429 D 97929 CERTIFICATE OF DEATH. 31 D 97929

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE JOHNS HOPKINS HOSPITAL. ST., 76-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Conrad Drechlich South of Wise ave

(a) RESIDENCE NO. 11 Point Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widower

6 DATE OF BIRTH (month, day, and year) Nov 23 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Drechlich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Reeds.

Filed ~~JOHNS HOPKINS HOSPITAL~~ APR 30 1925 ROBERT S. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 28 19 25

17

I HEREBY CERTIFY, That I attended deceased from April 17 1925, to April 28 1925

that I last saw h alive on April 28, 1925,

and that death occurred, on the date stated above, at 10 20 P. m.

The CAUSE OF DEATH* was as follows:

Pyelo-Nephritis, Acute

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Post-mortem

(Signed) L. P. Good M. D.

4/29/1925 (Address) J. H. H. Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ~~Not Buried~~

DATE OF BURIAL May 1 1925

20 UNDERTAKER Zurkler & Zurkler

ADDRESS 1739 Eagan

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

97930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24-001

D 97930

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1235 E. Madison St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Wilmer Almony

(a) Residence No. 1235 E. Madison St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~Single,~~ Married, ~~Widowed, or Divorced,~~ (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (~~or~~ ~~WIFE~~) of Mary E. Almony

6-DATE OF BIRTH (month, day and year) Oct 19 1856

7-AGE, 69 yrs. 6 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), White Hall Balto Co

PARENTS.

10-NAME OF FATHER, Grandison Almony

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Co

12-MAIDEN NAME OF MOTHER, Dont know

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Dont know

14-

(Informant) Mrs. Mary E. Almony

(Address) 1235 E. Madison St

15-

Filed ..... 192.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr 24 1925

17- I HEREBY CERTIFY, That I attended deceased from Jany 1st 1925 to Apr 29 1925

that I last saw h. alive on Apr 24 1925

and that death occurred, on the date stated above, at 4 A.M.

The CAUSE OF DEATH* was as follows:

Endocarditis / Valvular Heart

(Duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) J. Walter Dorsey, M. D.

(Address) 1224 N. Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Greenmount

DATE OF BURIAL, May 1st 1925

20-UNDERTAKER, Geo Schilling & Sons

ADDRESS Monument & Aisquith Sts

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97931

CERTIFICATE OF DEATH.

D 97931

1-PLACE OF DEATH

City of BALTIMORE: (No. 519 N. Vincient St. St., 19 — 1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Willie (Lemon) Leonard

(a) Residence No. 519 N. Vincient St. St., Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Negro

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE, 58 ? yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer W.B.and A. R.R. Co

9-BIRTHPLACE (city or town) (State or Country), N.C.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Unknown

14- (Informant) Mary L. Hopkins

(Address) 516 N. Vincient St.

15- Filed APR 30 1925 JOSEPH R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 4/27/1925

17- I HEREBY CERTIFY, That I attended deceased from April 24 1925 to April 27, 1925

that I last saw him alive on April 27th. 1925

and that death occurred, on the date stated above, at 9;10 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Bilateral)

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? At place of deat

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam

(Signed) Walter J. Jackson, M. D.

, 19 (Address) 1618 W. Mulberry St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt. Olivet Cem. DATE OF BURIAL, April 30 1925

20-UNDERTAKER, Walter B. Spriggs ADDRESS 139 W. Hamburg St

Spec—12-23-21—E.B.R.S.—400 Blks.

D 97932

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97932
Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Salvatore Colonna

(a) Residence No. 234 S. Eden st. St., Ward
(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? Unknown yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1894

7-AGE. 31 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9-BIRTHPLACE (city or town) (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Frank Colonna

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Italy

14- (Informant) Hospital Records

(Address) M.T.H.

15- Filed APR 30 1925 ROBERT S. KRAUTER, Burial Permit Clerk. Registrar.

Instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr. 26, 1925

17- I HEREBY CERTIFY, That I attended deceased from March 27, 1925 to April 26, 1925

that I last saw him alive on April 26, 1925

and that death occurred, on the date stated above, at 1.45 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Laboratory

(Signed) James J. Mahon M. D.

4-27-1925 Address Municipal Tbc. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Sacred Heart DATE OF BURIAL. 4/30 1925

20-UNDERTAKER. J. Staley & Sons ADDRESS 131 S. Eutaw St.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97933

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97933

CERTIFICATE OF DEATH.

91-002

1-PLACE OF DEATH

City of BALTIMORE: (No. 810 Pierce St., 17 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... David Jackson

(a) Residence No. 810 Pierce St., ... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	C	Mar.

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mar.

6-DATE OF BIRTH (month, day and year) 1860

7-AGE, 65 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Calvert Co Md
(State or Country),

PARENTS.

10-NAME OF FATHER, David Jackson

11-BIRTHPLACE OF FATHER (city or town) Va.
(State or Country),

12-MAIDEN NAME OF MOTHER, Mary Gent

13-BIRTHPLACE OF MOTHER (city or town) Md
(State or Country),

14- (Informant) Louis Cornish

(Address) 810 Pierce St

APR 30 1925 Filed ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 28 1925

17- I HEREBY CERTIFY, That I attended deceased from March 1, 1925, to April 28, 1925, that I last saw h..... alive on April 28, 1925, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

General Cachexia

Arteriosclerosis

Chronic Prostate Hypertrophy

Uremia (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary

..... (Duration) ..... yrs. ..... mos. 1 ds.

18-Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) [illegible] Norwood, M. D.

, 19 (Address) 709 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Calvert Co Md

DATE OF BURIAL, 5/1/25, 19....

20-UNDERTAKER, R L Gross

ADDRESS 1405 McElderry

Spec.—1-10-21—M&T—1500 Bks.

180394

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97934

CERTIFICATE OF DEATH.

D 97934

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST., (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Ludwig

(a) RESIDENCE NO. Chillicothe Ohio ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 Weeks ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Clara Ogden Ludwig

6 DATE OF BIRTH (month, day, and year): January 17 1870

7 AGE: Years 55 | Months — | Days — | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Supt of Wards

(b) General nature of industry, business, or establishment in which employed (or employer): Cuyler & Pape Co.

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country): Ohio

PARENTS

10 NAME OF FATHER: Michael Ludwig

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Brancho JOHNS HOPKINS HOSPITAL

15 Filed APR 30 1925 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 30 1925

17

I HEREBY CERTIFY, That I attended deceased from April 16, 1925, to April 30, 1925, that I last saw him alive on April 30, 1925, and that death occurred, on the date stated above, at 1250 p. m.

The CAUSE OF DEATH* was as follows:

Pleurisy

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Benign Prostatic Hypertrophy

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Pleurisy, Benign Prostatic Hypertrophy

(Signed) W. Brancho M. D.

1925 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Chillicothe Ohio — DATE OF BURIAL: Apr 30 1925

20 UNDERTAKER: John O. Mitchell — ADDRESS: 1701 W Fayette

Burial Permit Issued

ROBERT R. ARMISTEAD Registrar

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

17894

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97935

CERTIFICATE OF DEATH.

D 97935

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

CITY OF BALTIMORE: (No. ..... ST., 11-1 WARD) 33

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nannie Burrell

(a) RESIDENCE NO. 1025 N. Eutaw ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Unknown How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	21	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Maid

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Isaac Burrell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Friends JOHNS HOPKINS HOSPITAL

Filed APR 30 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 22, 1925, to April 29, 1925, that I last saw h[illegible] alive on April 29, 1925, and that death occurred, on the date stated above, at 5.30 a. m.

The CAUSE OF DEATH* was as follows: Tuberculous Peritonitis, adenopathy

(duration) yrs. 2 mos. 15 ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) yrs. ..... mos. 15 ds.

18 Where was disease contracted if not at place of death? in Balto.

Did an operation precede death? yes Date of 2/24/25 3/7/25 4/4/25

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) Joseph Gaddey M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Gloucester Wash Va

DATE OF BURIAL 4/30/25

20 UNDERTAKER Daniel Easton

ADDRESS 916 Pa ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 97936 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97936

CERTIFICATE OF DEATH.

REGISTERED NO. 100-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Providence Hosp ST. 11-1 WARD)

2-FULL NAME Baby-Sarah Staples

(a) RESIDENCE No. 1115 Bolton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 1/1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work nn

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City

(State or country) Emmett Staples

PARENTS

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 BIRTHPLACE OF MOTHER Josephine Fowler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Emmett Staples

(Address) 1115 Bolton St

15 APR 30 1925 ROBERT A. [illegible] Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-29-25 19

17 I HEREBY CERTIFY, That I attended deceased from 4-28-25, 19, to 4-29-25, 19,

that I last saw her alive on 4-29-25, 19,

and that death occurred, on the date stated above, at 10 01 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? nn Date of

Was there an autopsy? nn

What test confirmed diagnosis? Clinical

(Signed) W B Butler, M. D.

, 19 (Address) 4-57 N. Carlin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Victoria Va	4/30/25
20 UNDERTAKER David Easton	ADDRESS 916 Ba ave

TION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97937

CERTIFICATE OF DEATH.

44 D 97937

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 W Mulberry ST.; 44 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Brooks

(Residence in Baltimore: No. 715 W Mulberry St.; 8 yrs. 0 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F.

4-COLOR OR RACE, ~~Col~~ Ethiopian

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Wid

6-DATE OF BIRTH, ..0.. (Month) ..8.. (Day) 1850 (Year)

7-AGE, 75 yrs. 0 mos. 0 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..None..
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Anne Arundel Co Md.

PARENTS.

10-NAME OF FATHER, ..Gibson..

11-BIRTHPLACE OF FATHER (State or Country), Anne Arundel Co Md

12-MAIDEN NAME OF MOTHER ..Unknown..

13-BIRTHPLACE OF MOTHER (State or Country), Anne Arundel Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Brooks

(Address) 715 W Mulberry St

15-

Filed ....., 191.. ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..Apr.. (Month) ..29.. (Day) 1925. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 24 1925, to Apr 29 1925, that I saw h.r alive on Apr 28 1925, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas and Stomach

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) ..H. Whitnack.. M. D.

Apr 29, 1925 (Address) 1248 W Saratoga St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, 4/30/25 1925

20-UNDERTAKER Chas Easton — ADDRESS 916 Penna Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97938

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97938

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 317 S. Castle St., Ward) Registered No.....

2-FULL NAME. Katherine Marzec

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 317 S. Castle St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of John Marzec

6-DATE OF BIRTH (month, day and year) August 1868

7-AGE. 57 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Poland

PARENTS.

10-NAME OF FATHER, Joseph Sobucki

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Poland

12-MAIDEN NAME OF MOTHER, Mary Rusian

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Poland

14-

(Informant) Mrs Mary Bialecki

(Address) 432 S. Washington Ave

15-

Filed..... 192.. ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 28th 1925

17- I HEREBY CERTIFY, That I attended deceased from July 13 1924 to April 28 1925

that I last saw h[illegible] alive on April 28 1925

and that death occurred, on the date stated above, at 12 noon

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Progressive Asthenia

(Duration) yrs. 10 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Leary M. D.

4/28, 1925 (Address) 413 N. Washington

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, St Stanislaus cem. DATE OF BURIAL, May 1 1925

20-UNDERTAKER, John McWeber ADDRESS 1703 Bank St

Spec.—1-10-21 M&T 1500 Bks.

D 97939 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97939

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 114 E Fort Ave (ST.) 14 (WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Reuben C. Baker

(a) RESIDENCE No. 114 E Fort av ST., 14 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, ~~Widowed, or Divorced~~, (write the word)
M	White	Married

5a If married, ~~Widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ [redacted] Reuben Baker

6 DATE OF BIRTH (month, day, and year) 5.27.1844

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	80	11	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work R.R. Engineman 67

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B & O R.R. Co

9 BIRTHPLACE (City or town) Orangeville Frederick Co Md
(State or country)

PARENTS

10 NAME OF FATHER John Baker

11 BIRTHPLACE OF FATHER (city or town) Frederick Md.
(State or country)

12 MAIDEN NAME OF MOTHER Sarah A. Musselter

13 BIRTHPLACE OF MOTHER (city or town) Frederick Md.
(State or country)

14 Informant Mrs Reuben C Baker
(Address) 114 E Fort av

15 Filed APR 30 1925 19.. ROBERT A. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4.29 1925

17 I HEREBY CERTIFY, That I attended deceased from 3.25 1925, to 4.29 1925, that I last saw him alive on 4.29 1925, and that death occurred, on the date stated above, at 8.30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? –

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? –

(Signed) L Pudington M. D.

4-29-1925 (Address) 102 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 5/2 1925

20 UNDERTAKER J. Kay & Sons — ADDRESS 151 E Lexington St

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 97940 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97940

38

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Elizabeths Home Chestnut Hill ave St. Ward) Registered No.

2-FULL NAME Albert Reed Fisher

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: negroe

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) December 31/24

7-AGE, ...yrs. 3 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer) ftd

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Jr Walter Jenkins

11-BIRTHPLACE OF FATHER (city or town) (State or Country), not obtained

12-MAIDEN NAME OF MOTHER, Gertrude Reed Fisher

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), not obtained

14-

(Informant)

(Address)

15-FILED APR 30 1925 ROBERT A. KRAUTER, Registrar.

Burial Permit Issued

INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). apr 29/25

17- I HEREBY CERTIFY, That I attended deceased from apr 27, 1925, to apr 28, 1925, that I last saw him alive on apr 28, 1925, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Congenital Lues

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) unknown

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Wassermann

(Signed) Frank J. Ayd, M. D.

apr 29 1925 (Address) 2006 E. Monument St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. HOPKINS HOSPITAL

DATE OF BURIAL, ..., 19....

20-UNDERTAKER.

ADDRESS

APR 30 1925

Spec.—1-10-21—M&T—1500 Blks.

D 97941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

14 D 97941

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 8-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Dadie Dunkel.

(a) RESIDENCE No. 1728 E. Chase ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Dunkel

6 DATE OF BIRTH (month, day, and year) Dec't 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	4	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Middle Town Pa

PARENTS

10 NAME OF FATHER Henry L Heile

11 BIRTHPLACE OF FATHER (city or town) (State or country) Middle Town Pa

12 MAIDEN NAME OF MOTHER Mary Behrer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Vivia Gardner (Address) 1728 E Chase St

15 Filed APR 30 1925 ROBERT [illegible] Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-29-1925

17 I HEREBY CERTIFY, That I attended deceased from 4/17, 1925, to 4/29, 1925, that I last saw h[illegible] alive on 4/29, 1925, and that death occurred, on the date stated above, at 12.50 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Conglite Procedartia

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 4/21/25

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) Jno. M. Frohling, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Middle Town Pa	May 2 1925
20 UNDERTAKER	ADDRESS
Louis Hamann	32 S Broad

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97942

CERTIFICATE OF DEATH.

90 D 97942

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1034 Greenmount ST., 10-1 WARD)

2-FULL NAME Mary C. Garvey

(a) RESIDENCE NO. 1034 Greenmount ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced (or) WIFE of Thomas Garvey

6 DATE OF BIRTH (month, day, and year) Feb. 19th 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Valentine Mannion

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Hickman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant (Address) John Garvey 1034 Greenmount Ave.

15 Filed APR 30 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 27th 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr 14, 1925, to Apr 27, 1925, that I last saw her alive on Apr 27, 1925 and that death occurred, on the date stated above, at 6:00 P. m.

The CAUSE OF DEATH* was as follows:

Chr myocarditis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. L. Hornsteins, M. D.

4/29, 1925 (Address) 733 Ausquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 4/30/1925

20 UNDERTAKER E. J. Fanning & Son - 1938 E. Lafayette

ADDRESS

CAUSE OF DEATH must be plainly written, so that it may be properly classified. EARLY ATTENDANCE OF CORONER TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 97943

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 90 D 97943

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 William ST., 24 WARD 1

2-FULL NAME Ernie Trott

(a) RESIDENCE NO. 918 William ST., WARD

(Usual place of abode)

(If non-resident give city or town and State) A A Co Md

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank L. Trott

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) A. A. Co.

PARENTS

10 NAME OF FATHER Andrew Phipps

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Evans

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Frank L. Trott

(Address) 918 William St

15 Filed ....., 19.... ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29, 1925

17 I HEREBY CERTIFY, That I attended deceased from May 6, 1924, to Apr 29, 1925, that I last saw h.. alive on Apr 28, 1925, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Acute arthritis

(duration) yrs. 11 mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? —.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) J Mile Bloodgood, M. D.

4/29. 1925 (Address) 1319 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bodkin Grove Church Cem. Dale, A.A. Co. Md.	May 1 1925
20 UNDERTAKER Vic't Schaefer Co	ADDRESS
John F. Denny	715 Light St

TION is very important. See instructions on back of certificates.

D 97944 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16-001

D 97944

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 528 Bungundy St. 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of James & Mary King

(Residence in Baltimore: No. 528 Bungundy St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Col	Single

6-DATE OF BIRTH. April (Month) 28 (Day) 1925 (Year)

7-AGE. ...yrs. ...mos. ...ds. If LESS than 1 day, 1 hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Baltimore City

PARENTS.

10-NAME OF FATHER. James King

11-BIRTHPLACE OF FATHER, (State or Country). Virginia

12-MAIDEN NAME OF MOTHER. Mary Pinson

13-BIRTHPLACE OF MOTHER, (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James King

(Address) 528 Bungundy st

15-

Filed APR 30 1925 ROBERT A. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April (Month) 28 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ...(Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ...(Inquest, autopsy or inquiry.) find that said deceased came to ...death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature Birth

a few hrs

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Premature birth

(Duration) ...yrs. ...mos. ...ds.

(Signed) H. H. Forncrook M. D.
(Coroner.)

4-30 1925 (Address) 117 W Saratoga St

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Cem	4-30 1925
20-UNDERTAKER,	ADDRESS
Leslie Kirwan	1623 E. Mad St

Is very important. See instructions on back of certificate.

D 97945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100 001

D 97945

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 857 Rubory st St., 18-2 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Curtis Bradley

(Residence in Baltimore: No. 857 Rubory, St.; yrs., mos., ds.)

Infl

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	Col	Sgle

6-DATE OF BIRTH. July (Month) 10 (Day) 1823 (Year)

7-AGE. yrs. 14 mos. 19 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Noon-
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Balto city

PARENTS.

10-NAME OF FATHER. Curtis Bradley

11-BIRTHPLACE OF FATHER. (State or Country). Va

12-MAIDEN NAME OF MOTHER. Rosa McClennagh

13-BIRTHPLACE OF MOTHER. (State or Country). md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosa Bradley

(Address) 857 Rubray St

15- APR 30 1925 Filed ROBERT R. KRAUTER, Burial Permit Officer.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April (Month) 29 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, ~~autopsy or~~ inquiry.) thereon and from the evidence obtained by said (Inquest, ~~or~~ inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Cold

(Duration) yrs. mos. 4 ds.

(Signed) W. H. Forman M. D. (Coroner)

4-30 1925 (Address) 117 W. Saratoga St

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Auburn	May 2, 1925
20-UNDERTAKER.	ADDRESS
John H. Jordan	1027 Hanover St

IF VERY IMPORTANT, See Instructions on Back of Certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 97946

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97946

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 526 Eutaw ST., 27 WARD 1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E. Davis

(a) RESIDENCE NO. 526 Eutaw ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word): Widowed

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of: Widowed

6 DATE OF BIRTH (month, day, and year): Oct 10 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	~~0~~		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Calvert County Md

PARENTS

10 NAME OF FATHER: John Wesley Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert County

12 MAIDEN NAME OF MOTHER: Sarah E. Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert county

14 Informant: Lydia Perry

(Address): 526 Eutaw st

15 Filed ....., 19 ..... Robert P. Harrison, Registrar

~~Burial Permit Clerk.~~

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 27 1925

17

I HEREBY CERTIFY, That I attended deceased from Mar. 15, 1925, to April 27, 1925,

that I last saw h.. alive on April 26, 1925

and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Yp

Did an operation precede death? Yp Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J Wesley Hoog, M. D.

(Address) 719 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: April 1925

20 UNDERTAKER: Jno. Scott Hooper — ADDRESS: 406 McCulloh St

CAUSE OF DEATH MAY BE PROPERLY CLASSIFIED. Exact statement of C...

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97947

CERTIFICATE OF DEATH.

D 97947

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital St., 21 WARD) 4 REGISTERED NO. 1001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hospital Conner

(a) RESIDENCE No. 1416 Carroll ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Conner

6 DATE OF BIRTH (month, day, and year): May 22/1883

7 AGE: Years 42 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Elkridge Md

PARENTS

10 NAME OF FATHER: Wm Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Elkridge Md

12 MAIDEN NAME OF MOTHER: Lizzie Waters

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Elkridge Md

14 Informant: James Connor

(Address): 1416 Carroll st

15 Filed APR 30 1925, 19

Robert P. Harrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-25-1925

17

I HEREBY CERTIFY, That I attended deceased from 4-27-, 1925, to 4-25-, 1925, that I last saw her alive on 4-25-, 1925, and that death occurred, on the date stated above, at 5.50 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X ray & Phys. Exam

(Signed) M. J. Conner, M. D.

APR 30 1925 (Address) Franklin Sq. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery Elkridge Md

DATE OF BURIAL: May 1 1925

20 UNDERTAKER: Wm Tait & Son

ADDRESS: 406 W Lanvale st

CAUSE OF DEATH to be plainly written, so that it may be properly Classified. Exact residence must be given. See instructions on back of certificates.

D 97948

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97948

CERTIFICATE OF DEATH.

24-159-002

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1447 Hull St. St., 24 Ward) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Regina B. Hill.

(Residence in Baltimore: No. 1447 Hull St. St.; yrs. ~~mos.~~ mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female.	White.	Single.

6-DATE OF BIRTH. April 27, 1925. (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
~~yrs.~~ ~~mos.~~ 2 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Raymond J. Hill.

11-BIRTHPLACE OF FATHER. (State or Country). Baltimore, Md.

12-MAIDEN NAME OF MOTHER. Blanche Nash.

13-BIRTHPLACE OF MOTHER. (State or Country). Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Raymond J. Hill. (father)

(Address) 1447 Hull St.

15-

Filed 30 1925

Robert P. Harrison, Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 29, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or Inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.
congenital.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner.)

April 30 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St Peters Cem.	Apr. 30, 1925
20-UNDERTAKER.	ADDRESS
Margaret G. Flynn	1422 Light St.

THE CAUSE OF DEATH must be plainly filled in. See instructions on back of certificate. It is very important.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97949

CERTIFICATE OF DEATH.

3 | D 97949

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ambrose Barry

(a) Residence No. 205 W Montgomery st. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Colored	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Queenie Barry

6-DATE OF BIRTH (month, day and year) 1904

7-AGE.	If LESS than 1 day.
21 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

040

9-BIRTHPLACE (city or town) (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Thomas Barry

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Curley Bluford

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Virginia

14- (Informant) Hospital Records

(Address) M.T.H.

15- Filed APR 30 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

Instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr. 28, 1925

17- I HEREBY CERTIFY, That I attended deceased from March 9, 1925 to April 28, 1925

that I last saw him alive on April 28, 1925,

and that death occurred, on the date stated above, at 3.15 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Laboratory, X-ray

(Signed) [illegible] M. D.

4-28, 1925 Address Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Laurel Cemetery	May 1, 1925
20-UNDERTAKER.	ADDRESS.
Mack A. Elliott	225 Fairlander

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97950

CERTIFICATE OF DEATH.

47 D 97950

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 Kensington Rd ST. 28 WARD)

2-FULL NAME Ella Duncan Knight

(a) RESIDENCE NO. 408 Kensington Rd ST., Tow Hills WARD.....
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Oden B Knight

6 DATE OF BIRTH (month, day, and year) December 3, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Alexander Duncan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Sophia Lehman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Helene Knight Lawrence

(Address) Tow Hills Baltimore Md

30 FEB 1925 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 17 1904 to Apr 29 1925

that I last saw her alive on Apr 29 1925

and that death occurred, on the date stated above, at 5:00 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia - R lower (chill & fever. Blood, sputum + pain)

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Carcinoma of breast metastasis Cardiac dilatation

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Blood & sputum examination.

(Signed) Jno A Luetscher M. D.

Apr 30 1925 (Address) 12 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	May 2 1925
20 UNDERTAKER	ADDRESS 165
George J Smith	Hollins St

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 97951

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97951

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Aged Men's Home St., 19 Ward 24 801)

Registered No.

2-FULL NAME Herman Kreutzer

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1400 W Lexington St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred No yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Oct 13, 1854

7-AGE, 70 yrs. 5 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Bartender Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Theodore Kreutzer

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Caroline Weizbein

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Mrs L B Fisher

(Address) 1400 W Lexington

15- Robert P. Harrison,

Registrar.

Instructions on back of certificates.

R 30 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). April 30

17- I HEREBY CERTIFY, That I attended deceased from April, 19 25, to April 30, 19 25

that I last saw him alive on April 29, 19 25

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Pulm Oedema

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? J Norris M. D.

(Signed)

May 1, 19 25 (Address) 913 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt Olivet	May 1, 1925

20-UNDERTAKER. George J Smith ADDRESS 1532 Hollins St

Spec—12-23-21—E.B.R.S.—400 Eks.

D 97952

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97952

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital) (3-31) Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Albert F. Brown

(a) Residence No. 2069 Woodbery Ave Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
M	white	Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Hellie B Brown

6-DATE OF BIRTH (month, day and year) March 22 1897

7-AGE,	If LESS than 1 day,
28 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... 646

(b) General nature of industry, business, or establishment in which employed (or employer) Mill Worker

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Md.

PARENTS.

10-NAME OF FATHER Charles Brown

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Md

12-MAIDEN NAME OF MOTHER Emma Brother

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Md

14- (Informant) Emma Brown

(Address) 2069 Woodbery Ave

15- Robert P. Harrison, 19?
Registrar.

R 30 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 4/30/25

17- I HEREBY CERTIFY, That I attended deceased from 4/22/21, 19..... to 4/30/25, 19.....

that I last saw him alive on 4/30/25

and that death occurred, on the date stated above, at 3.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E. W. Hall M. D.

, 19 (Address) Mercy

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
St Mary's Hampden	May 2 1925
20-UNDERTAKER.	ADDRESS.
Cohen & Son	3417 Chestnut Ave

instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

1803 49 D 97953 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97953

CERTIFICATE OF DEATH. 784

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7—1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mollie Meagher

(a) RESIDENCE No. Brooklyn N.Y. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Meagher.

6 DATE OF BIRTH (month, day, and year) Sept 10 1872

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
52	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Kernan Feaney

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Y.

12 MAIDEN NAME OF MOTHER Bridget Mullen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Record

(Address) JOHNS HOPKINS HOSPITAL

30 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30 1925

17

I HEREBY CERTIFY, That I attended deceased from April 15 - 1925 - to April 30 - 1925.

that I last saw her alive on April 30 - 1925

and that death occurred, on the date stated above, at 10:20 P m.

The CAUSE OF DEATH* was as follows:

Brain Tumor, Benign.
Cerebello Pontine Angle, Right.

(duration) 2 yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Cerebellar & Medullary oedema. post Operative

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 4-22-25

Was there an autopsy? yes (Headow) 4-29-25

What test confirmed diagnosis? Operation 4-30-25

(Signed) Julian D. Hall M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brooklyn N.Y. DATE OF BURIAL April 30 1925

20 UNDERTAKER John O. Mitchell ADDRESS 1201 W Fayette

TION is very important. See instructions on back of certificates.

D 97954 HEALTH DEPARTMENT—CITY OF BALTIMORE 901 D 97954

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 41 E. Heath St. St., 23 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Nora Rinehart.

(Residence in Baltimore: No. 41 E. Heath St. St.; 54 yrs. 7 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Female.	White.	Married.

6-DATE OF BIRTH. September 15, 1870. (Month) (Day) (Year)

7-AGE.	If LESS than 1 day.
54 yrs. 7 mos. 14 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimorr, Md.

PARENTS.

10-NAME OF FATHER, Peter Metzdorff.

11-BIRTHPLACE OF FATHER, (State or Country). Baltimore, Md.

12-MAIDEN NAME OF MOTHER, Do not know.

13-BIRTHPLACE OF MOTHER, (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Rinehart. (husband)

(Address) 41 E. Heath St.

15- APR 30 1925 Robert P. Harrison, 192..... Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 29, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

April 30 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem	May 2 1925
20-UNDERTAKER,	ADDRESS
A. Howard Evans	38 E. Fayette

is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97955

CERTIFICATE OF DEATH.

9

D 97955

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1053 Aisquith St., 10-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Edith Galinsky

(a) Residence No. 1053 Aisquith St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? yrs. 2 mos. 2 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb 13/25

7-AGE,	If LESS than 1 day,
... yrs. 2 mos. 2 ds.	...hrs. or...min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Morris Galinsky

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Ida Muskowitz

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) Morris Galinsky

(Address) 1053 Aisquith St

MAY 1 - 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 1/25

17- I HEREBY CERTIFY, That I attended deceased from 4-20, 1925, to 4-30, 1925

that I last saw h.. alive on 4/30, 1925,

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia
complication & Pertussis

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? –

Did an operation precede death? No Date of –

Was there an autopsy? No

What test confirmed diagnosis?

5/1, 1925 (Signed) Harry G. Albert M. D.

(Address) 2210 Eutaw Pl

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Pikesville Herring Run	5/1, 1925
20-UNDERTAKER,	ADDRESS
Sol Levinson & Bro	E Balto St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97956

CERTIFICATE OF DEATH.

29 D 97956

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1127 Homestead ST., 9 WARD) 13

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Nelson

(a) RESIDENCE NO. 1127 Homestead ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 6 1855

7 AGE: Years 69 | Months 6 | Days 24 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Seaman

(b) General nature of industry, business, or establishment in which employed (or employer): Ship

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Sweden

PARENTS

10 NAME OF FATHER: Dont know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Sweden

12 MAIDEN NAME OF MOTHER: Dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Sweden

14 Informant: John M. Geisenheimer

(Address) 1127 Homestead

15 MAY 1 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29 1925

17 I HEREBY CERTIFY, That I attended deceased from March 18, 1925, to April 29, 1925

that I last saw him alive on April 27, 1925

and that death occurred, on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) yrs. few mos. days

CONTRIBUTORY (Secondary) Arteriosclerosis

Chronic Nephritis (duration) yrs. mos. days

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. C. Richardson M.D.

(Address) 1112 W. 20th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cem — DATE OF BURIAL: May 2 1925

20 UNDERTAKER: John Ulrich — ADDRESS: 208 Albemarle

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97957

CERTIFICATE OF DEATH.

16 D 97957

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1816 N Monford Ave ST., 8-2 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carmalede Mary Gapp

(a) RESIDENCE NO. 1816 N Monford Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 25/1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Gregory Emil Gapp.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Margaret Vogel.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Latrobe, Pa.

14 Informant Mrs Gregory Gapp (Address) 1816 N Monford Ave

15 Filed MAY 1 - 1925, 19.. ROBERT A. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30 1925

17 I HEREBY CERTIFY, That I attended deceased from April 29, 1925, to April 30, 1925, that I last saw h[illegible] alive on April 30, 1925, and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH was as follows:

Cerebrallobal Hemmorrage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Local Examination

(Signed) Albert Kneitzel M. D.

4/30, 1925 (Address) 1027 E Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL May 1925

20 UNDERTAKER John Ellis

ADDRESS 2008 Orleans

ATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 97958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 D 97958

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 641 Sterling ST., 5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marguerite Jones Holw

(a) RESIDENCE NO. 641 Sterling ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widow

5a If married, widowed, or divorced (or) WIFE of Manuel Holw

6 DATE OF BIRTH (month, day, and year) May 10 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Crapp Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Margarite Bantum

13 BIRTHPLACE OF MOTHER (city or town) Crapp Md (State or country)

14 Informant Clarence Jones (son) (Address) 641 N Sterling St

15 Filed MAY 1 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30 1925

17

I HEREBY CERTIFY, That I attended deceased from April 20, 1925, to April 30, 1925, that I last saw h alive on April 29, 1925, and that death occurred, on the date stated above, at 8.30 A.m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

unknown

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia Lobular

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Loding, M. D.

4/30/25 (Address) 1426 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL May 3 1925

20 UNDERTAKER Mrs P. G. Elliott — ADDRESS 1726 Adelaide

TION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97959

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90 D 97959

Registered No. C.....

City of BALTIMORE: (No. 1409 Cooksie St. St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Yunek.

(Residence in Baltimore: No. 1409 Cooksie St. St.; yrs. 40 mos. ------ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Female.	White	Widow.

6-DATE OF BIRTH. June 29, 1856. (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
68 yrs. 10 mos. 0 ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Bohemia.

PARENTS.

10-NAME OF FATHER. Do not know.

11-BIRTHPLACE OF FATHER, (State or Country). Do not know.

12-MAIDEN NAME OF MOTHER. Do not know.

13-BIRTHPLACE OF MOTHER, (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances Scheeler. (daughter)

(Address) 1409 Cooksie St.

15- Filed MAY 1 - 1925 ROBERT R. KRAUTER, Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April 29, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

April 30 1925. (Address) 1014 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Cross, A.E.C.	May 2 1925

20-UNDERTAKER.	ADDRESS
Chas. L. Ehrien	1501 E. Fayette St.

is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97960

CERTIFICATE OF DEATH.

31

D 97960

1-PLACE OF DEATH

City of BALTIMORE: (No. 1137 W Lanvale St., 18 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Shanks

(a) Residence No. 1137 W Lanvale St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 11 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Geo. Shanks

6-DATE OF BIRTH (month, day and year) May 17, 1861

7-AGE 63 yrs. 11 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Jacob Wise

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, —

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Edw J Shanks

(Address) 1137 W Lanvale St

15- MAY 1 - 1925

Registrar.

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 28, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 24, 1925, to April 28, 1925, that I last saw h[illegible] alive on April 27, 1925 and that death occurred, on the date stated above, at 5.40 a m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

4

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pul Tuberculosis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Md O'Neill M. D.

4/28, 1925 (Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL, May 2, 1925

20-UNDERTAKER John J Fields — ADDRESS 1002 W Lombard

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97961

CERTIFICATE OF DEATH.

129 D 97961

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1105 N. Lombard St ST., 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Palmasano.

(a) RESIDENCE NO. 1105 N. Lombard St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? 35 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Candida Palmasano,

6 DATE OF BIRTH (month, day, and year) Oct. 1, 1852.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	6	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fruit Dealer

(b) General nature of industry, business, or establishment in which employed (or employer) Fruit-Merchant.

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Anthony Palmasano.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy.

12 MAIDEN NAME OF MOTHER Ignazia Bruniera.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Anthony Palmasano, (Address) 3912 Chestnut Ave.

15 Filed MAY 1 - 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 30. 1925.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1925, to Apr. 30, 1925, that I last saw him alive on Apr. 29, 1925; and that death occurred, on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. — mos. — da.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) — yrs. 4 mos. — da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Urine, Physical Examination

(Signed) Jas. Norton, M. D.

4/30/25 (Address) 888 N. Lombard St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	May 4 1925
20 UNDERTAKER	ADDRESS
John J. Fields	1200 W Lombard

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

S. A. E.

OAK

Spec.—1-10-21—M&T—1500 Blks.

7665-5

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97962

CERTIFICATE OF DEATH. X 90

D 97962

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. JOHNS HOPKINS HOSPITAL ST., 7-W WARD)

2-FULL NAME Bertha P. Moore

(a) RESIDENCE NO Washington D. C ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	32	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Benj. Pearl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Helen Hyman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15

Filed MAY 1 - 1925, 19.. ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1 - 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 4, 1924, to May 1st, 1925, that I last saw her alive on May 1st, 1925, and that death occurred, on the date stated above, at 4.16 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolus, Myocardial Degeneration.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Cerebral Endocarditis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Thos. W. Cairnes M. D. M. D.

5/1/25 (Address) Johns Hopkins Hosp & Sch

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Washington D.C.	May 1 1925

20 UNDERTAKER Martin W. Hysong

ADDRESS 1300 N. H St. Washington D.C.

CAUSE OF DEATH should be plainly stated. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97963 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 5-31 D 97963

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal tuberculosis Hospital St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Solomon Clements (Richard S. Clements)

(a) Residence No. 1113 cornet st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

Cornet

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Susie Clements

6-DATE OF BIRTH (month, day and year): 1872

7-AGE: 53 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9-BIRTHPLACE (city or town) (State or Country): District of Columbia

PARENTS.

10-NAME OF FATHER: Benjamin Clements

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Va.

12-MAIDEN NAME OF MOTHER: Dale Phillips

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Va.

14- (Informant): Hospital Records

(Address): M.T.H.

15- Filed ..... 19.. ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Apr. 29, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 28, 1925 to April 29, 1925 that I last saw h.. im alive on April 29, 1925 and that death occurred, on the date stated above, at 6.10 p.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. D.

4-30-25 (Address) Municipal Tbc. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Ashburn Cem. DATE OF BURIAL: May 3, 1925

20-UNDERTAKER: Chas. H. Jefferson & Bro. ADDRESS: 414 E. Baltimore St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97964

CERTIFICATE OF DEATH.

100-001 100 D 97964

1-PLACE OF DEATH Colonial Hospital

CITY OF BALTIMORE: (No. 1122 N. Mount ST., 10-12 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur Bancroft Williams

(a) RESIDENCE NO. 1104 E. Madison ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Aug 25, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	8	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Arthur Williams

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Florida

12 MAIDEN NAME OF MOTHER Sarah Randall

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va.

14 Informant Vital Records
(Address)

15 Filed ROBERT R. KRAUTER, Registrar of Vital Statistics.

MAY 1 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 28 1925

17

I HEREBY CERTIFY, That I attended deceased from April 13, 1925, to April 28, 1925,

that I last saw him alive on April 28, 1925,

and that death occurred, on the date stated above, at 1.25 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical data

(Signed) L. K. Fargo, M. D.

, 19 (Address) The Walbert

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	May 1 1925
20 UNDERTAKER Chas. H. Johnson & W. Caroline	ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.--1-10-21—M&T—1500 Bks.

D 97965

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-801

D 97965

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 Fremont Ave ST. 18-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Kelly

(a) RESIDENCE NO. 518 Fremont Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosale Kelly

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman & Maintenance

(b) General nature of industry, business, or establishment in which employed (or employer) Electric Power

(c) Name of employer and Playground Inc.

9 BIRTHPLACE (city or town) (State or country) Greenville S. C.

PARENTS

10 NAME OF FATHER John Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greenville S. C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Greenville S. C.

14 Informant Isah Robinson

(Address) 166 W. Williams St

MAY 1 - 1925

ROBERT A. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-28 1925

17 I HEREBY CERTIFY, That I attended deceased from 4-22, 1925, to 4-27, 1925.

that I last saw him alive on 4-27, 1925.

and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Bronchitis & Generalized

(duration) yrs. 10 mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Grant & Saunders M. D.

4-28 1925 (Address) 1123 N. Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL 5/1 1925

20 UNDERTAKER Samuel T. Kennedy

ADDRESS 578 N Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97966

CERTIFICATE OF DEATH.

100-901 D 97966

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 427 N. Chester ST., 2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred Sabro

(a) RESIDENCE NO. 427 N. Chester ST., 2 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) April 13-1922

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3		16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Alexander Sabro

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Rosaly Jasienowska

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Alexander Sabro

(Address) 427 N. Chester

Filed MAY 1 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29 1925

17

I HEREBY CERTIFY, That I attended deceased from April 21, 1925, to April 29, 1925, that I last saw her alive on April 29, 1925, and that death occurred, on the date stated above, at 9 00 p. m.

The CAUSE OF DEATH* was as follows:

Bronch Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Dyspnoe

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Congestion of Lungs

(Signed) L. Smulstein, M. D.

(Address) 2042 Eastern ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary DATE OF BURIAL May 1 1925

20 UNDERTAKER F. W. Ozazewski ADDRESS 1430 Eastern ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 97967

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97967

CERTIFICATE OF DEATH.

162

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., 2 — 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Mary Struzinski

(Residence in Baltimore: No. 605 S. Bond St St.; yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	sing

6-DATE OF BIRTH. April 16-25 1.....
(Month) (Day) (Year)

7-AGE. ...yrs. ...mos. 14 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER.	Jesse Struzinski
11-BIRTHPLACE OF FATHER. (State or Country).	Poland
12-MAIDEN NAME OF MOTHER.	Marie Jankowicz
13-BIRTHPLACE OF MOTHER. (State or Country).	Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jesse Struzinski

(Address) 605 S. Bond St

15- MAY 1 - 1925 Filed ... 192.

HUBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30-25, 192.....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held on inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intercranial Hemorrhage of New Born.

(Autopsy at Hospital)

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) ...(Duration) ...yrs. ...mos. ...ds.

(Signed) J S Polk (Coroner.) M. D.

5-1-25 192.... (Address) 508 E. Mor h Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St Stanislaus Kostka DATE OF BURIAL. 192 5

20-UNDERTAKER. F. W. Ozazewski ADDRESS 1930 Eastern.

IN CASE OF DEATH from plain cause, so that it may be properly classified, exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec– 12-23-21– E.B.R.S.–400 Bks.

D 97968

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97968

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home + Infirmary

City of BALTIMORE: (No. Broadways Fairmount St., 13-4 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Allie Bramble

(a) Residence No. 1029 W. 37th st St., 13 Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Geo H. Bramble

6-DATE OF BIRTH (month, day and year) Nov. 18-1861

7-AGE, 63 yrs. 5 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Louisiana

PARENTS.

10-NAME OF FATHER, Henry Clay

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ohio

12-MAIDEN NAME OF MOTHER, Mary E. Bramble

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Ky

11- (Informant) Geo H. Bramble

(Address) 1029 W. 37th St.

15- MAY 1 - 1925 ROBERT A. KRAUTER, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 30-1925

17- I HEREBY CERTIFY, That I attended deceased from April 27 1925 to April 30 1925

that I last saw her alive on April 30 1925

and that death occurred, on the date stated above, at 2:15 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Pancreas

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of April 23 25

Was there an autopsy?

What test confirmed diagnosis?

(Signed) George B Brice M. D

, 19 (Address) Church Home + Infirmary

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Cheltenham Md. DATE OF BURIAL, May 2 1925

20-UNDERTAKER Horace H. Burgee ADDRESS 363 Falls Rd

instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97969

CERTIFICATE OF DEATH.

100-B01

D 97969

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 Westphal Place. ST. 24-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosina M. Riggin.

(a) RESIDENCE No. 1815 Westphal Place. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female,	White,	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant.

6 DATE OF BIRTH (month, day, and year) Jan. 30, 1924.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1,	3.		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md. (State or country)

PARENTS

10 NAME OF FATHER John W. Riggin.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Rosina A. Terotte.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington D.C.

14 Informant John W. Riggin, (Father). (Address) 1815 Westphal Place.

MAY 1 - 1925

ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30 1925

17 I HEREBY CERTIFY, That I attended deceased from April 25, 1925, to April 30, 1925, that I last saw h alive on April 30, 1925 and that death occurred, on the date stated above, at 7-00 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Ephemeration

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R. P. Hlangbein, M. D.

Apr 30 1925 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Hill Cem DATE OF BURIAL May 2 1925

20 UNDERTAKER A. Howard Evans ADDRESS 35 E. Fort Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

733 Westport.

D 97970

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97970

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 825 Hartford Ave ST., 10 (WARD) 5

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John C Mitchell

(a) RESIDENCE No. 825 Hartford Ave ST.,

(Usual place of abode)

WARD

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta

6 DATE OF BIRTH (month, day, and year) Feb 25 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Str. adm

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Penn R. R.

9 BIRTHPLACE (city or town) (State or country) Mass

PARENTS

10 NAME OF FATHER Richard Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Brennan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Augusta Mitchell

(Address) 825 Hartford Ave

15 Filed MAY-1-1925 ROBERT N. KRAUTH, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr 23, 1925, to Apr 29, 1925, that I last saw h[illegible] alive on Apr 29, 1925, and that death occurred, on the date stated above, at 11-05 a m.

The CAUSE OF DEATH* was as follows:

Ch Interstitial nephritis

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. G. Hornkeen, M. D.

4/30, 1925 (Address) 733 Westport St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: May 5 1925

20 UNDERTAKER: Hoen Cortelyou & Estep

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97971

CERTIFICATE OF DEATH.

90 D 97971

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2766 Woodbury Av. ST., 13—1 WARD

2-FULL NAME Sarah C. Stafford

(a) RESIDENCE NO. 2766 Woodbury Av. ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced (or) WIFE of Joseph B. Stafford

6 DATE OF BIRTH (month, day, and year) Nov. 28th 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	5	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) ditto

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Enoch Bunkam

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mass.

12 MAIDEN NAME OF MOTHER Mary Cobom

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Jno. B. Stafford

(Address) 529 Murdock Road

MAY 1 - 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 30th 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 12th, 1924 to Apr 30th, 1925.

that I last saw h[illegible] alive on Apr 28th, 1925,

and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis (Chronic)

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) Daniel Y. & Thos. Jenifer M. D.

4/30, 1925 (Address) Druid Hill Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL 5/4 1925

20 UNDERTAKER C. J. Canning & Son

ADDRESS 1938 E. Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97972

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97972

1-PLACE OF DEATH Church Home & Infirmary — Registered No. 15 75

City of BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Celeste Brown

(a) Residence No. 2211 Rosalyn Ave St., City Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) July 23/1867

7-AGE. 57 yrs. 9 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Richmond Va

PARENTS.

10-NAME OF FATHER, George Brown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Fredericksburg

12-MAIDEN NAME OF MOTHER, Mary A Ginn

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

11- (Informant) Bertha Campbell

(Address) 2211 Rosalyn Ave

MAY 1 - 1925 ADELBERT S. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 4/30/25

17- I HEREBY CERTIFY, That I attended deceased from April 22 1925 to April 30 1925

that I last saw h[illegible] alive on April 30 1925,

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Pyo Diphtheria

[redacted]

Exhaustion

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical tests

(Signed) Keith C. Rice M. D

, 19 (Address) Church Home & Inf

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cemetery	May 2 1925
20-UNDERTAKER.	ADDRESS
Harry N Armacost	4204 Ridgewood Ave

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks. (Sommer)

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97973

CERTIFICATE OF DEATH.

D 97973

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1906 Penna Ave ST., 14 WARD)

2-FULL NAME Geo. F. Sommer

(a) RESIDENCE NO. 1906 Penna ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Minnie Sommer

6 DATE OF BIRTH (month, day, and year) Jan 26-1865

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	3	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher 1/3

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Schaefer & Co

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Frederick Sommer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothea Horn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Minnie Sommer (Address) 1906 Penna ave.

15 Filed MAY 1 - 1925 ROBERT S. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 29 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 16, 1925, to Apr. 29, 1925, that I last saw him alive on Apr 29, 1925, and that death occurred, on the date stated above, at 7.15 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lab. findings

(Signed) Paul Brown, M. D.

4/29, 1925 (Address) 1837 Penna ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	5/2/25 19
20 UNDERTAKER Geo Weber & Son	ADDRESS 2503 Edmondson ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

97974

CERTIFICATE OF DEATH.

74 D 97974

1-PLACE OF DEATH Municipal Hospital

CITY OF BALTIMORE: (No. ..... ST., 8 WARD) 3

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William C Baker

(a) RESIDENCE NO. 2524 E Hoffman St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer 030

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Denmark.

12 MAIDEN NAME OF MOTHER Mary Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Munic Hosp records (Address)

15 Filed MAY 1 1925, 19.. ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 4, 1924, to Apl 30, 1925, that I last saw h alive on Apl 30, 1925, and that death occurred, on the date stated above, at 4:00 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage Hypertension

Left Hemiplegia - (Cerebral Hemorrhage)

Chronic Nephritis

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Md

Did an operation precede death? No Date of .....

Was there an autopsy? Yes What test confirmed diagnosis? Laboratory

(Signed) Dudley Johnston, M. D.

, 19 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Am. DATE OF BURIAL May 1st 1925

20 UNDERTAKER Lilly & Zeile ADDRESS 403 S. Wolfe St.

Blanks should be carefully supplied. AGE should be stated in YEARS, MONTHS and DAYS. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

D 97975

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97975

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 N Luzerne Ave ST., 7-33 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Barbara Schuessler

(a) RESIDENCE NO. 917 N Luzerne Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Schuessler

6 DATE OF BIRTH (month, day, and year) Jan 6-1872

7 AGE — Years: 53 — Months: 3 — Days: 23 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer): 27

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): ~~Germany~~

PARENTS

10 NAME OF FATHER Jos Schwandtek

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Margaret Hetfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant George Schuessler

(Address) 917 N Luzerne ave

15 Filed May 1 - 1925, 19

Registrar

Assist. C. Harrison,

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1924, to April 30, 1925

that I last saw h. alive on April 30, 1925

and that death occurred, on the date stated above, at 12.15 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr. William H. Rogers, M. D.

(Address) 905 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem

DATE OF BURIAL: May 2 1925

20 UNDERTAKER: John Ulrich

ADDRESS: 2008 Orleans St

CAUSE OF DEATH must be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97976

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital (St., ... Ward) 25-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. William R. Wolfram

(a) Residence No. 35 patapsco ave., Brooklyn, Md. St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? Unknown yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced (Write the word.)
Male	White	Married (?)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6-DATE OF BIRTH (month, day and year) 1872

7-AGE.	If LESS than 1 day,
53 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown 040

(c) Name of employer Unknown

9-BIRTHPLACE (city or town) .....
(State or Country), Germany

PARENTS.

10-NAME OF FATHER, William R. Wolfram

11-BIRTHPLACE OF FATHER (city or town) .....
(State or Country), Germany

12-MAIDEN NAME OF MOTHER, Augusta Fay

13-BIRTHPLACE OF MOTHER (city or town) .....
(State or Country), Germany

14-
(Informant) Hospital Records
(Address) M.T.H.

15-
Filed ..... 1925 Robert E. Harrison
Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr. 30, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 28, 19 25 to Apr. 30 19 25
that I last saw him alive on Apr. 30 19 25
and that death occurred, on the date stated above, at 8 p. m.
The CAUSE OF DEATH* was as follows:

pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Sputum

(Signed) J. D. Weis, M. D.

5-1- 1925 (Address) Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
St. Paul's Cemetery	May 2 1925
20-UNDERTAKER.	**ADDRESS**
H. Sander & Sons	1710 Eutaw St.

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 97977

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97977

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 N. Lakewood Ave ST., 6-3 WARD)

REGISTERED NO. 47

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katie F. Kunkel

(a) RESIDENCE NO. 414 N. Lakewood Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 31, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	11	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER August Kunkel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sallie Evers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Mrs H. W. Jahns

(Address) 414 N. Lakewood Ave

15 Filed MAY 1 1925, 19 ROBERT T. HARRISON, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1st, 19 24, to Apr 30, 19 25,

that I last saw h alive on Apr 30, 19 25,

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Secondary Anemia

Metastasis of Rectum

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonic Bronchitis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. J. Meyer Jr., M. D.

5/1, 1925 (Address) 15-20 E. 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	May 2 1925
20 UNDERTAKER	ADDRESS
H. Sander & Sons	1710 Fleet St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97978

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene ST., 27 WARD)

REGISTERED NO. 97978

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Olive Pearle.

(a) RESIDENCE NO. 203 W Montgomery ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jan. 1

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE 34 Years | Months 3 | Days 29 | If LESS than 1 day, hrs. or min.

~~Farmer~~

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: house work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer nr

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Sam Cook

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mamie Golden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mamie Cook

(Address) 813 S. Hanover St

AY 1 File 1925 19 Robert P. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29 1925

17

I HEREBY CERTIFY, That I attended deceased from April 23 1925 to April 29 1925

that I last saw h[illegible] alive on April 29, 1925

and that death occurred, on the date stated above, at 8. P. m.

The CAUSE OF DEATH* was as follows:

Ectopic Tubal Pregnancy,

Ruptured Ectopic Pregnancy

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Ruptured Ectopic Pregnancy

(duration) yrs. 1 mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) R. S. Anderson M. D.

19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: May 2 1925

20 UNDERTAKER: R. L. Parham — ADDRESS: 906 Leadenhall st

Burial Permit

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97979

CERTIFICATE OF DEATH.

90 D 97979

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 24 WARD 3)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Stevens

(a) RESIDENCE NO. 1425 Woodall ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 11 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William B Stevens

6 DATE OF BIRTH (month, day, and year) 1858 May 8th

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66 yr.	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER George Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Y.

12 MAIDEN NAME OF MOTHER Mary Hutford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Municipal Hospital Records (Address)

15 Robert F. Harrison, 19 Registrar

Y 1 - 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30 1925

17

I HEREBY CERTIFY, That I attended deceased from April 14, 1925, to April 30, 1925, that I last saw her alive on April 29, 1925, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Emphysema, chronic bronchitis, chronic myocarditis, myocardial failure

(duration) 7 (History) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W Lindsay Millet, M. D.

4/30 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL) Bulls Cemetery — DATE OF BURIAL May 2nd 1925

20 UNDERTAKER C Schlomann & Son — ADDRESS 1034 Hanover

AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 97980

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97980

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. So. Balto Gen'l Hosp. 21-3 12 4 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Granger

(a) RESIDENCE No. 903 Burgundy ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	WHITE	WIDOWED

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Granger

6 DATE OF BIRTH (month, day, and year) [illegible] 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work SEXTON 070

(b) General nature of industry, business, or establishment in which employed (or employer) Bennett M. E. Church.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) BALTIMORE Maryland

PARENTS

10 NAME OF FATHER CHAS GRANGER

11 BIRTHPLACE OF FATHER (city or town) (State or country) BALTO MD

12 MAIDEN NAME OF MOTHER LAURA CONN

13 BIRTHPLACE OF MOTHER (city or town) (State or country) BALTO MD

14 Informant MRS MARGARET FORT (Address) 802 S. FREMONT ST.

15 Filed MAY 1 1925, 19 Robert F. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAY. 1, 1925

17 I HEREBY CERTIFY, That I attended deceased from APRIL 29, 1925, to MAY 1, 1925, that I last saw him alive on MAY 1, 1925, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

CHRONIC MYOCARDITIS

CHRONIC NEPHRITIS

ACROMEGALY 7

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) ACUTE CARDIAC DILATATION:

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? HOME

Did an operation precede death? NO Date of —

Was there an autopsy? NO —

What test confirmed diagnosis? SIGNS & SYMPTOMS

(Signed) J. C. Peterman, M. D.

5-1, 1925 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	May 4 1925
20 UNDERTAKER Joseph B Cook	ADDRESS 1003 N Balto St

Burial Permit Clerk

MAY 1 1925

AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

mation should be carefully supplied. CAUSE OF DEATH in plain terms, so that

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97981

CERTIFICATE OF DEATH.

D 97981

1-PLACE OF DEATH

City of BALTIMORE: (No. 225 N Luzerne ave Ward 9-3)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. June Smith

(a) Residence No. 225 N Luzerne ave St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? 2 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Baby

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 28 23

7-AGE, ... yrs. ..... mos. 10 ds. 2 If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, George P Smith

11-BIRTHPLACE OF FATHER (city or town) ..... (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Eva Collins

13-BIRTHPLACE OF MOTHER (city or town) ..... (State or Country), Maryland

14-

(Informant) Eva Smith

(Address) 225 N Luzerne ave

15-

Filed ..... 1925 ..... Registrar.

Robert P. Harris
Burial Permit Clerk

Y 1-1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 4-30-25

17- I HEREBY CERTIFY, That I attended deceased from 4-28 ....., 19.25 to 4-30 ....., 19.25

that I last saw ... alive on 4-30 ....., 19.25

and that death occurred, on the date stated above, at 5:30 ..... m.

The CAUSE OF DEATH* was as follows:

I Pneumonia Lobar

.....

.....

.....

Spec.—1-10-21—M&T—1500 Bks.

2237 Eutaw Pl. Lloyd. Eutaw St. Mark 5501

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97982

CERTIFICATE OF DEATH.

15-23-90

D 97982

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2817 Druid Hill Ave. ST. Old Bayview WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie E. Trice

(a) RESIDENCE No. 2817 Druid Hill Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William H.

6 DATE OF BIRTH (month, day, and year): May 4. 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	78	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Benjamin Garrett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Elizabeth Turnstall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: E. Slautery Trice

(Address): 2817 Druid Hill Ave City

15 FILED: MAY 1 - 1925, 19 ..... Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr 8, 1925, to Apr 29, 1925, that I last saw her alive on Apr 28, 1925, and that death occurred, on the date stated above, at 2-30 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) O R Lloyd, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Hill Ave.	May 7 1925
20 UNDERTAKER	ADDRESS
Wm Cook	002 E Balto

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU-
TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 97983

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 97983

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1319 Edmondson Av ST., 19 WARD 1) 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME M. Winfield McAllister

(a) RESIDENCE NO. 1319 Edmondson Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary McAllister

6 DATE OF BIRTH (month, day, and year) Apr 26-1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	0	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Pilot.

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Nathan McAllister

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Julia A Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant John J. McAllister

(Address) 1807 N. Fulton Av

15 MAY 1 - 1925 19 Robert E. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1 1925

17

I HEREBY CERTIFY, That I attended deceased from Mar. 4 1925 to May 1st 1925, that I last saw him alive on Apr. 30 1925, and that death occurred, on the date stated above, at 10.00 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Lemuel H Cander M. D.

19 (Address) 750 W. North Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn. cem. DATE OF BURIAL: May 4 25

20 UNDERTAKER: Wm Cook ADDRESS: 501 E North Av

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97984

HEALTH DEPARTMENT—CITY OF BALTIMORE D 97984

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. 245 N. Woodland St., 27 Ward 23)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Julia Ann Warner

(a) Residence No. 245 N. Woodland St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? 33 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Joshua Warner

6-DATE OF BIRTH (month, day and year) March 26/1852

7-AGE. 73 yrs. 1 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... Home
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Carroll Co Md

PARENTS.
10-NAME OF FATHER, Samuel M Gist
11-BIRTHPLACE OF FATHER (city or town) (State or Country) Carroll Co Md
12-MAIDEN NAME OF MOTHER Matilda Little
13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ger Pa

14- (Informant)..... Joshua Warner
(Address) 245 N. Woodland

15- Filed MAY 1 1925 192.... Robert P. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 29/25

17- I HEREBY CERTIFY, That I attended deceased from April 20, 1925 to April 29, 1925 that I last saw h.e alive on April 29, 1925 and that death occurred, on the date stated above, at 11.20 P m.

The CAUSE OF DEATH* was as follows:

Right- Hemi Plegia (Duration) ..yrs. ..mos. 9 ds.

CONTRIBUTORY (Secondary) Hypertension (Duration) 11 yrs. — mos. — ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination etc

(Signed) C. S. Emmor M. D.

4-30, 1925 (Address) 5106 Park Heights Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Westminster Md May 3 DATE OF BURIAL, 1925

20-UNDERTAKER, Williams Cook & Sons ADDRESS Baltimore

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks. See Letter on file May 15-1925 from Dr Ashton)

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97985 D 97985

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Municipal Hospital REGISTERED NO. 9-90

CITY OF BALTIMORE: (No. Bay View ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ~~William J. Hawkins~~ Charles A. Hawkins

(a) RESIDENCE No. 6082 E. 7 9th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or Divorced. (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Maria Hawkins

6 DATE OF BIRTH (month, day, and year) May 19, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	11	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer) 029

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Anne Arundel Co

PARENTS

10 NAME OF FATHER John Hawkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Brooklyn Md.

12 MAIDEN NAME OF MOTHER Eliza Hawkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Anne Arundel Co

14 Informant Municip Hosp. Records (Address)

15 Filed MAY 2 - 1925, 19 Robert F. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/30 1925

17 I HEREBY CERTIFY, That I attended deceased from 4/28/25, 19..., to 4/30/25, 19... that I last saw him alive on 4/30, 19 25 and that death occurred, on the date stated above, at 10:15 A.M.

The CAUSE OF DEATH* was as follows:

Emphysema, Chronic Bronchitis

Arteriosclerosis, Myocarditis,

Myocardial insufficiency

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Dudley C. Ashton M.D.

, 19 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL May 4 1925

20 UNDERTAKER Wm Cook Sons & Hond — ADDRESS

IMPORTANT—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should note CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97986

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97986

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. 90

City of BALTIMORE: (No. 711 Poplar Ave overleaf St., 27 Ward) 14

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen E McCubbin

(a) Residence No. 711 Poplar Ave Overleaf Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE White | 5-Single, Married, Widowed, or Divorced (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec 8 - 1857

7-AGE, 73 yrs. 4 mos. 24 ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, Nicholas McCubbin

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Susan DeMass

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Mrs J. Oliver Brinton

(Address) 266 E Poplar ave

15- Filed MAY 2 - 1925 192

Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 1, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 8, 1925 to May 1, 1925

that I last saw h[illegible] alive on Apl 30 1925

and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation and Stenosis

(Duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) O. L. McManus M. D

5/1, 1925 (Address) Raspeburg, Balto. Md.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Salem Cem Upper Falls Md | DATE OF BURIAL. May 4 1925

20-UNDERTAKER, Wm Cook | ADDRESS 502 E North.

Should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97987 ✓ 97987

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2610 E Oliver St ST., 8-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Petr Alfred Franz

(a) RESIDENCE NO. 2610 E. Oliver ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. 5 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine a Franz

6 DATE OF BIRTH (month, day, and year) Nov. 28, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) Copper Works. 031

(c) Name of employer Balto Smelting & Copper Wks.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Peter a Franz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sarah J. Turner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) York Pa.

14 Informant Mrs Josephine Franz

(Address) 2610 E Oliver St

15 Filed ....., 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MAY 2 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1 1925

17 I HEREBY CERTIFY, That I attended deceased from April 26, 1925, to May 1, 1925, that I last saw him alive on Apr. 30, 1925, and that death occurred, on the date stated above, at 3.15 a. m.

The CAUSE OF DEATH* was as follows:

Hypertension
Myocarditis

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? ✓

What test confirmed diagnosis? Non

(Signed) Thoots Stevens, M. D.

5/1, 1925 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	May 4 1925
UNDERTAKER	ADDRESS
William Koch	5126 Harford

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 97988

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97988

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 S. Payson ST. 20-4 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Goetzel

(a) RESIDENCE. NO. 406 S. Payson ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced ~~HUSBAND of~~ WIFE of Joseph Goetzel

6 DATE OF BIRTH (month, day, and year) Feby. 27-1847

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bavaria

PARENTS

10 NAME OF FATHER Christopher Schaetzl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bavaria

12 MAIDEN NAME OF MOTHER Eliz. Geier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bavaria

14 Informant Miss Mary Goetzel, (Address) 406 S. Payson St.

15 ..... 19 Robert P. Harrison, Registrar

12-[illegible]5

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/30 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 15 1924, to Apr 30, 1925, that I last saw her alive on Apr 28, 1925, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis (duration) 1 yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Physical Exam

(Signed) James H. Eichenberger, M. D.

5/1, 192[illegible] (Address) 172-9 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	May 4 1925

20 UNDERTAKER Elmer A. Conklin, ADDRESS 924 E. Eager

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97989

CERTIFICATE OF DEATH.

31 D 97989

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1500 N. Gilmore ST.; 15 WARD) 13

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Wiggins

(Residence in Baltimore: No. 1500 N. Gilmore St.; yrs. 8 mos.) ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month) ..... (Day) 1 (Year)

7-AGE, 25 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 10 01

9-BIRTHPLACE, (State or Country) Northd Co Va.

PARENTS.

10-NAME OF FATHER, Lewis Carter

11-BIRTHPLACE OF FATHER (State or Country), Northd Co Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emily Daniels

(Address) 1500 N. Gilmore St

15- Robert P. Harrison,

Filed ....., 191.... Registrar.

MAY 2 - 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 29 (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4/24 1925, to 4/29 1925, that I saw her alive on Wednesday 4/29 1925, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonary

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Joseph A. Murphy M. D.

4/29, 1925 (Address) 2219 Fenwick

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Coan Va.

19-PLACE OF BURIAL OR REMOVAL, Coan Wharf Va — DATE OF BURIAL, May 2nd, 1925

20-UNDERTAKER Joseph A Farrell — ADDRESS 2319 Division St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 97990

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97990

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1718 S. Chaucer ST.: 23 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant of Mr & Mrs Norman C. Rodey

(a) RESIDENCE. NO. 1718 S. Chaucer ST., 23 WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 1 1925

7 AGE	Years	Months	Days	If LESS than 1 day 3 hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Norman C. Rodey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Linda E. Burley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Norman C. Rodey

(Address) 1718 S Chaucer

15 FILED ... 19... Robert F. Harrison, Registrar

Y 2 - 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1 1925

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to May 1, 1925, that I last saw h[illegible] alive on May 1, 1925 and that death occurred, on the date stated above, at 5-10 A.m.

The CAUSE OF DEATH* was as follows:

Premature Birth

& Mis Ulceration

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. B. Campbell, M. D.

May 1, 19 25 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	May 2nd 1925
20 UNDERTAKER E. Schloman & Son	ADDRESS 1939 Hanover St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec- 12-23-21-E.B.R.S.—400 Eks.

D 97991

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97991

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1931 Mulliken St., 5-~~Ward~~

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence Bennett

(a) Residence No. 1431 Mulliken St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6-DATE OF BIRTH (month, day and year) 1890

7-AGE, 35 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Jack Bennett

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Eunice Bonsey

(Address) 1431 Mulliken St

15- Filed 1925 Robert P. Harrison, 192..... Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 1-25

17- I HEREBY CERTIFY, That I attended deceased from Apr. 30, 1925, to May 1, 1925

that I last saw h— alive on May 1, 19 25

and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? Yes

What test confirmed diagnosis? B. G. Culture & Exam

(Signed) B. G. Culture, M. D.

May 1, 1925 (Address) 1134 O.H. Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, St Inigoes St Marys Co m.d

DATE OF BURIAL, May 4, 1925

20-UNDERTAKER, Edward Bryan

ADDRESS 1491 Orleans St

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Y 2

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97992

CERTIFICATE OF DEATH.

D 97992

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 Chalk Al ST., 16-6 WARD)

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lloyd Baynor

(a) RESIDENCE No. 1626 Chalk Al ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 ~~Single~~, ~~Married~~, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Martha Baynor.

6 DATE OF BIRTH (month, day, and year): June - 1866

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hod carrier

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): A. A. Co. Md.

PARENTS

10 NAME OF FATHER: Thos Baynor.

11 BIRTHPLACE OF FATHER (city or town) (State or country): A. A. Co. Md

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Mary Baynor

(Address): 16 16 Chalk Al

15 Filed MAY 2 1925, 19 Robert F. Harrison, Burial Permit Clerk

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 30th 1925

17 I HEREBY CERTIFY, That I attended deceased from May 26, 1925, to May 30, 1925

that I last saw him alive on May 29th, 1925

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Regular

(Signed) H. E. Luck, M. D.

(Address) North Ave & Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 5/2/1925

20 UNDERTAKER: Daniel Easton

ADDRESS 916 Pa ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

D 97993 HEALTH DEPARTMENT—CITY OF BALTIMORE D 97993

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., 11 Ward) 7L-001

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Lucas

(Residence in Baltimore: No. 416 W. Hoffman St.; yrs. 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced. (Write the word.)
female	Colored	Mar

6-DATE OF BIRTH, Unkown (Month) (Day) (Year)

7-AGE, 33 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Gal

9-BIRTHPLACE. (State or Country). Charles City Va

PARENTS.

10-NAME OF FATHER, Albert Wade

11-BIRTHPLACE OF FATHER, (State or Country). Va

12-MAIDEN NAME OF MOTHER, Fannie Garnet

13-BIRTHPLACE OF MOTHER, (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Lucas (Husband)

(Address) 416 W. Hoffman St.

15- MAY 2nd 1925 192 Robert P. Harrison, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30-25 (Month) (Day) (Year) 192....

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Meningitis (Pneumococcus)

(Autopsy at Hopkins Hospital)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. ds.

(Signed) J. S. H. Polan M. D. (Coroner.)

5-1-25 (Address)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.... yrs. mos. ds. In the State.... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Charles Co. Va. DATE OF BURIAL. 5/2/1925

20-UNDERTAKER. Daniel Easton ADDRESS 916 Lanvale St

Burial Permit Issued

—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97994

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 Orchard St ST., 17 WARD 9

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Felitcha Clerrey

(a) RESIDENCE NO. 518 Orchard St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colord	Married

5a If married, widowed, or divorced (or) WIFE of Addie Clerrey

6 DATE OF BIRTH (month, day, and year) 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labour

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. C.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant Addie Clerrey

(Address) 518 Orchard St

15 MAY 2 - 1925 , 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30 1925

17

I HEREBY CERTIFY, That I attended deceased from April 23, 1925, to April 30, 1925, that I last saw him alive on April 30, 1925, and that death occurred, on the date stated above, at 11.50 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. — mos. 12 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Wetherain, M. D.

, 19 (Address) 817 Hamilton Ter

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laffney S. C.	5/2/1925
20 UNDERTAKER Daniel Easton	ADDRESS 916 Pa ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 97995 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 97995

CERTIFICATE OF DEATH. + 90

1-PLACE OF DEATH U. S. Marine Hospital #1 REGISTERED NO.....

CITY OF BALTIMORE: (No. ..... ST., 130 WARD 2) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sol Siffers

(a) RESIDENCE No. U.S. Marine Hospital ST., ... WARD .....

(Usual place of abode) Baltimore Md (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 6 mos. ds. How long in U. S., if of foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1855.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman 886

(b) General nature of industry, business, or establishment in which employed (or employer) Cook

(c) Name of employer S/S. Western Prince

9 BIRTHPLACE (city or town) (State or country) Switzerland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Self

(Address)

MAY 2 Filed 1925 . 19 Robert P. Harrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1924, to April 30, 1925, that I last saw him alive on April 30, 1925, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) none

none (duration) — yrs. none mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical findings and clinical history data.

(Signed) M. D. [illegible], M. D.

592 , 19 (Address) U.S. Marine Hospital #1 Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery — DATE OF BURIAL MAY 1925

20 UNDERTAKER Sol Levinson & Bro — ADDRESS 1127 E Balto St

*THIS IS A PERMANENT RECORD. Every answer must be written in ink, with pen, and should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

SAMPLE

Spec.—1-10-21—M&T—1500 Blks.

Dr Smith 1706 Harford Road

D 97996

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

2/ D 97996

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 Goodwood Road ST., 27 WARD) 6

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie L Hatch

(a) RESIDENCE No. 215 Goodwood Road ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George C Hatch

6 DATE OF BIRTH (month, day, and year) Feb. 20, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Conn.

PARENTS

10 NAME OF FATHER Nelson M Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Conn

12 MAIDEN NAME OF MOTHER Jane Sanders

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Conn.

14 Informant Nelson P. Hatch

(Address) Bellevile, N.J.

15 Filed ..... 19 ..... Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30 1925

17 I HEREBY CERTIFY, That I attended deceased from April 24, 19 25, to April 30, 19 25,

that I last saw h[illegible] alive on April 30, 19 25,

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Ex Sunstroke + Toxaemia

..... (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Erysipelas of Face neck and back (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas Demuth, M. D.

5/1/25, 19 (Address) 4706 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Fairmount Cem	May 2 1925

20 UNDERTAKER W. Cook — ADDRESS 502 E North Ave

Y 2 - 1925

...matron should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

O K S · A R

Spec.—1-10-21—M&T—1500 Bks.

Dr Harry Hyde Kennedy Forest Ave

D 97997

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97997

CERTIFICATE OF DEATH.

X 3 ✓

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1700 Barclay ST., 17 WARD 6

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary H. Griffith

(a) RESIDENCE: NO. 1700 Baldloy ST., WARD Eastern

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 13. 1892

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
33	0	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Charles F Griffith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary E Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Chas H Griffith

(Address) 1700 Barclay St

15 Filed MAY 2 1925, 19 Robert P. Harrison, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1924, to May 1, 1925, that I last saw her alive on May 1, 1925, and that death occurred, on the date stated above, at 10 30 (P.) m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 11 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Hyde, M. D.

5/2, 1925 (Address) 1160 E Northern.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Easton, Md — DATE OF BURIAL: May 2 1925

20 UNDERTAKER: Wm Cook — ADDRESS: 532 E Fayette Ave

MAY 2 1925

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-18-21—M&T—1500 Bks.

D 97998

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97998

43

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 N. Lakewood ST., 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline L. Smith

(4) RESIDENCE NO. 127 N. Lakewood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Smith

6 DATE OF BIRTH (month, day, and year): 1877

7 AGE: Years 48; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John David Mattson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Mary E. Mattson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Joseph M. Smith (Address)

15 Filed MAY 2 - 1925 Robert P. Harrison Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 29 1925

17 I HEREBY CERTIFY, That I attended deceased from March 12, 1925, to April 29, 1925, that I last saw h[illegible] alive on April 29, 1925, and that death occurred, on the date stated above, at 2.40 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E. Bogan, M. D.

April 30 1925 (Address) 1001 Harrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem — DATE OF BURIAL: May 2 1925

20 UNDERTAKER: F. Roland Hess — ADDRESS: 1876 N. Lyndale

K—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 97999

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 97999

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2216 Portugal St., 1-1 Ward) Registered No. 162

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Baby Lipinski

(a) Residence No. 2216 Portugal St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) April 30 25

7-AGE, ...yrs. ....mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. —

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Lipinski

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Poland

12-MAIDEN NAME OF MOTHER, Albine Koritka

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Poland

14-(Informant) John Lipinski

(Address) 2215 Portugal

15-Filed ....., 192.... Registrar.

Burial Permit Clerk.

Y 2 - 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 2 - 25

17. I HEREBY CERTIFY, That I attended deceased from April 30, 192.. to May 2, 1925

that I last saw him alive on May 2, 1925

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

a Atelectasis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Rypacek M. D.

(Address) 801 Hanover

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Olivet Cem. DATE OF BURIAL, May 2 1925

20-UNDERTAKER F. W. Gazewski ADDRESS 1780 Eastern Ave

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 98000 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98000

CERTIFICATE OF DEATH. X 124

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur B Williams

(a) RESIDENCE NO Washington D. C ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sue M Powers

6 DATE OF BIRTH (month, day, and year) January 27, 1872

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
53	3	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Congressman

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Andrew Williams

11 BIRTHPLACE OF FATHER (city or town) Pa.

(State or country)

12 MAIDEN NAME OF MOTHER Elmira Kelton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL.

MAY 2 1925 Filed ..... 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1 - 1925

17

I HEREBY CERTIFY, That I attended deceased from April 18, 1925, to May 1 - , 1925, that I last saw [illegible]alive on May 1 - , 1925, and that death occurred, on the date stated above, at 7.00 a. m.

The CAUSE OF DEATH* was as follows:

Cholecystitis.

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of April 15th 1925

Was there an autopsy? No Removal of Gall Stones

What test confirmed diagnosis?

(Signed) C.H. Bagley, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Battle Creek Mich	May 4 1925
20 UNDERTAKER	ADDRESS
John O. Mitchell	1001 W Fayette

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 98001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 98001

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 909 Peach Alley. St., 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Walter Jones.(C)

(Residence in Baltimore: No. 909 Peach Alley. St.; 10 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed or Divorced, (Write the word.)
Male.	Colored	Widower.

6-DATE OF BIRTH. June 8, 1882. 1..... (Month) (Day) (Year)

7-AGE, 42 yrs. 10 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer. 040
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Virginia.

PARENTS.

10-NAME OF FATHER, Edward Jones.(C)

11-BIRTHPLACE OF FATHER, (State or Country), Virginia.

12-MAIDEN NAME OF MOTHER, Elizabeth Copeland.(C)

13-BIRTHPLACE OF MOTHER, (State or Country), Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maggie Ankrom.(aunt)

(Address) 909 Peach Alley.

15- MAY 2 1925 192..... Robert P. Harrison, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 30, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Rosenhaupt M. D. (Coroner)

May 2, 1925. (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	May 3 1925

20-UNDERTAKER,	ADDRESS
R. L. Parham	906 Leadenhall. st

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98002

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Josephs Hosp

City of BALTIMORE: (No. Caroline and Monument St. 1 Ward) 2

Registered No. 86

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Dominic Di Angelo

(a) Residence No. 1416 Banks St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-Single, ~~Married~~, Widowed, or ~~Divorced~~, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) February 15 1916

7-AGE, 9 yrs. 2 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balt

PARENTS.

10-NAME OF FATHER, Raffel De Angelo

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Elizabeth Deiesa

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Italy

11- (Informant) Raffel De Angelo

(Address) 1416 Banks St

15- Filed ..... 192.....

Robert P. J. Harrison,

Registrar.

MAY 2 - 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May. 2 - 25

17- I HEREBY CERTIFY, That I attended deceased from April 29th 1925 to May 2 1925

that I last saw him alive on 5/1/25 19.....,

and that death occurred, on the date stated above, at 2:25 a.m.

The CAUSE OF DEATH* was as follows:

Acute Suppurative Arthritis Media

Acute Mastoiditis,

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Measles Gotitis and Toxemia

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 4/21/25

Was there an autopsy? No.

What test confirmed diagnosis? Clinical and Operative

(Signed) Geo. B. Egbert M. D.

, 19 (Address)

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (I) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Holy Rosary	May 5 19 25
20-UNDERTAKER.	ADDRESS
Wendell Appleson	37 Simm

IMPORTANT: THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98003

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98003

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 211-N-Mount St., 19-1 Ward)

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME James Henry Williams

(a) Residence No. 211-N-Mount St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 8 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Negro

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug. 20. 1923

7-AGE 1 yrs. 8 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Frank Williams

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Ella Wayes

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto Md

14- (Informant) Ella Williams (mother)

(Address) 211-N-Mount St

15- Filed MAY 2 1925, 19.. Robert F. Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 1, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 25, 19.25., to May 1, 19.25.; that I last saw h.. alive on May 1, 19.25., and that death occurred, on the date stated above, at 9.20 a.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

Uncomplicated

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? At Place of Death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) A. Wilbur Jackson, M. D.

, 19 (Address)

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mount Lion — DATE OF BURIAL, 5-2-, 19.25.

20-UNDERTAKER, Joseph A. Lively — ADDRESS 137 Wilson Ave

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98004

D 98004

CERTIFICATE OF DEATH.

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Municipal Hospital ST. 16-16 WARD)

2-FULL NAME John Obden

(a) RESIDENCE NO. 1104 W. Carey ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	33 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tabin ?

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Persia

PARENTS

10 NAME OF FATHER Ossin Obden

11 BIRTHPLACE OF FATHER (city or town) Persia (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Municipal Hospital Records (Address)

15 MAY 2 - 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30 1925

17

I HEREBY CERTIFY, That I attended deceased from April 11, 1925, to April 30, 1925, that I last saw him alive on April 30, 1925, and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

Nephritis - subacute

(duration) yrs. 3 3/4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W Lindsay Miller, M. D.

5/1, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Hampden — DATE OF BURIAL 5/2 1925

20 UNDERTAKER William Cook — ADDRESS 582 E Fayette

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 98005

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98005

CERTIFICATE OF DEATH.

12-148

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. Johns Hopkins Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Erma Johnson (nee Lee)

(Residence in Baltimore: No. 323 W. 28th St St.; 26 yrs., 4 mos., 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	col	mar

6-DATE OF BIRTH. Dec 6-1898 (Month) (Day) (Year)

7-AGE. 26 yrs. 4 mos. 24 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

9-BIRTHPLACE. (State or Country). Balto. Md

PARENTS:
10-NAME OF FATHER. John Lee
11-BIRTHPLACE OF FATHER. (State or Country). Va
12-MAIDEN NAME OF MOTHER. Elizabeth Price
13-BIRTHPLACE OF MOTHER. (State or Country). Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arthur Johnson (husband.)

(Address) 323 W 28th St

15- Died MAY 2 1925 Robert P. Harrison, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 1st 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Eclampsia Gravidarum

(Autopsy at Hospital)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) About 8 mons pregnant)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. W. Cater M. D.
(Coroner.)

5-2-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.... yrs.... mos.... ds. In the State.... yrs.... mos.... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Druid Hill Ave DATE OF BURIAL. May 3 1925

20-UNDERTAKER. Wm. H. Greaves ADDRESS. 408 N. Mosher

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 98006 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 98006

99-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST., 10 WARD 7

2-FULL NAME Rose Mary Brown

(a) RESIDENCE NO. Sisters of Poor ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed, or Divorced, (write the word)~~: Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER Thomas Monahan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER Bridget ×

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant Sister Florence
(Address) Poor House & Valley

15 Filed MAY 2 1925, 19 .....
ROBERT F. [illegible], Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1925

17 I HEREBY CERTIFY, That I attended deceased from ~~19~~ to Record, 19 .....,
that I last saw her alive on April 30, 1925,
and that death occurred, on the date stated above, at 2 a. m.
The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. ..... mos 6 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) F. A. Warner, M. D.

May 1, 1925 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: May 4 1925

20 UNDERTAKER: W. C. Wiedefeld — ADDRESS: 914 Greenmount Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 98007

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98007

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH Drayconpt

CITY OF BALTIMORE: (No.) 940 E Biddle ST., 10 — 2 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward P Carroll

(a) RESIDENCE NO. 940 E Biddle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sophia Carroll

6 DATE OF BIRTH (month, day, and year): Aug 1852

7 AGE — Years: 62 — Months: 7 — Days: — If LESS than 1 day, ...hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ticket examiner

(b) General nature of industry, business, or establishment in which employed (or employer): Union Sta

(c) Name of employer: B&O

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Jas. Carroll

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Margt Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Mrs Sophia Carroll

(Address): 940 E Biddle St

15 Filed MAY 2 1925, 19 Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 30 1925

17 I HEREBY CERTIFY, That I attended deceased from April 12, 1925, to April 30, 1925, that I last saw h[illegible] alive on April 29, 1925, and that death occurred, on the date stated above, at 7:30 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Interstitial nephritis (duration) yrs. 6 mos. 18 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Fenlon M. D.

(Address) 700 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: May 4 1925

20 UNDERTAKER: H C Needefeld — ADDRESS: 914 Greenmount

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should insure that CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T - 1500 Blks.

D 98008

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98008

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH 50 Raspe Ave. Raspeburg

CITY OF BALTIMORE: (No. ..... ST., 26th WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Ann Mills.

(a) RESIDENCE NO. 50 Raspe Ave. ST., 26th WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F.	White.	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Mills.

6 DATE OF BIRTH (month, day, and year) Oct.21,1840.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	84	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER John Spence.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Great Britian.

12 MAIDEN NAME OF MOTHER Lydia Cooper.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Jane Mills.
(Address) 50 Raspe Ave.

15 Filed MAY 2 - 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May, 1, 1925.

17 I HEREBY CERTIFY, That I attended deceased from Apr.16, 1925, to May 1. 1925, that I last saw her alive on Apr.30, 1925, and that death occurred, on the date stated above, at 11:30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis.

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? .....

(Signed) A. L. Hilkinson, M. D.

5/2, 1925 (Address) 13 N. BelAir Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL May 4 1925

20 UNDERTAKER John F Denny — ADDRESS 715 Eighth

—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

D 98009

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 93009

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2110 E Pratt ST.; 1-7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Goetz

(Residence in Baltimore: No. 2100 E. Pratt St.; 57 yrs.,.... mos.... ds.)

NB.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH. Oct. (Month) 6 (Day), 1867 (Year)

7-AGE,	If LESS than 1 day,
57 yrs. 6 mos. 4 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, George Goetz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Tabelein

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Goetz

(Address) 2100 E. Pratt St.

15-

Filed....., 191.....

Robert P. Harrison, Registrar.

Burial Permit Clerk

12-1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 2nd (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5th 1922, to May 2 1925, that I saw him alive on May 1 1925, and that death occurred, on the date stated above, at 3:45 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy (Embolic)

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration)....yrs....mos....ds.

(Signed) Fred L. Rice M. D.

....., 191... (Address) 24 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	May 4..., 1925
20-UNDERTAKER George J. Smith	ADDRESS 153 Hollins

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98010

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98010

CERTIFICATE OF DEATH.

15-790

1-PLACE OF DEATH

City of BALTIMORE: (No. 2106 Rosedale St., 15 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Ely

(a) Residence No. 2106 Rosedale St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 2 mos. 4 ds. How long in U. S., if of foreign birth? 67 yrs. 2 mos. 4 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John B. Ely

6-DATE OF BIRTH (month, day and year) Jany 27/1858

7-AGE.	If LESS than 1 day.
67 yrs. 2 mos. 4 ds.	....hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town).....
(State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Adam Pertner

11-BIRTHPLACE OF FATHER (city or town).....
(State or Country), Germany

12-MAIDEN NAME OF MOTHER, Catherine Pertner

13-BIRTHPLACE OF MOTHER (city or town).....
(State or Country), Germany

14- (Informant) Florence M. Ely

(Address) 2106 Rosedale St

15- Filed MAY 2 1925 192.....

Robert F. Harrison
Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 1, 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1 1924 to May 1 1925

that I last saw h.r alive on May 1 1925

and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Chr. Endocarditis 3 years

" Parenchymatous Nephritis 1 year

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. mos. 10 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Urine & Auscultation

(Signed) J. M. Dorsett M. D.

May 1, 1925 (Address) 621 Washington Blvd

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cem	May 4 1925
20-UNDERTAKER. Harry W. Ehlen	ADDRESS 1944 W. Fayette

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

Dr Shamer, 3300 W. North Ave. ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98011

CERTIFICATE OF DEATH.

90 D 98011

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2439 N. Charles ST., 17 WARD) 3

2-FULL NAME Wyatt H Ingram

(a) RESIDENCE NO. 2439 N. Charles ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine M Ingram

6 DATE OF BIRTH (month, day, and year) Mar 30. 1832

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	93	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Planter, Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Kentucky

PARENTS

10 NAME OF FATHER Wyatt H Ingram, Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ky

12 MAIDEN NAME OF MOTHER Jane McGrady

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ky

14 Informant Mrs. Marie Ingram (Address) 2439 N. Charles St

15 Filed MAY 2 1925, 19... Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1 1925

17

I HEREBY CERTIFY, That I attended deceased from Jany. 15, 1925, to May 1, 1925, that I last saw him alive on April 30, 1925, and that death occurred, on the date stated above, at 3:40 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) unknown yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Senility, arteriosclerosis

(duration) unknown yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Maurice E. Shamer M. D.

5/2, 1925 (Address) 3300 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	May 4 1925
20 UNDERTAKER	ADDRESS
W. M. Cook	502 E. Fort Ave

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in-plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 98012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98012

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1601 Druid Hill Ave ST., 8 WARD) REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Martha Elizabeth Hilpert.

(a) RESIDENCE NO. 1601 Druid Hill Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Otto Hilpert

6 DATE OF BIRTH (month, day, and year) May 22 71

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER [illegible] Kaupel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wm C Hilpert

(Address) 1601 Druid Hill Ave

15 Filed MAY 2 1925, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-1-25

17 I HEREBY CERTIFY, That I attended deceased from 4-27-25 to 5-1-25, 19 ....

that I last saw h[illegible] alive on 5-1-25, 19 ....

and that death occurred, on the date stated above, at 6 20 a m.

The CAUSE OF DEATH* was as follows:

Hemorrhage in Astrocytoma Ch Diff Lungs

(Duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) Primary Bronchopneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical, Signs

(Signed) Jno A Stonesifer M. D.

, 19 (Address) 1601 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood

DATE OF BURIAL 5/4, 1925

20 UNDERTAKER Philip Herrig

ADDRESS 2016 Orleans.

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 98013

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98013

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1307 Argyle Ave St. 17-1 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Margaret Redd

(Residence in Baltimore) No. 1307 Argyle Ave. St.; yrs. 2 mos. 27 ds.)

—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	colored	single

6-DATE OF BIRTH. Feb. 21 1925
(Month) (Day) (Year)

7-AGE. ..yrs. 2 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Frederick Redd

11-BIRTHPLACE OF FATHER, (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Helen Sundle

13-BIRTHPLACE OF MOTHER, (State or Country), S. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick Redd

(Address) 1307 Argyle Ave

15- MAY 2 1925 192.. Robert P. Harrison, Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 1 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 Broncho Pneumonia

(Duration) ..yrs. ..mos. 3 ds.

CONTRIBUTORY (Secondary) no other history

(Duration) ..yrs. ..mos. ..ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

May 2 1925 (Address) 280 E. Edmondson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	5/2/1925
20-UNDERTAKER, Daniel Easton	ADDRESS 916 Pa Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98014) 98014

74-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Eutaw Place & Wilson St.

CITY OF BALTIMORE: (No. Marlborough Apts. 9 E. ST., 14-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel S. Metzel.

(a) RESIDENCE NO. Marlborough Apts. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., If of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Metzel

6 DATE OF BIRTH (month, day, and year) May 21st. 1850.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman:- Middy Ties.

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria.

PARENTS

10 NAME OF FATHER Simon Metzel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria.

12 MAIDEN NAME OF MOTHER Elizabeth Allina.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria.

14 Informant Mr. William Metzel

(Address) Marlborough Apts. 9 E.

15 [illegible] Robert P. Harrison, Registrar

MAY 2 - 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/30/25 19

17

I HEREBY CERTIFY, That I attended deceased from April 22, 1925, to April 30, 1925, that I last saw h.. alive on April 29, 1925, and that death occurred, on the date stated above, at 1:30 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage
arterio-Sclerosis

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Bulbar Paralysis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Julius Friedenwald, M. D.

, 19 (Address) 1013 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem.

DATE OF BURIAL 5/3/ 1925

20 UNDERTAKER David Sondheim

ADDRESS 118-20 W. Mt. Royal Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 98015 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98015

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland General Hospital. St., 14 Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harold D. Altshul.

(Residence in Baltimore: No. 1623 Eutaw Place. St.; ~~yrs.~~ Lifetime ~~mos.~~ ~~ds.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Divorced

6-DATE OF BIRTH. Jany. (Month) 26 (Day) 1903 (Year)

7-AGE. 22 yrs. 3 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman:-
(b) General nature of industry, business, or establishment in which employed (or employer): Candy.

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Hugo V. Altshul

11-BIRTHPLACE OF FATHER, (State or Country). Austria.

12-MAIDEN NAME OF MOTHER. Fannie Dellevie

13-BIRTHPLACE OF MOTHER, (State or Country). Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Hugo V.Altshul.

(Address) 1623 Eutaw Place.

15- Filed MAY 2 - 1925 192 Robert P. Harrison, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May (Month) 1 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage due to ruptury of Kidney & spleen.

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) automobile accident.

(Duration) yrs. mos. 5 ds.

(Signed) J. T. Hennessy, M. D. (Coroner.)

May 2 1925 (Address) 2807 Eutaw Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Har Sinai Cemetery	5/4/ 1925

20-UNDERTAKER. Saul Sondheim ADDRESS 1120 W. Mt. Royal Ave.

FB.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 93016

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37D 93016

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 27-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Brenton Robinson

(Residence in Baltimore: No. 4903 Denmore Ave St.; Unknown mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	Widower

6-DATE OF BIRTH. July 3-1876 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day.
49 yrs. 9 mos. 29 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Employee

9-BIRTHPLACE, (State or Country), Penna

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country): "

12-MAIDEN NAME OF MOTHER, "

13-BIRTHPLACE OF MOTHER, (State or Country). "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles E. Robinson

(Address) 4903 Denmore Ave

MAY 3 - 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 2-25 (Month) (Day) 192.. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tubercular Meningitis
(Autopsy at Hopkins Hosp. also showed kidney & rt. Knee Involvment

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Old Pulmonary Scars (Duration) yrs. mos. ds.

(Signed) J S H Fallen M. D. (Coroner)

5-2 192 4 (Address) 508 E North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Pittsburg Pa	5/6 192

20-UNDERTAKER.	ADDRESS
Wm J Tichnor Sons	Mar 8 Pa

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98017

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

160 D 98017

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No.) Mercy Hospital 10-2 S. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph B Balgrano

(a) Residence No. 1235 Harford Ave S. ..... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, White

5-Single, ✓ Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan 30, 1922

7-AGE, ... yrs. 3 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of Industry, business, or establishment in which employed (or employer) None

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Joseph E. Balgrano Jr.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Sadie M. Hale

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Hampton Va

14- (Informant) Joseph E. Balgrano

(Address) 1235 Harford Ave

15- MAY 3 - 1925 ROBERT A. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 5/1/25

17- I HEREBY CERTIFY, That I attended deceased from 4/27/25 19..... to 5/1/25 19.....

that I last saw h[illegible] on 5/1/25 19.....

and that death occurred, on the date stated above, at 8:15a 19.....

The CAUSE OF DEATH* was as follows:

Mal-Nutrition

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? None

What test confirmed diagnosis? .....

(Signed) H. W. Kelly M. D.

, 19 (Address) Mercy

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal or Homicidal.** (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Baltimore Cem	May 4, 1925

20-UNDERTAKER.	ADDRESS
Edmund W. Conklin	924 E. Eager St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98018

CERTIFICATE OF DEATH.

11-002 D 98018

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST., 13-6 WARD)

2-FULL NAME Stella Christy

(a) RESIDENCE NO. 7324 Callow Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? 1 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Thos F Christy

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work.

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ontario Canada.

PARENTS

10 NAME OF FATHER Mr. Wm Mc Donald.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ontario Canada.

12 MAIDEN NAME OF MOTHER Not known.

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Hospital Records

(Address)

Filed MAY 3 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2, 1925

17

I HEREBY CERTIFY, That I attended deceased from April 30. 1925, to May 2, 1925, that I last saw h.r alive on May 2, 1925, and that death occurred, on the date stated above, at 2 00 P. m.

The CAUSE OF DEATH* was as follows:

La Grippe. Complicated with Streptococcus Endocarditis and Secondary Anemia.

(duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Septicemia.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Baltimore City

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Bld. Culture

(Signed) A. L. Anderson, M. D.

5/2, 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Maxville Ontario Canada	May 3 1925
20 UNDERTAKER	ADDRESS
Harry H. Witzke	1032 W. Lombard

Spec—12-25-5,—S.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98019

CERTIFICATE OF DEATH.

D 98019 Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1804 Kenneman Ave. St., 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Moggios

(a) Residence No. 1804 Kennaman Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 1 mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male | 4-COLOR OR RACE, White | 5-Single, ~~Married, Widowed, or Divorced.~~ (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 4/5 01.

7-AGE, 24 yrs. 1 mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Automobile 031

(b) General nature of industry, business, or establishment in which employed (or employer) Mechanic

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER Andrew Moggios

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Bohemia

12-MAIDEN NAME OF MOTHER Erina Zoumek

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Balto, Md.

14- (Informant) Mike Petr.

(Address) 1804 Kennaman Ave.

15-

Filed, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 5. 2. 25.

I HEREBY CERTIFY, That I attended deceased from January 1st 25 to May 2nd 25. 19

that I last saw him alive on May 2nd 19 25,

and that death occurred, on the date stated above, at 6-45 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

2

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

5/3, 19 25 (Signed) Charles L. A. Meyer M. D.

(Address) 1011 N Caroline St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Holy Rodeever	May 6, 19 25
20-UNDERTAKER,	ADDRESS
Frick & Son & Son	1906 Bond Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Burial Permit Clerk

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98020

CERTIFICATE OF DEATH.

24-1

D 98020

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John T. Lowman

(a) Residence No. 614 Hyson st. St., ... Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 1879

7-AGE.	If LESS than 1 day.
46 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9-BIRTHPLACE (city or town) Baltimore
(State or Country) Maryland

PARENTS:

10-NAME OF FATHER, Martin Lowman

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Maryland

12-MAIDEN NAME OF MOTHER, Margaret Drew

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Alabama

14- (Informant) Hospital Records

(Address) M.T.H.

15- Filed MAY 3 1925 ROBERT A. KRAMER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr. 30, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 14 1925, to Apr. 30 1925, that I last saw him alive on Apr. 30 1925, and that death occurred, on the date stated above, at 9.40 p. m.

The CAUSE OF DEATH* was as follows:

pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray, laboratory

(Signed) J. D. White, M. D.

5-1-, 1925 (Address) Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Mt. Olivet Cem.	May 4, 19 25
20-UNDERTAKER, Chas L. Thomas	ADDRESS 1501 E. Fort Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98021

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98021

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 1106 S. Linwood ave St., 1-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Barbara Postelner

(a) Residence No... 1106 S. Linwood ave St., ... Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? 75 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widow or Widower or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Frederick Postelner

6-DATE OF BIRTH (month, day and year) July 23-1841

7-AGE, 83 yrs. 9 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town). (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (city or town). (State or Country), Not known

12-MAIDEN NAME OF MOTHER, Not known

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Not known

14- (Informant) Edward Postelner

(Address) 1106 S. Linwood ave

MAY 3 - 1925

Filed.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 2 1925

17- I HEREBY CERTIFY, That I attended deceased from April 5 1925 to May 2 1925

that I last saw her alive on May 1 1925

and that death occurred, on the date stated above, at 12.15 A. m.

The CAUSE OF DEATH* was as follows:

Aortic & Mitral Insufficiency

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Cedola N. Ottley, M. D

May 2 1925 (Address) 105 S. Potteron Parkway

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Carmel Cem. DATE OF BURIAL, May 5 1925

20-UNDERTAKER, Zirkler & Zirkler ADDRESS 1739 Eager

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

Dr Scott 2215 Mid Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

98022

CERTIFICATE OF DEATH.

74-001 D 98022

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 Cliftview Ave ST., 8-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna A. Moser

(a) RESIDENCE No. 1512 Cliftview ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Emory O. Moser

6 DATE OF BIRTH (month, day, and year): Aug 10 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	49	8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Frederick Hardman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Kauffman

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Maryland

14 Informant: Emory O. Moser

(Address): 1512 Cliftview Ave

15 Filed MAY 3 1925, 19... RUBLEY R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 1 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1924, to May 1, 1925, that I last saw her alive on April 30, 1925, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo. M. Settle, M. D.

(Address) 1525 Maryland Ave

*(State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Emmitsburg Maryland

DATE OF BURIAL: 5/4 1925

20 UNDERTAKER: William Cook

ADDRESS: 502 E North Ave

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23 21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98023

CERTIFICATE OF DEATH.

23 D 98023

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. St. Joseph's Hospital St., 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna E. Hawkins

(a) Residence No. 3214 Ravenwood ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. ~~27~~ mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Samuel E. Hawkins

6-DATE OF BIRTH (month, day and year): July 16, 1895

7-AGE, 29 yrs. 9 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: General housework

(b) General nature of industry, business, or establishment in which employed (or employer): Do

(c) Name of employer: Do

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md.

PARENTS:

10-NAME OF FATHER: Malen Tuder

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Balto. Md

12-MAIDEN NAME OF MOTHER: Margaret E. Fischer

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto. Md

14-

(Informant): Samuel E. Hawkins

(Address): 1923 N. Collington Ave.

15- MAY 3 19..

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 5-2-25

17- I HEREBY CERTIFY, That I attended deceased from April 18, 1925 to May 2, 1925

that I last saw h.er alive on May 2d 1925

and that death occurred, on the date stated above, at. 4 20p m.

The CAUSE OF DEATH* was as follows: Lethargic Encephalitis

(Duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? S. K.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) G. R. Gilbert M. D.

, 19 (Address) St. Joseph's Hosp

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Forhurst — DATE OF BURIAL, May 5 1925

20-UNDERTAKER, J. W. Cook — ADDRESS 502 E. Fayette ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 98024

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98024
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE, No. 3008 N. Calvert St., Ward 3

2-FULL NAME Leslie A. Klock

(a) RESIDENCE No. 3008 N. Calvert St., Ward
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary L. Klock

6 DATE OF BIRTH (month, day, and year): Feb 2- 1884

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
	41	3	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Asst Manager
(b) General nature of industry, business, or establishment in which employed (or employer): Security Trust Co
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS
10 NAME OF FATHER: Wm Klock
11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md
12 MAIDEN NAME OF MOTHER: Minnie Euker
13 BIRTHPLACE OF MOTHER (City or town) (State or country): Maryland

14 Informant: Mamie L Klock
(Address): 3008 N Calvert

15 Filed MAY 3 - 1925 19 RUBERT A. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 2 1925

17
I HEREBY CERTIFY, That I attended deceased from Nov, 1924, to May 2 1925,
that I last saw him alive on May 1, 1925,
and that death occurred, on the date stated above, at 5½ m.
The CAUSE OF DEATH* was as follows:
Tuberculosis Pulmonalis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Tub. Bacillus
(Signed) Howard Kelly M. D.
5/2-1925 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge
DATE OF BURIAL: 5/4 1925

20 UNDERTAKER: W. Cook
ADDRESS: 502 E North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

506 N. Fulton Ave. ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98025

CERTIFICATE OF DEATH.

129

D 98025

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2529 Woodbrook Ave ST., 12-5 WARD)

2-FULL NAME Arthur F Holmes

(a) RESIDENCE NO. 2529 Woodbrook Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lydia B. Holmes

6 DATE OF BIRTH (month, day, and year) Nov 7 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer Bk Survey. Balto

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Geo. W Holmes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Lankmore

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs Lydia Holmes

(Address) 2529 Woodbrook Ave

15 Filed MAY 3 - 1925 19 ROBERT N. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1 1925

17 I HEREBY CERTIFY, That I attended deceased from April 28, 1925, to May 1, 1925, that I last saw h alive on May 1, 1925, and that death occurred, on the date stated above, at 1-30 P.m.

The CAUSE OF DEATH* was as follows:

Hypertrophy of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic interstitial Nephritis (duration) yrs 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Martin W Shook, M. D.

May 1, 1925 (Address) 836 N Fulton ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Hay.	5/4/25
20 UNDERTAKER	ADDRESS
Wm Cook	502 Eutaw Pl

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98026

CERTIFICATE OF DEATH.

165-001

D 98026

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3412 Park Heights Ave., St., 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Kleinman

(a) Residence No. 3412 Park Heights ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Belle C. Kleinman

6-DATE OF BIRTH (month, day and year) Sept 15 1885

7-AGE, 39 yrs. 7 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Furniture

(b) General nature of industry, business, or establishment in which employed (or employer) Dealer 045

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER Abraham Kleinman

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Dina Mishkin

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) Belle C. Kleinman

(Address) 3412 Park Heights ave

15- MAY 3 - 1925 Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 2-25

17- I HEREBY CERTIFY, That I attended deceased from Dec 1st 1924 to May 1st 1925

that I last saw h. alive on May 1st 1925

and that death occurred, on the date stated above, at 1230 A. m.

The CAUSE OF DEATH* was as follows:

Sentema

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) I. Harry Glassman M. D.

May 2. 1925 (Address) 2687 Mersens Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Hebrew Rosedale	5/3 1925
20-UNDERTAKER	ADDRESS
Jack Lewis 1439	E Balt St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

98027

CERTIFICATE OF DEATH. 101-001 D 98027

1-PLACE OF DEATH WEST BALTIMORE GEN. HOSP. REGISTERED NO.

CITY OF BALTIMORE: (No. RAYNER & DUKE LA ST., 28 WARD) 4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME EDWARD H. BLAKENEY

(a) RESIDENCE No. EDMONDSON AVE. ST., WARD

(Usual place of abode) AND OLD FREDK. ROAD, (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
MALE	WHITE	MARRIED.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of MRS EDWARD B LAKENEY.

6 DATE OF BIRTH (month, day, and year) June 16 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	10	15	

8 OCCUPATION OF DECEASED Cotton Duck

(a) Trade, profession or particular kind of work RETIRED 6 8

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) BALTO. CO.

PARENTS

10 NAME OF FATHER JOHN D BLAKENEY

11 BIRTHPLACE OF FATHER (city or town) (State or country) CONN.

12 MAIDEN NAME OF MOTHER SARAH GAUNT.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ENGLAND.

14 Informant Mrs. Lyrsa C. Blakeney (Address) Edmondson Ave Catonsville Md

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1- 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr. 26, 1925, to May 1, 1925, that I last saw him alive on May 1, 1925, and that death occurred, on the date stated above, at 11.25 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilatation 2 days

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. Ely Deming M. D.

, 19 (Address) Catonsville, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	May 4-1925
20 UNDERTAKER Horace H. Burgee	ADDRESS 363 Fallsway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

See Letter on file from Dr Cargill Sept 30-1925

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98028

CERTIFICATE OF DEATH. 31

D 98028

1-PLACE OF DEATH

REGISTERED NO. 5-27

CITY OF BALTIMORE: (No. 609 N. Spring ST., 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles S. Chase

(a) RESIDENCE No. 609 N. Spring ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 10-16-1896.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	6	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Robert Chase

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret Bean

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Sula Washington

(Address) 609 N. Spring

MAY 3 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-2-1925

17 I HEREBY CERTIFY, That I attended deceased from 5-1-1925, to 5-2-1925, that I last saw him alive on 5-1-1925, and that death occurred, on the date stated above, at 10.20 A. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

Undetermined (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm H Cargill, M. D.

5-3. 1925 (Address) 611 N. Carrol

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Millstone Landing Md.

DATE OF BURIAL 5-4-1925

20 UNDERTAKER Mrs. Chas L. Bailey

ADDRESS 1421 Jefferson St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 98029

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46

D 98029

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2655 E. Oliver ST. 8-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary J. Goode

(a) RESIDENCE. No. 2655 E. Oliver ST., WARD.
(Usual place of abode)
Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Goode

6 DATE OF BIRTH (month, day, and year) — 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Michael J. Moan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant William J. Goode
(Address) 2675 E. Oliver St.

MAY 3 — 1925 ROBERT A. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1— 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1925, to May 1, 1925, that I last saw her alive on Apr. 29, 1925, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Pulmonary embolism

— (duration) — yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Edward J. Moan, M. D.

, 19 (Address) N. E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Patrick's Cemetery	May 4 1925
20 UNDERTAKER	ADDRESS
Chas. J. Braue & Son	118 North Royal Ave.

Spec— 12-23-21—E.B.R.S.—400 Blks.

98030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 D 98030

1-PLACE OF DEATH Church Home and Infirmary Registered No.....

City of BALTIMORE: (No..... St.,..... Ward) 14-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Daniel Webster Cathell

(a) Residence No. Emerson Hotel, Baltimore Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Jeanette B. Cathell

6-DATE OF BIRTH (month, day and year) Nov 29-1839

7-AGE. 85 yrs. 6 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Physician 054
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Leoy Cathell

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Priscilla Lawson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Delaware

14- (Informant) Mrs. John T. Reid
(Address) 7 Longwood Road Roland Park

15- [illegible] Registrar.

MAY 3 - 1925

Special Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 1, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 26 1925 to May 1 1925 that I last saw him alive on May 1 1925 and that death occurred, on the date stated above, at 11.15 A m.

The CAUSE OF DEATH* was as follows:

[redacted]
Nephritis chronic
Cardiac Hypertrophy
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Uremia
[redacted] (Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis?.....

(Signed) Keith C. Rice M. D.

. 19 (Address) Church Home & Inf.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Greenmount Cem.	May 4 1925
UNDERTAKER.	ADDRESS
Chas. F. Graves & Son	1130 W. Royal Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98031

D 98031

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3441 Old Frederick Rd ST., 20-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George J. Reese -

(a) RESIDENCE NO. 3441 Old Frederick ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose M Reese

6 DATE OF BIRTH (month, day, and year) Nov 23 1853

7 AGE Years 71 Months 5 Days 7 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Rose M Reese

(Address) 3441 Old Frederick Rd

15 MAY 3 - 1925 19 ROBERT A. KRAUDER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 11, 1924, to Apr 30, 1925, that I last saw h alive on Apr 30, 1925, and that death occurred, on the date stated above, at 7 30 A m.

The CAUSE OF DEATH* was as follows:

Cor ectasma of the Stomach

(duration) yrs. 6 mos. 19 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? ye

(Signed) J. H. Mellenn, M. D.

, 19 (Address) 1303 W North

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem — DATE OF BURIAL 5/4/25

20 UNDERTAKER George A Finlay Lutbert Sayler — ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98032

CERTIFICATE OF DEATH.

101-001 D 98032

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2125 N. Fayette ST., 70-3 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Mary Teresa Powers

(a) RESIDENCE No. 2125 N Fayette ST., WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 3-1868

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
57	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer) 069

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Edesville Md.

PARENTS

10 NAME OF FATHER John E. Powers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Barbara Masterson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Annie E. Hughes
(Address) 2125 N Fayette st

Filed MAY 3 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1 1925

17

I HEREBY CERTIFY, That I attended deceased from Apr. 27, 1925, to May 1, 1925, that I last saw h[illegible] alive on May 1, 1925 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? P. E

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Homer L. Todd M. D.

5/2, 1925 (Address) 735 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Catholic Cem	5/4/25

20 UNDERTAKER Engell Funeral Co ADDRESS 1116 W Fayette

Spec.—1-10-21—M&T—1500 Pks.

D 98033

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98033

CERTIFICATE OF DEATH.

31

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 Hughes ST., 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maria Concetta Di Blasi

(a) RESIDENCE NO. 119 Hughes ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) Dec 18 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	23.	4.	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Giuseppe Di Blasi

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy.

12 MAIDEN NAME OF MOTHER Concetta Chiaramonte

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant G. Di Blasi

(Address) 119 Hughes St.

MAY 4 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1 1925

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to May 1, 1925; that I last saw h-r alive on May 1, 1925, and that death occurred, on the date stated above, at 15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Wm. Smith, M. D.

19 (Address) 109 W. Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery

DATE OF BURIAL 5/4/25 19

20 UNDERTAKER Geo J. Ruth.

ADDRESS 1835 Harford ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98034

CERTIFICATE OF DEATH.

D 98034

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 Homewood Av ST., 9 - 4 WARD)

REGISTERED NO. 114

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Dallam

(a) RESIDENCE No. 2001 Homewood Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. 2 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Late Benj. S. Dallam

6 DATE OF BIRTH (month, day, and year) Feb 23/56

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER John J. McNeir

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Melvina —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs L. Dallam

(Address) 2001 Homewood Av

Filed MAY 4 - 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2nd 25

17 I HEREBY CERTIFY, That I attended deceased from April 27, 1925, to ~~Dec~~ May 2, 1925, that I last saw her alive on May 1, 1925, and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis, Peritonitis, & Infirmities of age

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) ~~primary~~ Acute Gastro Intestis & (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) E. O. Carman, M. D.

5-2-1925 (Address) 1701 N Caroline st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem. DATE OF BURIAL 5/5 1925

20 UNDERTAKER Philip Henrig ADDRESS 2016 Orleans

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 98035

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98035

CERTIFICATE OF DEATH.

5 161-001

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. Johns Hopkins Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME "Girl" Putney

(Residence in Baltimore: No. 631 N. Central Ave St.; yrs., ... mos. 2 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	col	single

6-DATE OF BIRTH. April 30-25 1.....
(Month) (Day) (Year)

7-AGE.		If LESS than 1 day,
..... yrs.	..... mos. 2	..... hrs. or ..... min.*
	..... ds.	

8-OCCUPATION:
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Geo. L. Putney

11-BIRTHPLACE OF FATHER, (State or Country). Balto. Md

12-MAIDEN NAME OF MOTHER. Mildred Walker

13-BIRTHPLACE OF MOTHER, (State or Country). Benges Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. L. Putney

(Address) 631 N. Central Ave

MAY 4 - 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 2-25 192....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity

.....

.....

.....
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
.....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)

5-3-25 192.... (Address) 508 E. Fort Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Ashley Cemty	5/4/25 19 25
20-UNDERTAKER.	ADDRESS 1218
Byron & Wright	Mc Elderry

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 98036

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

129 D 98036

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 129 N. Hill St ST., 22-2 WARD)

2-FULL NAME Mary Williams

(a) RESIDENCE NO. 129 N. Hill St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 63 — Months — Days — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Maid 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Annie Johnson
(Address) 129 N. Hill St

15 Filed MAY 4 - 1925 ROBERT R. KRAUTH Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1 1925

17 I HEREBY CERTIFY, That I attended deceased from Feby, 25, to May 1, 1925, that I last saw alive on May 1, 1925, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) H. S. Smith, M. D.

, 19 (Address) 109 N. Eden St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Richmond Va.

DATE OF BURIAL: May 6 1925

20 UNDERTAKER: Wm. J. Tichnor Son's

ADDRESS: North Eden St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98037

D 98037

CERTIFICATE OF DEATH.

101-001

9-3

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3125 Pinges Lane ST. 9 WARD 3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary J. Plummer

(a) RESIDENCE NO. 3125 Pinges Lane ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. 2 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas. W. Plummer

6 DATE OF BIRTH (month, day, and year): Feb 16 1858

7 AGE — Years: 67 — Months: 2 — Days: 15 — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: James Cole

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Jane Evans

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Mr. Chas. W. Plummer

(Address) 3125 Pinges Lane

15 Filed MAY 4 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr. 22, 1925, to May 2, 1925, that I last saw h[illegible] alive on May 2, 1925, and that death occurred, on the date stated above, at 6.35 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) H. G. Prentiss, M. D.

, 19 (Address) 634 Gorsuch ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olive Cem

DATE OF BURIAL: May 5 1925

UNDERTAKER: Wm J Tickner Sons

ADDRESS: Norfolk Va

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

ROBERT N. KRAUTER, Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Bks.

D 98038

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47 D 98038

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 E. Lanvale ST. 12-6 WARD

2-FULL NAME Susie W Adams

(a) RESIDENCE No. 401 E. Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 4/15 1876

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
49	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) Public School

(c) Name of employer Balto City

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John E Adams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary C Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Sallie Adams

(Address) 401 E Lanvale St

15 Filed ..... 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2/25 19

17

I HEREBY CERTIFY, That I attended deceased from Jan 3-25 . 19 . to May 2-25 . 19 .

that I last saw her alive on May 1-25 . 19 ,

and that death occurred, on the date stated above, at 5.15 A m.

The CAUSE OF DEATH* was as follows:

Adeno-carcinoma (Mammary Gland)

(Metastasis to lymph nodes)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Feb 2-25

Was there an autopsy? no

What test confirmed diagnosis? Microscopic exam. of gland & nodes

(Signed) J. S. H. Patten, M. D.

5/2 1925 (Address) 108 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	5 5 1925
20 UNDERTAKER	ADDRESS
George F. Ruth	1735 Harford Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 98039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94-001 D 98039

1-PLACE OF DEATH

City of BALTIMORE: (No. 627 E. 30th St. St., 9-3 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hugh M. Buckingham

(Residence in Baltimore: No. 627 E. 30th St. St.) Left 5 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	White.	mar

6-DATE OF BIRTH. Nov. 16 1871 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
53 yrs. 5 mos. 16 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Balto. Product Co. 014

9-BIRTHPLACE, (State or Country). Baltimore, Md

PARENTS.

10-NAME OF FATHER. Jas. V. Buckingham

11-BIRTHPLACE OF FATHER, (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Emma J. Laurence

13-BIRTHPLACE OF MOTHER, (State or Country). New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie V. Buckingham (wife)

(Address) 627 E. 30th St.

15- MAY 4 - 1925 ROBERT N. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 2-25 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy-Hemorrhage

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. S. H. Polin M. D. (Coroner.)

5-2-25 192.... (Address) 502 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park	5-5-25 19....

20-UNDERTAKER. William Cook

ADDRESS 502 E. North

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98040

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

D 98040

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 506 S. 6 Charles St., 22-2 Ward) Registered No.....

2-FULL NAME Gladys Mildred Braxton

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 506 S. 6 Charles St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 6 mos. 5 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	Col	

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Dayus —

6-DATE OF BIRTH (month, day and year) 10/28/24

7-AGE.	If LESS than 1 day.
— yrs. 6 mos. 5 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Hezekiah Braxton

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Richmond Virginia

12-MAIDEN NAME OF MOTHER, Lillian Chisholm

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Richmond Virginia

11- (Informant) Hezekiah Braxton

(Address) 506 S. Charles

15- MAY 4 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 5/2/25

17- I HEREBY CERTIFY, That I attended deceased from 4/22 19 25 to 5/2 19 25

that I last saw her alive on 5/1 19 25

and that death occurred, on the date stated above, at 10 20 a. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) — yrs. — mos. 11 ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Dan J. Lauchlin M. D.

5/2, 1925 (Address) 122 W Lee St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn	May 4 19 25
20-UNDERTAKER	**ADDRESS**
L. E. Brown & Son	108 W. Mont'g St

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98041

CERTIFICATE OF DEATH.

90 D 98041

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 Holly Ave (Standard St., 27 WARD) 11

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Eliza Bowen

(a) RESIDENCE NO. 2 Holly Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josias L. Bowen

6 DATE OF BIRTH (month, day, and year) Jan 28 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	3	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Boardman (State or country) N. C.

PARENTS

10 NAME OF FATHER George Turner

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah E Dorman

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Josias L. Bowen (Address) 2 Holly Ave

15 MAY 4 - 1925 ROBERT N. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1 1925

17

I HEREBY CERTIFY, That I attended deceased from March 28, 1925, to May 1st, 1925, that I last saw h.. alive on May 1st, 1925, and that death occurred, on the date stated above, at 7:30 P m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

Cardio-Vascular Disease

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardio-Vascular Disease

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? no Date of nor

Was there an autopsy? no

What test confirmed diagnosis? Heart Murmur & Pulse

(Signed) George E. E. Cogler, M. D.

May 2nd 1925 (Address) 10 N. Harford Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	May 4 1925
20 UNDERTAKER	ADDRESS
J. T. E. Hughes	424 N. Bond

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec–12-23-2 –E.B.R.S.–400 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE 98042

CERTIFICATE OF DEATH.

98042

PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. Church Home-Infirmary St., ... Ward) 12-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME EDWIN PARSONS HAYDEN.

(a) Residence No. Walbert Apts. St., ... Ward Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 3 mos. 21 ds. How long in U. S., if of foreign birth? 74 yrs. 3 mos. 21 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Nannie Denmead Hayden

6-DATE OF BIRTH (month, day and year) Jan-11-1851

7-AGE. 74 yrs. 3 mos. 21 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work One of the V.P.
(b) General nature of Industry, business, or establishment in which employed (or employer) of Drovers and
(c) Name of employer Mechanics Natl. Bank.

9-BIRTHPLACE (city or town) Baltimore
(State or Country), Maryland

PARENTS:
10-NAME OF FATHER, Horace W. Hayden
11-BIRTHPLACE OF FATHER (city or town) Balto.
(State or Country). Maryland
12-MAIDEN NAME OF MOTHER, Mary Gillette
13-BIRTHPLACE OF MOTHER (city or town) Balto.
(State or Country). Maryland

14- (Informant) Mrs. NannieD. Hayden (wife)
(Address) Walbert Apts., City.

15- MAY 4 - 1925 ROBERT A. KRAMER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 2, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 30 19 25 to May 2 19 25,
that I last saw h. ~~me~~ alive on May 2 19 25
and that death occurred, on the date stated above, at 4 15 A.m.
The CAUSE OF DEATH* was as follows:

Broncho pneumonia —
Double —

(Duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) None —
(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical findings
(Signed) L. W. Baumgarten M. D
, 19 (Address) Church Home Inf.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Druid Ridge Cemetery	May 4 25, 19....
20-UNDERTAKER, STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor)	ADDRESS 108 W. NORTH AVE.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98043

CERTIFICATE OF DEATH.

44

D 98043

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3003 Clifton Ave. ST., 15-T WARD)

2-FULL NAME Mary C. French

(a) RESIDENCE NO. 3003 Clifton Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob M. French

6 DATE OF BIRTH (month, day, and year) Nov. 16, 1836,

7 AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
88	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) W. Va.

PARENTS

10 NAME OF FATHER John Ellis

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. James W. Gresham

(Address) 3003 Clifton ave.

15 Filed ..., 19 ... Registrar

ROBERT A. KRAUTER, Burial Permit Clerk

MAY 4 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1924, to May 3, 1925.

that I last saw h.. alive on May 3, 1925.

and that death occurred, on the date stated above, at 3 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach.

(duration) yrs. 18 mos ds.

CONTRIBUTORY (Secondary) Carcinoma of Liver

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. R. Oelheim M. D.

5/3/25 (Address) 2757 W. Mont.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Falling Waters W. Va.	May 4, 1925,
20 UNDERTAKER	**ADDRESS**
Wm. C. Black,	927 N. Broadway

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 98044

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16 D 001
16 D 98044

1-PLACE OF DEATH
CITY OF BALTIMORE: No. 119 Locust ST., 25 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul Budahangy

(a) RESIDENCE No. 119 Locust ST., 25 WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 09 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 13 1923

7 AGE — Years — Months — Days: 22 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Curtis Bay Md

PARENTS
10 NAME OF FATHER Charles Budahangy
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ruthenia
12 MAIDEN NAME OF MOTHER Mary Zimnaick
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ruthenia

14 Informant Charles Budahangy
(Address) Curtis Bay

15 MAY 4 - 1925 Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 1925

17 I HEREBY CERTIFY, That I attended deceased from May 3, 1925, to May 3, 1925, that I last saw him alive on May 2, 1925, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:
Prematurity Birth
(7 mos)

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Leon D. Horka M. D.
(Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross — DATE OF BURIAL: May 4 1925

UNDERTAKER: Grace Erickson — ADDRESS: Woodland

THIS BLANK MUST BE CAREFULLY FILLED OUT. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

D 98045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

D 98045

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 746 Ryan St., 21-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leon R. Dorsey

(Residence in Baltimore: No. 746 Ryan St St.; yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	Col	Sgle

6-DATE OF BIRTH. September 13 1918
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
6 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Howard Dorsey

11-BIRTHPLACE OF FATHER, (State or Country). Baltimore city

12-MAIDEN NAME OF MOTHER. Anna Brooks

13-BIRTHPLACE OF MOTHER, (State or Country). Baltimore city

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Anna Dorsey

(Address). 746 Ryan street

MAY 4 - 1925

ROBERT P. KRAUTER
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 1 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an.....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
find that said deceased came to ~~his~~ death
(Inquest, autopsy or inquiry.)
on the day stated above.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration)..... yrs. mos. 4 ds.

CONTRIBUTORY.....
(Secondary)

(Duration)..... yrs. mos. ds.

(Signed) H. R. Grahame M. D.
(Coroner.)

5-2 1925 (Address) 117 W. Saratoga St.

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Cemetery	May 4 1925
20-UNDERTAKER.	ADDRESS
Ernest Pree	1061 W. Fayette St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 98046

HEALTH DEPARTMENT—CITY OF BALTIMORE

74 B 98046

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 S. East Ave ST., 1-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Weltz

(a) RESIDENCE NO. 24 S. East Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 16. 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman &c

(b) General nature of industry, business, or establishment in which employed (or employer) Furniture

(c) Name of employer Hecht Bros.

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Conrad Weltz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Reis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary Weltz

(Address) 24 S. East Ave

15 MAY 4 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 30, 1924, to May 1, 1925, that I last saw alive on May 1, 1925, and that death occurred, on the date stated above, at 9 30 A. m.

The CAUSE OF DEATH* was as follows:

Arteria Coronary malgus Sclerosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. [illegible], M. D.

May 3, 1925 (Address) 3 2 N. Ballimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL May 4 1925

20 UNDERTAKER H. Sander Sons Inc — ADDRESS 1710 Pratt

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-16-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98047

CERTIFICATE OF DEATH.

90 D 98047

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 3132 McElderry ST., 7-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Issac P. Moore

(a) RESIDENCE NO. 3132 McElderry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura A. Moore

6 DATE OF BIRTH (month, day, and year) Nov. 13, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chem. Lead Burner

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Wm. Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Eugenie Potee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Laura A. Moore (Address) 3132 McElderry St

15 Filed May 4, 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3, 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 17, 1924, to May 3, 1925, that I last saw him alive on May 2, 1925, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterial

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Caleb V. Allen, M. D.

May 4, 1925 (Address) 1008 Patterson Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet Cemetery	May 6 1925
20 UNDERTAKER	ADDRESS
J. Sander & Sons Inc	1710 Eden St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98048

CERTIFICATE OF DEATH.

1-4 D 98048

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3118 Hudson ST., 1-4 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernadine Ruehrwein

(a) RESIDENCE NO. 3118 Hudson ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ernst Ruehrwein

6 DATE OF BIRTH (month, day, and year) Dec. 6, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Miss Ebz. Retter

(Address) Lafayette Ave.

Filed MAY 4 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1924 to May 2, 1925, that I last saw her alive on May 1st 1925, and that death occurred, on the date stated above, at 1 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

about 2 yrs. mos. ds.

(duration)

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ....

Did an operation precede death? No Date of ....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edel N Dilley M. D.

May 19 25 (Address) 100 S. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Paul's Cemetery	May 5 1925
20 UNDERTAKER	ADDRESS
H. Sanders Sons Inc.	1710 Eutaw St

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98049
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

49 D 98049
REGISTERED NO.

CITY OF BALTIMORE: No. 18 S. Potomac ST.: 1-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Albert Myers -

(a) RESIDENCE. No. 18 S. Potomac ST.. WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married -

5a If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Sarah Ellen Myers.

6 DATE OF BIRTH (month, day, and year) Jany 2, 1855

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	4		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Myers.
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Sarah Ellen Myers (wife)
(Address) 18 S. Potomac St.

15 Filed ..... 19 .....
Registrar

MAY 4 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 1925

17 I HEREBY CERTIFY, That I attended deceased from May 1- 1925, to May 2 1925
that I last saw h alive on May 2- 1925
and that death occurred, on the date stated above, at 1.45 P. m.
The CAUSE OF DEATH* was as follows:

Carcinoma of bladder.
(Duration from Entry 6 mos)-

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Toxaemia -

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? None Date of
Was there an autopsy? No.
What test confirmed diagnosis? None. (over)

5/11, 1925 (Signed) H. A. Barden, M. D.
(Address) 1517 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cambridge, Md	5/4 1925
20 UNDERTAKER J. A. Moran	ADDRESS 300 E Balto St

Burial Permit Clerk

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98050

CERTIFICATE OF DEATH.

11-007 D 98050

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 Druid Hill Ave. St., 14 - 1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Elizabeth Long

(a) RESIDENCE NO. 1622 Druid Hill Ave ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4-6-1823

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	102		25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington Co. Md

PARENTS

10 NAME OF FATHER John Long

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant: Edith Hawkins

(Address) 1057 Myrtle Ave

15 Filed ..., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-1-25 19

17

I HEREBY CERTIFY, That I attended deceased from 4-28-25, 19 ..... to 5-1-25, 19 .....

that I last saw her alive on 5-1-25, 19 .....

and that death occurred, on the date stated above, at 2.40 P. m.

The CAUSE OF DEATH* was as follows:

La-Grippe

Terminal Pneumonia

(duration) ... yrs. ... mos 3 ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No —

What test confirmed diagnosis? clinical

(Signed) W W Butler, M. D.

, 19 (Address) 425 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL 5/4 1925

20 UNDERTAKER: Frank Wensley — ADDRESS 518 Cathedral

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 98051 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98051

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C 19-113

City of BALTIMORE: (No. 422 So. Parrish St., Ward)

2-FULL NAME William Wood Jr.

(Residence in Baltimore: No. 422 So. Parrish St.; yrs., 6 mos. 20 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-DATE OF BIRTH: Oct 3rd (Month) (Day) 1924 (Year)

7-AGE: ... yrs. 6 mos. 30 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country): Balto. Md

PARENTS.

10-NAME OF FATHER: William L. Wood

11-BIRTHPLACE OF FATHER, (State or Country): Balto. Md

12-MAIDEN NAME OF MOTHER: Margaret P. Mulligan

13-BIRTHPLACE OF MOTHER, (State or Country): Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Margaret Wood

(Address) 422 So. Parrish St.

MAY 4 - 1925

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 2nd 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal Indigestion

(Duration) Hrs. Half hour mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thos. B. Wilson M. D.

May 3rd 1925 (Address) Curtis Bay, (Coroner)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: May 4th 1925.

20-UNDERTAKER: John F. Cowan & Son ADDRESS: Gust. F. Cowan 901 Hollins St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

98052

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98052

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. Mercy Hospital Ward 47)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Tahora Corbett

(a) Residence No. 3007 W. North St., Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John N. Corbett

6-DATE OF BIRTH (month, day and year) 1861

7-AGE, About 64 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer) Housework.

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Peter H. Collins

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Elizabeth Stubbard

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) William E. Collins

(Address) Preston Md

MAY 4 - 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 5/3/25

17- I HEREBY CERTIFY, That I attended deceased from 4/23/25, 19..., to 5/3/25 19...

that I last saw h- alive on 5/3/25 19...

and that death occurred, on the date stated above, at 2.30 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma Breast

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of 4/24/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical & O.P.

(Signed) N. W. Kelly M. D.

, 19 (Address) Mercy

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Preston Md. — DATE OF BURIAL, 5/6 1925

20-UNDERTAKER, Wm J Tichnor Sons — ADDRESS North Pa Ave

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 98053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 D 98053

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Barrett.

(a) RESIDENCE NO. Preston Gardens ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a ~~If married, widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Margaret Byrnes.

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80 or 81			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Nicholas Barrett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary McDonough

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Sister Florence

(Address) Preston & Gilmor

15 Filed MAY 4 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 1925

17

I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

that I last saw h[illegible] alive on April 30, 1925

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Senile gangrene Foot

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warner, M. D.

May 4, 1925 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL May 4 1925

20 UNDERTAKER J. C. Wiedefeld — ADDRESS 914 Fremont Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98054

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98054

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Municipal tuberculosis Hospital St., 16-31 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Morris Mosher

(a) Residence No. 1414 Marshall st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Colored	Singl

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1895

7-AGE.	If LESS than 1 day.
30 yrs. mos. ds.	hrs. or. min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9-BIRTHPLACE (city or town) (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Samuel Morris

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Mathilda Ruffian

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Virginia

14- (Informant) Hospital Records

(Address) M. T. H.

15- MAY 4 - 1925 ROBERT [illegible] Registrar.

Burial Permit [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 1, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 16 1925 to May 1 1925

that I last saw him alive on May 1 1925

and that death occurred, on the date stated above, at 4.30 P.M.

The CAUSE OF DEATH* was as follows:

pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Laboratory

(Signed) J. D. White M. D.

5-2-, 1925 (Address) Municipal Tbc. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Mt Auburn	May 4th 1925
20-UNDERTAKER.	ADDRESS
Joseph A Farrell	2319 Division

Should be carefully supplied. All items should be filled in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

179610

D 98055

1-PLACE OF DEATH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X84 D 98055

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-1 WARD)

2-FULL NAME William M Blake

(a) RESIDENCE NO. 1116-14th St. Wash Dist. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 20-1862

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
62	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ?

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER John Blake

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) England.

12 MAIDEN NAME OF MOTHER Catherine Williamson

13 BIRTHPLACE OF MOTHER (city or town) Washington (State or country) D.C.

14 Informant Friends

(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAY 4 - 1925 ROBERT S. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4 - 1925

17

I HEREBY CERTIFY, That I attended deceased from March 18, 1925, to May 4 - 1925,

that I last saw him alive on May 4 - 1925,

and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor Benign Glioma, ~~left~~ Right Frontal.

(duration) 2 yrs. ? mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of {March 18 / March 26 / Apr. 18} 1925

Was there an autopsy? yes.

What test confirmed diagnosis? Operation Autopsy

(Signed) Julian D Hall, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Altoona Pa

DATE OF BURIAL May 4, 1925

20 UNDERTAKER Henry W Jenkins & Son Co

ADDRESS Cleland Mc Colloh St

N. B.—WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98056

CERTIFICATE OF DEATH.

74-001 74 D 98056

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1434 W. Baltimore ST., 14-1 WARD)

2-FULL NAME Katie Conway

(a) RESIDENCE No. 1434 W. Baltimore WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 4, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Joseph Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Annie Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Angie Summers

(Address) Linden Ave

15 Filed MAY 4 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27/25 19

17

I HEREBY CERTIFY, That I attended deceased from April 25th, 1925, to April 27th 1925.

that I last saw her alive on April 25th, 1925,

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) Age & Hard work

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical evidence

(Signed) H. Lee Ebb, M. D.

19 (Address) 82 Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem.	5-4 1925
20 UNDERTAKER Helen A. Holland	ADDRESS 163 Druid Hill Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 98057

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98057

CERTIFICATE OF DEATH

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 N. Kenwood Ave ST., 6-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine C. Garner

(a) RESIDENCE NO. 110 N. Kenwood Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Garner

6 DATE OF BIRTH (month, day, and year) Feb. 6, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Bernard Grenzer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Wiesner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John W. Garner (Address) 110 N. Kenwood Ave.

15 Filed ....., 19 ..... Registrar

ROBERT N. KRAUTER Burial Permit Clerk

MAY - 1925 Kenner 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2. 1925

17

I HEREBY CERTIFY, That I attended deceased from April 14th, 1925, to May 2nd, 1925.

that I last saw her alive on ", ", 1925

and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

(duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jacob L. Wiesner, M. D.

5-3, 1925 (Address) 30 S Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Emmanuel	May 5 1925
20 UNDERTAKER	ADDRESS
Wm. Lander & Sons, Inc.	1710 Eliot St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

98058

CERTIFICATE OF DEATH.

100-001 D 98058

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 21 E. Randall ST. (WARD) 23-2

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm N. Crabbin Jr.

(a) RESIDENCE. NO. 21 E. Randall ST., 23 WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 27, 1924

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md. Balto

PARENTS

10 NAME OF FATHER Wm N. Crabbin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Eva Thom

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Wm N. Crabbin

(Address) 21 E. Randall

15 Filed 19 Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 1925

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to May 3, 1925

that I last saw h.. alive on May 3, 1925,

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchopneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. R. H. Campbell M. D.

May 3, 1925 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem	5/5 1925
20 UNDERTAKER I. Frew McCully	ADDRESS 130 E. Fort

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 98059

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98059

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3802 Independence St., 9-3 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cecelia Celestine Clark

(a) RESIDENCE NO. 3802 Independence ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Luke Clark.

6 DATE OF BIRTH (month, day, and year) Dec - 186 7

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	5	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Morgantown (State or country) W. Va.

PARENTS

10 NAME OF FATHER Henry Davis

11 BIRTHPLACE OF FATHER (city or town) Morgantown (State or country) W. Va

12 MAIDEN NAME OF MOTHER Catherine Mallady

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Luke Clark.

(Address) 3802 Independence St

15 MAY 4 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1925, to May 5, 1925, that I last saw her alive on May 5, 1925, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Hypertention

(duration) yrs. 2 mos. 19 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? ✓

What test confirmed diagnosis? None

(Signed) Thos. F. Stevens, M. D.

5/3, 1925 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Vincent Cem	5/6 1925
20 UNDERTAKER J. Frew McCauley	ADDRESS 130 C. Fort

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98060

CERTIFICATE OF DEATH.

129 D 98060

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1338 Hollins ST., 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Smith

(a) RESIDENCE No. 1338 Hollins ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Smith.

6 DATE OF BIRTH (month, day, and year) Oct 21st 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	7	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Locomotive Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) 12 0

(c) Name of employer B & O R R Balto Co Md

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER George N Smith

11 BIRTHPLACE OF FATHER (city or town) Balto Co (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Stansbury

13 BIRTHPLACE OF MOTHER (city or town) Balto Co (State or country) Md

14 Informant Winifred Smith (Address) 1338 Hollins St.

15 Filed MAY 4 - 1925 ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2nd 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 31, 1925, to May 2, 1925, that I last saw him alive on May 2, 1925, and that death occurred, on the date stated above, at 4.50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? clinical knowledge

What test confirmed diagnosis? Albuminuria & Casts

(Signed) Benj. F. Phillips, M. D.

May 2. 1925 (Address) 832 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	May 5 1925
20 UNDERTAKER Joseph B Cook	ADDRESS 903 N Fulton Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 98061

CERTIFICATE OF DEATH.

B 98061

1-PLACE OF DEATH Church Home & Infirmary 19-37 Registered No.....

City of BALTIMORE: (No. Broadway & Fremont St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Annie M. Meiser

(a) Residence No. 701 E. 36th Street St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) March 3 1865

7-AGE	If LESS than 1 day
60 yrs. mos. 28 ds.	hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Milliner 086

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER, Herman Meiser

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER, Margaret K. Breiter

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto Maryland

14- (Informant) Herman H.A. Meiser (Br)

(Address) 1914 East Balto St

15- MAY 4 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 3, 1925

17- I HEREBY CERTIFY, That I attended deceased from May 1 19 25 to May 3 19 25

that I last saw h-r alive on May 3 19 25

and that death occurred, on the date stated above, at 9:45 p.m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tubercular Meningitis

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Post mortem Exam

(Signed) L. W. Bauerdorf M. D

5-4- 25 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Loudon Park	May 4 1925
20-UNDERTAKER	ADDRESS
Ost & Lent	603 N Eutaw St

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98062

CERTIFICATE OF DEATH.

161-001

D 98062

1-PLACE OF DEATH

City of BALTIMORE: (No. Forest Ave Frankleton 28-4 St., Ward) Registered No.

2-FULL NAME Margie Elizabeth Rittler

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. Forest Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) April 30, 1925

7-AGE, yrs. mos. 2 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, George J. Rittler

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Helen Margie Knorr

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md

14- (Informant) George J. Rittler

(Address) Forest Ave Woodlawn

MAY 4 - 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 2, 1925

17- I HEREBY CERTIFY, That I attended deceased from Apr 30, 1925 to May 2/25, 1925 that I last saw h.. alive on May 1, 1925 and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Premature (about 8 mo)

about 2

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Premature

about 2

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) W. S. Rittler, M. D.

May 3, 1925 (Address) 2220 Garrison Blvd

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL, May 4, 1925

20-UNDERTAKER, Jos Joerdens Son — ADDRESS 207 S. Paca

Must be filled. Exact statement of OCCUPATION is very important. See that it may be properly classified. In plain terms, so instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

D 98063 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Hospital 1210 ST., 12 WARD)

REGISTERED NO. D 98063

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Hyland

(a) RESIDENCE NO. 1033 Forest ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Hyland

6 DATE OF BIRTH (month, day, and year) Sept 28, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	7	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Park Police
(b) General nature of industry, business, or establishment in which employed (or employer) Druid Hill Park
(c) Name of employer City of Balto Park Dept.

9 BIRTHPLACE (city or town) (State or country) Mt. Washington Md.

PARENTS

10 NAME OF FATHER William Hyland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland County Wexford

12 MAIDEN NAME OF MOTHER Annie Quinn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland Co Wexford

14 Informant (Address) Roland Hyland Son 1033 Forest St.

15 MAY 4 1925 ROBERT U. KRAUTER, Registrar

Burial Permit Given

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1st 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows: Injuries from Automobile Accident

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) John Mc Murtrie, M. D. (Coroner.)

May 3, 1925 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bonnie Brae Cemetery	May 5 1925

20 UNDERTAKER Elmer W. Conklin ADDRESS 924 E Eager

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98064

CERTIFICATE OF DEATH.

101-001

101 D 98064

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 3102 Brighton St., 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Samuel McKay

(a) Residence No. 3102 Brighton St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M.

4-COLOR OR RACE, White

5-~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle T. McKay

6-DATE OF BIRTH (month, day and year) Oct 26-1856

7-AGE, 68 yrs. 6 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Inspector 08

(b) General nature of industry, business, or establishment in which employed (or employer) Western Union Tel Co.

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Wm S. McKay

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Lydia Brook

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Douglas McKay

(Address) 3102 Brighton Md

MAY 4 - 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 3-1925

17- I HEREBY CERTIFY, That I attended deceased from Apr 26, 1925 to May 3, 1925

that I last saw him alive on May 3, 1925

and that death occurred, on the date stated above, at 8-12a m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(Duration) yrs. mos. 8 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Sputum

(Signed) Walter S. Tublett, M. D.

May 3, 1925 (Address) 2220 Harrison ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Loudon Park	May 6 1925
20-UNDERTAKER.	ADDRESS
Fredrickson	1923 W Lafay ave

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98065

CERTIFICATE OF DEATH.

38 D 98065

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1429 Jefferson ST., 5-V WARD)

2-FULL NAME Baby Thomas

(a) RESIDENCE NO. 1429 Jefferson ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Apr 5/1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore, (State or country) Md.

PARENTS

10 NAME OF FATHER Levy Wright

11 BIRTHPLACE OF FATHER (city or town) N. C. (State or country)

12 MAIDEN NAME OF MOTHER Louise Thomas

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Louise Thomas (mother)
(Address)

15 Filed MAY 4 1925 HUBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4, 1925

17 I HEREBY CERTIFY, That I attended deceased from 4/5, 1925, to 4/27, 1925, that I last saw h[illegible] alive on 4/27, 1925, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. K. Stone, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel County

DATE OF BURIAL 5/4/25 1925

20 UNDERTAKER Byron Wright

ADDRESS 1213 McElderry

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 98066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98066
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 929 S. Kenwood Ave ST., 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Wielinska

(a) RESIDENCE NO. 929 S. Kenwood Ave WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 2 mos. — ds. How long in U. S., if of foreign birth? 33 yrs. 2 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Franz Wielinski

6 DATE OF BIRTH (month, day, and year): March — 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
69	~~1846~~ 69	~~March~~	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer): housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Martin Nawotny

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Margaret Ruetz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant — Husband Franz Wielinski
(Address) 929 S. Kenwood ave

MAY 4 - 1925 Filed ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 2" 1925.

17 I HEREBY CERTIFY, That I attended deceased from April 10 1925 to May 2 1925, that I last saw her alive on May 2 1925, and that death occurred, on the date stated above, at 1105 p m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 1 mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Franz Januszewski M. D.

1925 (Address) 2431 Fait Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus. DATE OF BURIAL: May 5" 1925.

20 UNDERTAKER: M. J. Sadowski ADDRESS: 705 S. Ann

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

KODAK

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

32 D 98067

98067

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 17 WARD) 4

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Percy Garlic

(a) RESIDENCE NO. 400 E. 23rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
25	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 MAY 4 - 1925 ROBERT N. KRAUTH, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3 1925

17 I HEREBY CERTIFY, That I attended deceased from April 30. 1925. to May 3. 1925.

that I last saw him alive on May 3. 1925.

and that death occurred, on the date stated above, at 2.45 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Potts disease, Bone abscess (duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) Louis G. Martin M. D.

, 19 (Address) Johns Hopkins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	May 5 1925
20 UNDERTAKER Mrs. R. E. Elliott	ADDRESS 1325 Eastland Av.

ATION should be carefully supplied. AGE should be given in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D-98068

90 D 98068

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1647 E 25th ST. 8-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mina E Bullock

(a) RESIDENCE NO. 1647 E 25th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 13. 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Samuel Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Aleph Credel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Edward Bullock

(Address) 1647 E 25th St.

15 Filed MAY 4 - 1925 19 Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2nd 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 7 1924, to May 2 1925,

that I last saw h alive on May 1 1925,

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Pulmonal Heart Disease

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Aortic Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical signs

(Signed) John D Finch, M.D.

5/4, 1925 (Address) 936 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL May 4 1925

20 UNDERTAKER Robt J Turner Inc

ADDRESS 1442 N Broadway

MAGE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98069

CERTIFICATE OF DEATH.

D 98069

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., 26-11-3 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Salvatore Glorioso (Glorioso)

(Residence in Baltimore: No. 3200 Mc Elderry st St.; (yrs. 20) mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

6-DATE OF BIRTH 1885
(Month) (Day) (Year)

7-AGE	If LESS than 1 day,
37 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Contractor

9-BIRTHPLACE, (State or Country): Italy

PARENTS.

10-NAME OF FATHER, Salvatore Glorioso

11-BIRTHPLACE OF FATHER, (State or Country): Italy

12-MAIDEN NAME OF MOTHER, Domenica Fertilio

13-BIRTHPLACE OF MOTHER, (State or Country): Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Salvatore Glorioso

(Address) 3200 Mc Elderry st

15- Filed MAY 4 1925 ROBERT M. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 2 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (~~Inquest, autopsy or~~ Inquiry.) thereon and from the evidence obtained by said ..... ~~Inquest, autopsy or~~ Inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Perforated Gastric Ulcer

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H K Gruenich M. D. (Coroner.)

5-4 1925 (Address) 117 W Lanvale St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL	DATE OF BURIAL
Mt Pleasant Cem	5 5 1925

20-UNDERTAKER	ADDRESS
J. J. Cahey & Sons	3 E Eutaw st

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 98070

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 D 98070

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Hope Retreat ST., 28-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William D. Miller

(a) RESIDENCE NO. Mt Hope Retreat ST., 28 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9r yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 6/12/82

7 AGE: Years 42 | Months 11 | Days 18 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ship Builder

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown 0/5

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Charles A Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bonn Germany

12 MAIDEN NAME OF MOTHER: Catherine Hulsman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Berlin Germ

14 Informant: Mt Hope Records

(Address) Mt Hope.

15 Filed MAY 4 1925 ROBERT N. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 3 1925

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1923, to May 3, 1925, that I last saw h[illegible] alive on May 3, 1925, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Paresis (Luetic)

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Enteritis & Convulsions

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Serological

(Signed) Milton B. Hall, M. D.

, 19 (Address) Wyliesan. Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Hope Cem

DATE OF BURIAL: 5/6 1925

20 UNDERTAKER: [illegible]

ADDRESS: 131 Eighth St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—150(Bks.

D 98071

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001
100 D 98071

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Forest Ave ST., 28-4 WARD)

2-FULL NAME Louis W Wolf

(a) RESIDENCE No. Forest ave ST., Franklintown WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 20 1921

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	4	2	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS
10 NAME OF FATHER Charles H Wolf
11 BIRTHPLACE OF FATHER (city or town) Woodlawn
(State or country) Balto Co Md
12 MAIDEN NAME OF MOTHER Zola H McDonald
13 BIRTHPLACE OF MOTHER (city or town) Harrisonville Md
(State or country)

14 Informant Mr Charles H Wolf
(Address) Franklintown Balto Md

MAY 4 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 1925

17 I HEREBY CERTIFY, That I attended deceased from April 23rd 1925 to May 2nd 1925, that I last saw him alive on May 2nd 1925, and that death occurred, on the date stated above, at 7.40 P m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) — yrs. — mos. 8 da.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) ..... yrs. ..... mos. 8 da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Geo F Everhart, M. D.

5/3 1925 (Address) Woodlawn P.O. Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ward Chapel Harrisonville Md	May 5 1925
20 UNDERTAKER John F Denny	ADDRESS 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 93072

CERTIFICATE OF DEATH.

100-001

REGISTERED NO. D 93072

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 N Fremont Ave ST., 18-1 WARD)

2-FULL NAME Henry Wm Nicklas

(a) RESIDENCE NO. 214 N Fremont Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Sing

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mar 14 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Henry Nicklas

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER Bessie Porter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Talbot Co Md

14 Informant Mrs Bessie Nicklas

(Address) 214 N Fremont Ave

15 Filed MAY 1925 ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-3 1925

17 I HEREBY CERTIFY, That I attended deceased from April 27, 1925 to 5-3, 1925

that I last saw him alive on 5-3, 1925

and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Impecunitis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L. P. Huntington, M. D.

5-3-1925 (Address) 102 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	May 5 1925
20 UNDERTAKER John F Denny	ADDRESS 915 Lyndhurst

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

98073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 D 98073

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2124 Brunt ST., 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace Dyson

(a) RESIDENCE NO. 2124 Brunt ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced (or) WIFE of Louis Dyson

6 DATE OF BIRTH (month, day, and year) Mar 4, 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	1	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Sarah Sheridan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Louis Dyson

(Address) 2124 Brunt St

MAY 4 - 1925 Filed ROBERT R. KRAUTER, Registrar

Burial Permit (illegible)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3 1925

17

I HEREBY CERTIFY, That I attended deceased from Apr 27, 1925, to May 3, 1925, that I last saw her alive on May 2, 1925, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(duration) yrs. 8 ? mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. William Frey, M. D.

5/3, 1925 (Address) 928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Feb 4 1925
20 UNDERTAKER	ADDRESS
Virginia A. Brooks	1463 N. Carey

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 blks.

D 98074

HEALTH DEPARTMENT—CITY OF BALTIMORE

1078 001 D 98074

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 801 W. Lexington ST. 18-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dewitt Clinton Albaugh

(a) RESIDENCE NO. 801 W. Lexington ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louise M. Albaugh

6 DATE OF BIRTH (month, day, and year) May 24, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	13	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) 050

(c) Name of employer

9 BIRTHPLACE (city or town) Frederick (State or country) Md.

PARENTS

10 NAME OF FATHER Hiram Albaugh

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Md.

14 Informant Chas. N. Albaugh

(Address) 501 W. Lexington St.

15 Filed ..... 19 ..... Robert P. Harrison, Registrar

MAY 4 - 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4, 1925

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to May 4, 1925,

that I last saw h... alive on May 3, 1925,

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) ..... M. D.

May 4, 1925 (Address) 105 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Eastern Cemet.	May 6 1925

20 UNDERTAKER Whitbeck ADDRESS 502 E. North

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 98075

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98075

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1825 Fleet St., 7 Ward) Registered No. C 180-001

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Ross

(Residence in Baltimore: No. 1825 Fleet St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. May (Month) 2nd (Day) 1844 (Year)

7-AGE, yrs. mos. 2 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER, Michael Ross

11-BIRTHPLACE OF FATHER, (State or Country), Balto City

12-MAIDEN NAME OF MOTHER, Lillian Detrouville

13-BIRTHPLACE OF MOTHER, (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Ross

(Address) 1826 Rose St

15-

Filed ..... 192 Robert P. Harrison

Registrar.

Burial Permit Clerk

Y 4 - 1925

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 4 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidentally asphyxiated while in bed with Mother

(Duration) yrs. Sudden mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) James M Barber M. D. (Coroner.)

May 4 1925 (Address) York & Chase

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Rosary	May 7 1925

20-UNDERTAKER. F. W. Ozazewski ADDRESS 1780 Eastern Ave

Cor.—1-12-25—M&T—100 Bkn.

D 98076

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98076

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) Homewood Hospital (St.) (WARD) 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. George Isbey

(a) RESIDENCE NO. Fullerton Pa ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Isbey

6 DATE OF BIRTH (month, day, and year): September

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
45				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: housework
(b) General nature of industry, business, or establishment in which employed (or employer): 81
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: "

11 BIRTHPLACE OF FATHER (city or town) (State or country): "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: Albert Wolfe Dead
(Address)

15 Filed MAY 4 - 1925 192

Robert F. Harrison, Registrar

[illegible] Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 25 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, and thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Paralysis Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John Morrison, M. D.
(Coroner.)

(Address) 2232 Pulaski

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND, — DATE OF BURIAL: MAY 4 1925

20 UNDERTAKER: Commissioner Health. — ADDRESS

Dep. Wm. E. Woodall

Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

This body is now at Mersey Hospital morgue

D 98077

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98077

CERTIFICATE OF DEATH.

4-28

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. University Hospital St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jas H. Hicks

(Residence in Baltimore: No. Dont Know St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	W Colo	Dont Know

6-DATE OF BIRTH. Dont Know 1 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
35-4W yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Dont Know
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Dont Know

PARENTS.

10-NAME OF FATHER, (,

11-BIRTHPLACE OF FATHER, (State or Country). ,

12-MAIDEN NAME OF MOTHER, ,

13-BIRTHPLACE OF MOTHER, (State or Country). ,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address) Dont Know

15- Filed 4-1925, 192.....

Robert P. Harrison, Burial Permit Clerk.

University Morgue 218

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 24, 192 5 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or Inquiry.) find that said deceased came to... Dy death on the day stated above.

The CAUSE OF DEATH* was as follows:

Died in Convulsions probably Uremic or Epileptic after long

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W B Swasey M. D. (Coroner.)

5-2 192 5 (Address) 117 W Saratoga St

*State the **Disease Causing Death**, or, in deaths from Violent Causes, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. UNIVERSITY OF MARYLAND. DATE OF BURIAL MAY 4 - 1925

20-UNDERTAKER. Commissioner Health. ADDRESS

Per WM. E. WOODALL

To state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 98078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98078

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME Emily Frazer

(a) RESIDENCE NO. Cross Keys R.D. 8 ST., ... WARD .....

(Usual place of abode.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) ~~HUSBAND of~~ WIFE of Charles Frazer

6 DATE OF BIRTH (month, day, and year) Unknown - 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. J.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records

(Address) .....

15 MAY 4 1925 Robert F. Harrison, ..., 19 .....

Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3 1925

17 I HEREBY CERTIFY, That I attended deceased from April 26, 1925, to May 3, 1925

that I last saw her alive on May 3, 1925

and that death occurred, on the date stated above, at 12 Midnight

The CAUSE OF DEATH* was as follows:

Carcinoma head of pancreas

(duration) ..... yrs. 5 mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia bronchial

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of Apr 28

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) J. L. Reichert, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
WATERBURY, CONN.	MAY 4 1925
20 UNDERTAKER H Eddington	ADDRESS 1st St. Bordy

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Blks.

D 98079

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98079

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 Folsom ST.: 24th WARD.)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Henry Schelhaus.

(a) RESIDENCE. NO. 413 Folsom ST., 24th WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 9 mos. 5 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married.

5a If married, ~~widowed, or divorced~~, HUSBAND of (or ~~WIFE of~~) Annie Schelhaus

6 DATE OF BIRTH (month, day, and year) July 28, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	9	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Drug Packer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Henry B. Gilpin Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER Henry Schelhaus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katharina Loescher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant (Wife) Annie Schelhaus

(Address) 413 Folsom St

15 Filed MAY 4 1925, 19 Robert J. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3, 1925

17 I HEREBY CERTIFY, That I attended deceased from April 25, 1925, to May 3, 1925, that I last saw h.. alive on May 3, 1925, and that death occurred, on the date stated above, at 1.40 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 0 yrs. 0 mos. 8 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 5 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry F. Buettner, M. D.

19 (Address) 1273 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
M. E. Church Cem.	May 6 1925

20 UNDERTAKER Margaret L. Gilpin ADDRESS 14 W. Eagle St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 98080

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-801 B 98080

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1118 W Lexington St. St., 18-1 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James B. Carter

(Residence in Baltimore: No. 1118 W Lexington St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	Col	Sgle

6-DATE OF BIRTH. Oct (Month) 1 (Day) 1924 (Year)

7-AGE. yrs. 7 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Balto City

PARENTS.

10-NAME OF FATHER. Francis D Carter

11-BIRTHPLACE OF FATHER, (State or Country) Md

12-MAIDEN NAME OF MOTHER. Mary A Farmer

13-BIRTHPLACE OF MOTHER, (State or Country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A Carter

(Address) 1118 Lexington St

15- Filed MAY 4 - 1925, 192.. Robert F. Harrison, Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 2 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~(Inquest, autopsy or~~ Inquiry.) thereon and from the evidence obtained by said ~~(Inquest, autopsy or~~ Inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

(Signed) W K Gonnach M. D. (Coroner.)

5. 4. 1925 (Address) 1127 W Saratoga St

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Loudon Park DATE OF BURIAL. May 5, 1925

20-UNDERTAKER. Samuel Hemsley ADDRESS 1128 Edmondson Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 93081

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 D 93081

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 909 Mt. Cullok St. 11-2 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Bryant

(Residence in Baltimore: No. 909 Mt. Cullok St. St.; yrs. 3 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-DATE OF BIRTH, Jan. 5, 1922
(Month) (Day) (Year)

7-AGE, ...yrs. 3 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Joseph Bryant

11-BIRTHPLACE OF FATHER, (State or Country), N. C.

12-MAIDEN NAME OF MOTHER, Fannie Turner

13-BIRTHPLACE OF MOTHER, (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Bryant

(Address) 909 Mt. Cullok St

15- Robert P. Harrison,

Filed ..... 192.....

Y 4 - 1925 Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 3, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, that I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) no other history obtainable

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. J. Hennessy M. D.
(Coroner.)

May 3 1925 (Address) 2863 Edmondson Ave

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, 5 1925

20-UNDERTAKER, Samuel J. Hensley ADDRESS 702 Gilmor St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP... is very important. See instructions on back of certificate.

Spec.—1-10-25—M&T—1500 Bks.

D 98082

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 D 98082

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1024 McCulloh ST., (11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta Savoy

(a) RESIDENCE No. 1024 McCulloh ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col—

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE: Years 52; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto City

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Ada Thomas (Address) 1908 McCulloch St

15 MAY 4 - 1925 Robert P. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3d 1925

17 I HEREBY CERTIFY, That I attended deceased from May 1— 1925 to May 3— 1925, that I last saw her alive on May 3d 1925 and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Uremic Coma — and Convulsions

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic nephritis

Absent (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Samuel A Sacci M. D.

19 (Address) 937 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 5/5/25

20 UNDERTAKER: Daniel Eagan — ADDRESS 916 Pa Ave

Burial Permit Clerk

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98083

CERTIFICATE OF DEATH.

D 98083

18-31

1-PLACE OF DEATH

City of BALTIMORE: (No.) Municipal Tuberculosis Hospital St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary O. Johnson

(a) Residence No. 884 Booth st. St., Ward.

(Usual place of abode) Unknown (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	Colored	Separated

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6-DATE OF BIRTH (month, day and year) 1874

7-AGE.	If LESS than 1 day,
51 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Jones

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Annie Taylor

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) Hospital Records

(Address) M.T.H.

15- Filed MAY 4 - 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 2, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 21, 1925 to May 2, 1925

that I last saw h.. alive on May 2, 1925,

and that death occurred, on the date stated above, at 8.45 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Laboratory

(Signed) J. D. White M. D.

5-2- , 1925 Address Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
MT Auburn Cem	5/5/1926
20-UNDERTAKER.	ADDRESS
Daniel Easton	Pennsylvania

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 lbs.

D 98084

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98084

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 625 N Bradford ST., 7-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adeline ~~Andrew~~ Millburn

(a) RESIDENCE NO. 625 N Bradford ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	M

5a If married, widowed, or divorced (of) ~~HUSBAND~~ WIFE of John H. Millburn

6 DATE OF BIRTH (month, day, and year) Unknown, about 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	about 50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of Industry, business, or establishment in which employed (or employer) General Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md.

PARENTS

10 NAME OF FATHER Unknown Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant John H. Millburn husband (Address) 625 N Bradford St

15 6-4-1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 1925

17 I HEREBY CERTIFY, That I attended deceased from April 8, 1925, to May 2, 1925, that I last saw h[illegible] alive on May 2, 1925, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency & Myocarditis unknown

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Severe Bronchitis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R.J. [illegible], M. D.

6/2, 1925 (Address) 1424 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashury cemetery — DATE OF BURIAL: May 5 1925

20 UNDERTAKER: Milton Davis 315 — ADDRESS: Eden St

...GE should be stated EXACTLY. PHYSICIANS should state ...at it may be properly classified. Exact statement of OCCUPA-...TION is very important. See instructions on back of certificates.

D 98085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98085

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1020 Park ave. St., 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Eliz. S. Gross

(Residence in Baltimore: No. 1020 Park ave. St.; yrs. 73 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, colored

5-Single, Married, Widowed, or Divorced, (Write the word.) married

6-DATE OF BIRTH, May 6, 1879 (Month) (Day) (Year)

7-AGE, 45 yrs. 11 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Dressmaker
(b) General nature of industry, business, or establishment in which employed (or employer). 169

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Daniel Benj. Copeland

11-BIRTHPLACE OF FATHER, (State or Country), S. C. Va.

12-MAIDEN NAME OF MOTHER, Josephine Allen

13-BIRTHPLACE OF MOTHER, (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josephine Snowden

(Address) 1020 Park Ave.

15-

Filed MAY 4 1925

Robert F. Harrison, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 3, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D. (Coroner.)

May 4, 1925 (Address) 2 E. Lexington St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem'y — DATE OF BURIAL, 5-5, 1925

20-UNDERTAKER, George T. A. Gibson — ADDRESS 1735 Druid Hill Ave

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 98086

HEALTH DEPARTMENT—CITY OF BALTIMORE

1225 002 98086

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 353 Maryland Ave St. 1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Macghee Stephens—

(a) RESIDENCE. NO. 353 Maryland Ave ST. Westport WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Maggie M Fink

6 DATE OF BIRTH (month, day, and year) 12 Feb 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stationery Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) 030

(c) Name of employer Consolidated Gas+Elec Co

9 BIRTHPLACE (city or town)
(State or country) Garrett Co Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Mrs. Maggie M Fink Stephens
(Address) 353 Md Ave Westport

MAY 5 - 1925 ROBERT A. GAITHER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 May 1925

17 I HEREBY CERTIFY, That I attended deceased from 4 Aug, 1924, to 2 May, 1925, that I last saw h.e alive on 2 May, 1925, and that death occurred, on the date stated above, at 7.45 p m.

The CAUSE OF DEATH* was as follows:

Hypertrophic Cirrhosis of Liver

(duration) 8 M? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

2 May 1925 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: May 6 1925

20 UNDERTAKER: Nelson E. Stiles — ADDRESS: 320 Md Ave Westport

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98087

CERTIFICATE OF DEATH.

80 98087

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1737 Wilkins Ave ST., 19-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pauline E Zinkand

(a) RESIDENCE No. 1737 Wilkins Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life Years mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Zinhand

6 DATE OF BIRTH (month, day, and year) Dec 29, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Joseph Braun

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Andrew Zinkand

(Address) 1737 Wilkins Ave

15 MAY 5 - 1925 ROBERT B. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3 1925

17

I HEREBY CERTIFY, That I attended deceased from April 27 er, 19 25, to May 3, 19 25, that I last saw h alive on May 3, 19 25, and that death occurred, on the date stated above, at 5.15 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edward V. Coolahan, M. D.

, 19 (Address) 24 N Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL 5-6 1925

20 UNDERTAKER E O B Hoke

ADDRESS 115 E Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98088

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98088

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 357 Rosebank ave St., 17-7 Ward) Registered No. 129

2-FULL NAME... Michael Shiner

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 357 Rosebank ave St., Ward...
(Usual place of abode)

Length of residence in city or town where death occurred 81 yrs. mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Margaret Shiner

6-DATE OF BIRTH (month, day and year): April 7-1844

7-AGE: 81 yrs. mos. 26 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Carpenter

(c) Name of employer: O'B

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14-

(Informant): Margaret Shiner

(Address): 357 Rosebank ave

15-

Filed MAY 5 - 1925 ROBERT N. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): May 3-25

17- I HEREBY CERTIFY, That I attended deceased from April 8 1925 to May 3 1925, that I last saw h— alive on May 2 1925, and that death occurred, on the date stated above, at 11.30 A m.

The CAUSE OF DEATH* was as follows: Chronic Interstitial Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. A. Kolb M. D

5-3, 1925 (Address) 5600 York Rd.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Western Cem.	May 5, 1925
20-UNDERTAKER.	ADDRESS
E. Schlomann Son	1034 Hanover st

Instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 98089 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98089

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 Hanover ST. 23 WARD)

REGISTERED NO. 1295

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. H. Kronenberg

(a) RESIDENCE. No. 1625 Hanover ST., 23 WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Kronenberg

6 DATE OF BIRTH (month, day, and year) Jan 9-1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Germany
(State or country)

PARENTS

10 NAME OF FATHER Hy. Kronenberg

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Wm. H. Kronenberg
(Address) 1625 Hanover St

15 MAY 5 - 1925 ROBERT N. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 1 1924 to May 3 1925

that I last saw h[illegible] alive on May 2 1925

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Chronic
Nephritis
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Endocarditis
(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. L. Campbell M. D.

(Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	May 5 1925
20 UNDERTAKER	ADDRESS 1534
E. Sch[illegible]man & Son	Hanover St

(SEE IMPORTANT INSTRUCTIONS on back of certificates.)

Spec—12-23-21—E.B.R.S.—400 Blks.

Love.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98090

CERTIFICATE OF DEATH.

31 ✓ D 98090

1-PLACE OF DEATH

City of BALTIMORE: (No. 1534 S. Charles St., 23-2 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Augustus Frederick Love

(a) Residence No. 1534 S. Charles St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 46 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Anne E Love

6-DATE OF BIRTH (month, day and year) July 31/1878

7-AGE, 46 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Box Maker

(b) General nature of industry, business, or establishment in which employed (or employer): 015

(c) Name of employer: A Lewis

9-BIRTHPLACE (city or town) (State or Country), Preston Md

PARENTS.

10-NAME OF FATHER, James Love

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER. Josephine Johnson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

11- (Informant) Anne E. Love

(Address) 1534 S. Charles St

13- FILED MAY 5 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk

In plain terms, so that it may be properly classified. instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 5-3-1925

17- I HEREBY CERTIFY, That I attended deceased from April 15, 1925, to May 3, 1925, that I last saw him alive on May 2, 1925, and that death occurred, on the date stated above, at 7.05 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tbc

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Tbc Peritonitis

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death? Result of injury at work

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical symptoms

(Signed) Chas. R. Reinhoff M. D.

, 19 (Address) 1807 W North Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar [illegible]

DATE OF BURIAL, 5-5, 1925

UNDERTAKER: [illegible]

ADDRESS c/o Carlington Co

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98091

101-901

D 98091

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 1-1 WARD)

KEKENSKY

2-FULL NAME Peter Kennesky

(a) RESIDENCE NO. 229½ S. Madeira ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. - mos. - ds. How long in U. S., if of foreign birth? 10 yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Noknow

7 AGE 28 Years - Months - Days | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) No.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russan

PARENTS

10 NAME OF FATHER Noknow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russan

12 MAIDEN NAME OF MOTHER Noknow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russan

14 Informant Julius Androsik

(Address) 1615 E Pratt Street

15 MAY 5 - 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4 1925

17 I HEREBY CERTIFY, That I attended deceased from April 27, 1925, to May 4, 1925, that I last saw h. alive on May 4, 1925 and that death occurred, on the date stated above, at 2.30A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Myocardial

fatlure (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Isidor D. Fry, M. D.

May 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: May 6.1925

20 UNDERTAKER: John Grebliauckas — ADDRESS: 425 S Paca St

Spec.—1-10-21—M&T—1500 Bks.

D 98092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 D 98092

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1726 E Lafayette ave WARD) age-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Luther W Callender

(a) RESIDENCE NO. 1725 E Lafayette ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Callender

6 DATE OF BIRTH (month, day, and year) Nov 20 1850

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
75	6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bookbinder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Wm Callender

11 BIRTHPLACE OF FATHER (city or town) (State or country) Elkin Md

12 MAIDEN NAME OF MOTHER Ann Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Laura Callender

(Address) 422 Arlington St

15 Filed MAY 5 - 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3rd 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 17, 1925, to May 3, 1925, that I last saw h alive on May 3, 1925, and that death occurred, on the date stated above, at 4a, m.

The CAUSE OF DEATH* was as follows:

bacterial Haemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) E. E. Fisher M. D.

May 4, 1925 (Address) 1201 N Rut St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

DATE OF BURIAL May 6th 1925

20 UNDERTAKER Robt F Turner Inc

ADDRESS 1442 N Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

D 98093

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98093

CERTIFICATE OF DEATH.

101-001

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1632 N. Mount ST.; 12-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Embrey Haskins

(Residence in Baltimore: No. 1632 N. Gilmore St.; 5 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, C

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May (Month) 28 (Day), 1889 (Year)

7-AGE, 35 yrs. 11 mos. 3 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) Saloon

9-BIRTHPLACE, (State or Country) Virginia

PARENTS.

10-NAME OF FATHER, Eby Haskins

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Lydia Hare

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Annie J. Haskins (wife)

(Address) 1632 N. Mount St

15-DATE ..... MAY 5 - 1925, 191.....

ROBERT A. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 3 (Day), 1925 (Year)

17-I HEREBY CERTIFY, That I attended deceased from May 1 1925, to May 3 1925, that I saw him alive on May 3 1925, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) E. P. Hunter M. D.

May 3, 1925 (Address) 1432 E. Hill St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cullen Va — DATE OF BURIAL, May 5, 1925

20-UNDERTAKER Robert E. Mullin — ADDRESS 1515 McElderry St

Important. See instructions on back of certificate.

D 98094

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98094

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Tucker's Shore Fairfield. St., 25-9 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Hayes.(C)

(Residence in Baltimore: No. 2nd. Ave & 4th. St. Fairfield. St.; yrs., 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male.	Colored.	Single.

6-DATE OF BIRTH. Do not know. ..... 1..... (Month) (Day) (Year)

7-AGE. 22 yrs. ---- mos. ---- ds. If LESS than 1 day, ...hrs. or.... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Virginia.

PARENTS.

10-NAME OF FATHER. Lee Hayes.(C)

11-BIRTHPLACE OF FATHER, (State or Country). Virginia.

12-MAIDEN NAME OF MOTHER. Sally Wilkes.(C)

13-BIRTHPLACE OF MOTHER, (State or Country). Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Stewart Hayes.(C)brother.

(Address). 2nd. Ave. & 4th. St. Fairfield.

MAY 5 - 1925 ROBERT A. KRAUTER, Filed ..... 19.. Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Drowned April 26, 1925. Body recovered May 4, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.
While in bathing.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto A. Reinhardt M. D. (Coroner.)

May. 4, 192 5 (Address) 1017 S. Charles St.

*State the **Disease Causing Death**, or, In deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Hondeidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Zion ct — DATE OF BURIAL. May 5 1925

20-UNDERTAKER. J. L. Brown & Son — ADDRESS 108 N. Monty St

is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98095

CERTIFICATE OF DEATH.

5-31

D 98095

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Wm. Ernest Carter

(a) Residence No. 1109 Monument st. St., ... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Colored	Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6-DATE OF BIRTH (month, day and year) 1883

7-AGE.	If LESS than 1 day,
42 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. laborer

(b) General nature of industry, business, or establishment in which employed (or employer). Unknown

(c) Name of employer. Unknown

9-BIRTHPLACE (city or town) (State or Country). Virginia

PARENTS.

10-NAME OF FATHER. William Carter

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Virginia

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Unknown

14- (Informant) Hospital Records

(Address) M.T.H.

MAY 5 - 1925

Filed ..... 192.... ..... Registrar.

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 3, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 11 19 25 to May 3 19 25

that I last saw him alive on May 3 19 25,

and that death occurred, on the date stated above, at 3.40 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. W. White M. D.

5-4-25 19 (Address) Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Lindsay Va	5/5/25 19 25
20-UNDERTAKER.	ADDRESS
Byron Wright	Mt Eldridge

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98096

CERTIFICATE OF DEATH.

D 98096

101-001

9-5

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2011 Robb St ST., ... WARD)

2-FULL NAME Hulbert Eugene Bollinger

(a) RESIDENCE NO. 2011 Robb St ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 5 1921

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	7	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto —

PARENTS

10 NAME OF FATHER Joseph Bollinger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto —

12 MAIDEN NAME OF MOTHER Edna Wallace

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto —

14 Informant Mrs. Bollinger
(Address) 2011 Robb St

15 MAY 5 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4 1925

17 I HEREBY CERTIFY, That I attended deceased from April 21, 1925, to May 4, 1925, that I last saw him alive on May 4, 1925, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Leptomeningitis Otitis Media

Bilateral (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Geo. L. Zimmerman M. D.

5/4, 1925 (Address) 2508 Hayward Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Wood Lawn	May 6 1925

20 UNDERTAKER Wm Cook ADDRESS 502 E Lan

CAUSE OF DEATH to be plainly written. Do not use abbreviations or technical terms that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98097

CERTIFICATE OF DEATH.

90 R 98097

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1245 E. Lexington ST., 5-1 WARD)

2-FULL NAME Laurence Mueller

(a) RESIDENCE NO. 1245 E. Lexington ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 29-1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37	9	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Musician

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Charles Mueller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Lena Groh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Wm E. Smith

(Address) 1245 E. Lexington

15 Filed MAY 5 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3 1925

17 I HEREBY CERTIFY, That I attended deceased from April 25, 1925, to May 3, 1925, that I last saw him alive on May 3, 1925, and that death occurred, on the date stated above, at 6-P m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) ... yrs. ... mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Physical signs.

(Signed) Sidney R. Streett M. D.

5/4, 1925 (Address) 447 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western — DATE OF BURIAL 5/6/25

20 UNDERTAKER Wm Cook — ADDRESS 502 E Ft Ave

CAUSE OF DEATH to plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 98098

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98098

CERTIFICATE OF DEATH.

5-15-49

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1553 St. Fulton ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph E Johnson

(a) RESIDENCE NO. 1553 St. Fulton Ave WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (Write the word)
Male	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 3, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work File Setter

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER Joseph Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Elizabeth Horrigel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant N. C. Walter

(Address) 504 Hollins St

15 Filed ....., 19 ..... ROBERT N. KRAUTER, Registrar

MAY 5 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/4/25

17

I HEREBY CERTIFY, That I attended deceased from 4/29/, 1925, to 5/4, 1925,

that I last saw h... alive on 5/3/25, 19.....

and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma, Prostate

Metastasis to

Rectum, Bladder, Kidneys and

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? Union Hosp. Date of Colostomy 4-29-25

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Bernard Stern, M. D.

5/4, 1925 (Address) 910 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL May 6 1925

20 UNDERTAKER Wm Cook — ADDRESS 502 Eutaw St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98099

CERTIFICATE OF DEATH.

11-502 D 98099

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. #1230 Marlin ave ST.: 13 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Roland Guy Melvin

(a) RESIDENCE. NO. 1230 Marlin Ave ST., 13 WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 23-1893

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	32-		11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fabrics

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bucks Mo

PARENTS

10 NAME OF FATHER Edward Melvin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bucks Md.

12 MAIDEN NAME OF MOTHER Kate Baulay

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co

14 Informant Gustafson
(Address) 1230 Marlin ave

15 [illegible]

MAY 5 - 1925 ROBERT A. KINKEAD, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-4 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 1- 1924, to May 4 1925, that I last saw h[illegible] alive on May 4 1925, and that death occurred, on the date stated above, at 7.20 P m.

The CAUSE OF DEATH* was as follows:

Acute Hy Pritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Syphilis

(duration) yrs. mos 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) C. F. Edgecomb M. D.

6-4, 19 25 (Address) 370 Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Hampden	May 6 1925

20 UNDERTAKER ADDRESS

A S Marshall 3539 Falls Rd

TION is very important. See instructions on back of certificates.

D. 98100

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98100

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland Hospital St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Howard F. Bowen

(Residence in Baltimore: No. Rockland Baltimore Md St.; yrs. ..... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Oct 26 1907
(Month) (Day) (Year)

7-AGE. 17 yrs. 7 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). Odd

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Dan F Bowen

11-BIRTHPLACE OF FATHER, (State or Country). Md

12-MAIDEN NAME OF MOTHER. Della Bobbitz

13-BIRTHPLACE OF MOTHER, (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dan F Bowen

(Address) Rockland Md

15-

Filed ..... 192.

ROBERT A. KRAUTER, Registrar.

Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 4 192 5
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (~~Inquest~~, autopsy or inquiry.) thereon and from the evidence obtained by said ..... ~~Inquest~~, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fecal Peritonitis

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Ruptured appendix

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. R. Grumbine M. D.
(Coroner)

5-5 1925 (Address) 117 W. Saratoga St

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Black Rock Md	5/7/25. 19....
20-UNDERTAKER.	**ADDRESS**
William C Brooks	Sparks Md

BE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 6 - 1925

CERTIFICATE CORRECTED 9-18-50 ✓

D 98101

HEALTH DEPARTMENT—CITY OF BALTIMORE

167-001

D 98101

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Pronounced dead at St. Joseph Hospital St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Leo E. (Whalen) Whaland

(Residence in Baltimore: No. 502 E. 28th St St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	White	mar

6-DATE OF BIRTH, Feb 9-1894 1 (Month) (Day) (Year)

7-AGE. 31 yrs. 2 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Lineman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Balto. Police Dept

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, James P. (Whalen) Whaland

11-BIRTHPLACE OF FATHER, (State or Country). Harford Co. Md

12-MAIDEN NAME OF MOTHER, Johanna Hartigan

13-BIRTHPLACE OF MOTHER, (State or Country). Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) (Ella) (Hornberger) (Whalen) Ellen Whaland
(Address) 502 E. 28th St

15- MAY 5 - 1925 ROBERT A. KRAUTER,
Filed 192 Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 4-25 (Month) (Day) (Year) 192

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Asphixiation

(Suicide)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Alcoholism

(Duration) yrs. mos. ds.

(Signed) J. S. H. Pollitt M. D.
(Coroner.)

5-5-25 192 (Address) 502 E. 28th Ave

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

(wife)
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
St Ignatius Cemetery Harford Co Md	May 7 192 25
20-UNDERTAKER,	ADDRESS
Elias E. Hornberger	Denton Md.

is very important. See instructions on back of certificate.

BLACK

Spec.—1-10-21—M&T—1500 Bks.

98102

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38D 98102

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fred Windham

(a) RESIDENCE NO. 720 N. Eutaw ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. —— mos. —— ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ?

6 DATE OF BIRTH (month, day, and year): 1867

7 AGE: 58 yr.

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Musician

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Mass.

PARENTS

10 NAME OF FATHER: Henry Windham

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Jane Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Municipal Hospital Records

(Address)

MAY 5 - 1925 Filed ROBERT A. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1st, 1924 to May 3, 1925.

that I last saw him alive on May 3, 1925.

and that death occurred, on the date stated above, at 4:15 P m.

The CAUSE OF DEATH* was as follows:

Central Nervous System Syphilis

Right Hemiplegia (thrombotic)

(duration) 2 yrs. 3 mos. (History) ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 11 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. L. Miller, M. D.

5/4, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Ten

DATE OF BURIAL: May 5 1925

20 UNDERTAKER: W M Routson

ADDRESS: 2258 N North

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98103

CERTIFICATE OF DEATH.

3 | D 98103

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., 26-5 Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mollie preller

(a) Residence No. 611 S. Clinton st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Not stated

6-DATE OF BIRTH (month, day and year): 1868

7-AGE: 57 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: John B. Gossman

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Mary Eckel

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14- (Informant): Hospital Records

(Address): M.T.H.

15- Filed 19.. ROBERT A. KRAUTER, Assist. Records Clerk. Registrar.

MAY 5 - 1925

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): May 3, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 30 19 25 to May 3 19 25

that I last saw her alive on May 3 19 25

and that death occurred, on the date stated above, at 6.45 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum

(Signed) J. F. White, M. D.

5-4- 25 (Address) Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem. | DATE OF BURIAL, May 6 1925

20-UNDERTAKER: Lilly and Zeile | ADDRESS 403 S. Wolfe St

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 98104

HEALTH DEPARTMENT—CITY OF BALTIMORE

98104

CERTIFICATE OF DEATH.

REGISTERED NO. 159

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 N. Robinson St ST.: 7-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Jane Behr

(a) RESIDENCE. NO. #626 N. Robinson St ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 19-1925

7 AGE — Years — Months — Days: 14 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Henry H. Behr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Margaret Abbie Pfeffer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hagerstown Md.

14 Informant: Henry H. Behr.
(Address) 626 N. Robinson

MAY 5 - 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 3 1925

17 I HEREBY CERTIFY, That I attended deceased from April 21, 1925, to May 3, 1925, that I last saw h[illegible] alive on May 3, 1925, and that death occurred, on the date stated above, at 5.05 a.m.

The CAUSE OF DEATH* was as follows:

Marasmus (duration) yrs. 1 mos. 14 ds.

CONTRIBUTORY (Secondary): Myocardial Insufficiency (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [signature] M. D.

, 19 (Address) 541 N. Melton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem.	May 5 1925
20 UNDERTAKER	ADDRESS
Lilly and Zeile	403 S. Wolfe St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

180 814 Fed.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

59-002

D 98105

REGISTERED NO.

D 98105

1-PLACE OF DEATH

CITY OF BALTIMORE: No. JOHNS HOPKINS HOSPITAL ST., 76-4 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Kroen

(a) RESIDENCE NO. 3818 Fait Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) March 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) #

(c) Name of employer #

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George Kroen

11 BIRTHPLACE OF FATHER (city or town) (State or country) #

12 MAIDEN NAME OF MOTHER Marie Kroen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) #

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed MAY 5 - 1925 ROBERT R. [illegible] Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3 1925

17

I HEREBY CERTIFY, That I attended deceased from April 30, 1925, to May 3, 1925, that I last saw him alive on May 3, 1925, and that death occurred, on the date stated above, at 1:15 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Congenital Malformations

(duration) yrs. 14 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) Louis E. Martin, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem.	May 5 1925
20 UNDERTAKER	ADDRESS
Lilly & Zirkin	403 S. Wolfe St

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98106 ✓ 40 D 98106

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. St. Joseph's Hosp. St., 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Estelle V. Krause

(a) Residence No. Poplar Ave. Essex St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced, ~~HUSBAND~~ of (or) WIFE of: Walter C. Krause

6-DATE OF BIRTH (month, day and year): Aug 28/1900

7-AGE, 24 yrs. 8 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): City

PARENTS:

10-NAME OF FATHER: Vogel

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Md.

12-MAIDEN NAME OF MOTHER: ———

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Md.

14-(Informant): Walter C. Krause.

(Address): Poplar Rd. near Maccubbin Essex

15-FILED MAY 5 - 1925 ROBERT N. [illegible] Registrar.

Burial Permit Clerk.

Instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): May 3/25

17- I HEREBY CERTIFY, That I attended deceased from Apr. 26, 1925 to May 3, 1925

that I last saw h[illegible] alive on May 3, 1925

and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

General Peritonitis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Pelvic peritonitis over

(Duration) yrs. mos. 11 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin. & Phys. Facts

(Signed) [illegible] M. D.

, 19 (Address) St. Joseph's Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (I) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — DATE OF BURIAL: 5/6 1925

20-UNDERTAKER: Philip Hennig — ADDRESS 2016 Orleans St.

Spec.—1-10-21—M&T—1500 Blks.

98107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 5 D 98107

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... ST., 4-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Washington Bowie

(a) RESIDENCE NO. Ridgeville, Carroll Co. Md. ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) May 5 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... 0+0

(b) General nature of industry, business, or establishment in which employed (or employer) Labor

(c) Name of employer .....

9 BIRTHPLACE (city or town) .....
(State or country) Maryland.

PARENTS

10 NAME OF FATHER William Bowie.

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Md.

12 MAIDEN NAME OF MOTHER Hanna Washington

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) .....

14 Informant H. M. Snyder
(Address) Mt. Airy

15 Filed ..... 19 .....
Registrar

MAY 6 1925
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4 19 25

17

I HEREBY CERTIFY, That I attended deceased from 4-20-25 19 ..... to 5-4-25 19 .....,

that I last saw him alive on 5-4-25 19 .....,

and that death occurred, on the date stated above, at 6 p.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus.

(duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Gangrene of Leg.

(duration) ..... yrs. 1 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Washington Bowie M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Royer Blade Cem. Montgomery Co.

DATE OF BURIAL May 7 1925

20 UNDERTAKER H. M. Snyder

ADDRESS Mt. Airy

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 135 D 98108

1-PLACE OF DEATH St Jos Hosp.

City of BALTIMORE: (No. Caroline + Oliver St., 9-7 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James H Stevens

(a) Residence No. Middle River St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. 20 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of mary stevens

6-DATE OF BIRTH (month, day and year) 1874 ~~Dec~~

7-AGE, 51 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work labor

(b) General nature of industry, business, or establishment in which employed (or employer) O&O

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Va.

PARENTS.

10-NAME OF FATHER, un. known

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va

12-MAIDEN NAME OF MOTHER, un. known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va

14- (Informant) mary stevens

(Address) Middle river

15- MAY 5 - 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 2-1925

17- I HEREBY CERTIFY, That I attended deceased from April 12, 1925, to May 2, 1925, that I last saw h.im alive on May 2, 1925, and that death occurred, on the date stated above, at 1.55 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis - cardiac Decompensation

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Hyper Prostate

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death? -

Did an operation precede death? yes Cystotomy Date of 4/24/25

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) H B Sytut, M. D.

, 19 (Address) St Jos. Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Bowers cemetery — DATE OF BURIAL, may 5, 1925

20-UNDERTAKER, Edward Bryan — ADDRESS 1631 orleans St

Instructions on back of certificate.

D 98109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1925 D 98109

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. 703 S. Fremont St. St., 21-3 Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jessie Glazer

(Residence in Baltimore: No. 703 S. Fremont St. St.; 5 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Col	Single

6-DATE OF BIRTH. ..... (Month) ..... (Day) 1 (Year)

7-AGE.	If LESS than 1 day,
25 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). S. Carolina

PARENTS.

10-NAME OF FATHER. Saul Glazer

11-BIRTHPLACE OF FATHER, (State or Country). S. C.

12-MAIDEN NAME OF MOTHER. Lula Sutton

13-BIRTHPLACE OF MOTHER, (State or Country). S. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. E. Cooney

(Address) 1429 Eutaw ~~St. Charleston S. C.~~

15- Filed MAY 5 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 1 (Day) 1925. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... (Inquest, autopsy ~~or inquiry.~~) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to h.s death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

..... (Duration) ..... yrs. a few hours mos. ..... ds.

CONTRIBUTORY (Secondary) Don't Know at this time Supposed to have been associated

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D. (Coroner.)

5-5 1925 (Address) 117 W. Saratoga St

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Chapel S C.	5/5/25 19....

20-UNDERTAKER.	ADDRESS
Dan Easton	916 Penna ave

Is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 98110

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98110

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Aged Women's Home St., 19-90 Ward 1)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Margaret A Bayley

(a) Residence No. 1400 W Lexington St., Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, W'hte

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) March 18, 1846

7-AGE, 79 yrs. 1 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... None

(b) General nature of industry, business, or establishment in which employed (or employer)...

(c) Name of employer...

9-BIRTHPLACE (city or town)... Md
(State or Country),

PARENTS.

10-NAME OF FATHER, William J R Sheffield

11-BIRTHPLACE OF FATHER (city or town) Baltimore Co. (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary Counselman

13-BIRTHPLACE OF MOTHER (city or town) Baltimore Co. (State or Country), Md

14- (Informant)... Mrs Alice J Jones

(Address)... 1400 W Lexington St

15- MAY 5 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

Instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 4 1925

17- I HEREBY CERTIFY, That I attended deceased from Mch ..., 19 25, to May 4, 19 25, that I last saw h... alive on May 4, 19 25, and that death occurred, on the date stated above, at 2 30 P. m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulm Oedema 2

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J Monroe, M. D.

May 5, 19 25 (Address) 739 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, London Park — DATE OF BURIAL, May 6 ..., 1925

20-UNDERTAKER, George J Smith — ADDRESS 1532 Hollins St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98111

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 400 Fulton Ave St., 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen A. Webb.

(a) Residence No. Home for Aged of the M. E. Church St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? 77 yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of James H. Webb.

6-DATE OF BIRTH (month, day and year) Apr. 20 - 1846

7-AGE, 79 yrs. — mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Harford County Md

PARENTS.

10-NAME OF FATHER, Jonas Preston

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER, Maria Reed

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md.

14- (Informant) Geo. C. Shannon MD

(Address) 700 Fulton Ave

15- Filed MAY 5 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

Instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 4 - 1925

17- I HEREBY CERTIFY, That I attended deceased from March 2 19 25 to May 4 19 25

that I last saw h. alive on May 3 19 25

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) ✓ yrs. ✓ mos. 7 ds.

CONTRIBUTORY (Secondary) Diabetes

(Duration) 4 yrs. ✓ mos. ✓ ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No.

What test confirmed diagnosis? Usual methods

(Signed) Geo. C. Shannon M. D

5/5 1925 (Address) 700 Fulton Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION, OR REMOVAL.	DATE OF BURIAL.
Loudon Park	May 7 1925
20-UNDERTAKER.	ADDRESS
George J. Smith	1532 Holbrook St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98112 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98112

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

City of BALTIMORE: (No. 314 N. Fulton Ave St., 20-5 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Elizabeth F. Shipley

(a) Residence No. 314 N Fulton Ave St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan 15 1855

7-AGE, ..70.. yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Charles Shipley

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Elizabeth Downey

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto Md

14-

(Informant) Harry L. Shipley

(Address) 314 N. Fulton Ave

15- MAY 5 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

Instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 3 1925

17- I HEREBY CERTIFY, That I attended deceased from Apr 16, 1925, to May 3, 1925, that I last saw h.. alive on May 3, 1925, and that death occurred, on the date stated above, at 6.15 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) ..yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Carcinoma of Intestines

(Duration) 1 yrs. ..mos. ..ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Walm Storrs, M. D.

5/5/25 (Address) 340 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Lorraine Cem	May 6, 1925
20-UNDERTAKER, George J. Smith	ADDRESS 531 L Hollins

Spec—12-23-21—E.B.R.S.—400 Blks.

D 98113 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98113

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 5 E Glenmore Ave Hamilton St., 71-11 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. William L. Haase

(a) Residence No. 5 E. Glenmore Ave (Hamilton) St., ... Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 4 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White.

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of ~~(or) WIFE of~~ Mrs. May E. Haase

6-DATE OF BIRTH (month, day and year) Dec. 14 1886

7-AGE. 38 yrs. 4 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Stone Cutter

(b) General nature of industry, business, or establishment in which employed (or employer). 075

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Edward E. Haase

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Mary Beardsley

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), New York

14- (Informant) Mrs. May E. Haase

(Address) 5 E. Glenmore Ave

15- MAY 5 - 1925 RUBLEY R. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 3rd 1925

17- I HEREBY CERTIFY, That I attended deceased from January 7th 1924 to May 3rd 1925 that I last saw h.. alive on May 2nd 1925 and that death occurred, on the date stated above, at 1.50 P. m. The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. 14 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. A. Toner M. D.

May 4. 1925 (Address) 1501 E. Eager St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. London Park Cemetery — DATE OF BURIAL. May 6 1925

20-UNDERTAKER. Henry Hosch Son — ADDRESS 1301 E Eager St

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1898 49
1898 D 98114

CERTIFICATE OF DEATH.

37-08 D 98114

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 1-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Earl (Harold) Buczkowski

(a) RESIDENCE No. 2213 Eastern Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of X

6 DATE OF BIRTH (month, day, and year) ? 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	?	18	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph Buczkowski

11 BIRTHPLACE OF FATHER (city or town) Poland (State or country)

12 MAIDEN NAME OF MOTHER Joanna Ewinsky

13 BIRTHPLACE OF MOTHER (city or town) Poland (State or country)

14 Informant (Address) Records JOHNS HOPKINS HOSPITAL.

15 Filed MAY 5 - 1925 ROBERT R. KRISTER Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2, 1925

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1925 to May 2, 1925.

that I last saw him alive on May 2, 1925;

and that death occurred, on the date stated above, at 5-50 a.m.

The CAUSE OF DEATH* was as follows:

Acute miliary tuberculosis

(duration) yrs. 5 weeks

CONTRIBUTORY (Secondary) Tuberculous Meningitis (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Walter B. Stewart M. D.

19 (Address) Johns Hopkins Hosp.

*Give the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ft Stanislaus Cem	May 5 1925

20 UNDERTAKER John McWeber ADDRESS 1703 Bank st

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

(Bryszkowski)

D 98115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home and Infirmary

Registered No. D 98115

City of BALTIMORE: (No. 6 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Breszicoski

(a) Residence No. 137 St. Sparrows point St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb 13 1919

7-AGE, 6 yrs. 2 mos. 21 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Sparrows Point Md

PARENTS.

10-NAME OF FATHER, Joseph Bryszkowski

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Poland

12-MAIDEN NAME OF MOTHER, Antonina Pietrauski

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Poland

14- (Informant) Mr Joseph Bryszkowski

(Address) 13. F. St. Sparrows Point

15- ROBERT E. KRAUTER, Registrar.

MAY 5 - 1925 Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 4 1925

17- I HEREBY CERTIFY, That I attended deceased from April 26, 1925, to May 4, 1925, that I last saw h.. alive on May 4, 1925, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Peritonitis - general - pneumococcus

(Duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of April 6 1925

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Keith C. Rees, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St Stanislaus cem

DATE OF BURIAL, May 7, 1925

20-UNDERTAKER. John J. Weber

ADDRESS 1803 Bank St

Instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

98116

CERTIFICATE OF DEATH. 109-001 D 98116

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital 15-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Edgar K. Pennock

(a) Residence No. 3014 Hindoo Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-Single, Married, Single Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) May 9 1921

7-AGE, 3 yrs. 11 mos. 26 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of Industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), U. S.

PARENTS.

10-NAME OF FATHER, Frank E. Pennock

11-BIRTHPLACE OF FATHER (city or town) (State or Country), N. J.

12-MAIDEN NAME OF MOTHER, Anna C. Young

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), U. S.

14- (Informant) Mother

(Address) 3014 Hindoo Ave

15- MAY 5 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 4 1925

17- I HEREBY CERTIFY, That I attended deceased from May 3 1925 to May 4 1925 that I last saw him alive on May 4 1925 and that death occurred, on the date stated above, at 5:35 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral (or medullary) Embolus following operation for tonsils & adenoids done at 8 a.m. 5/4/25 (Duration) few seconds

CONTRIBUTORY (Secondary) (Duration) ? yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 5/4/25

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) A.B. Price M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Woodlawn Cemetery. DATE OF BURIAL, May 6 1925

20-UNDERTAKER. P. Putnam Pope ADDRESS 1023 W. Lafayette

Instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

18 B 98117 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ 16-002

16 D 98117

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL. ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannah Simms

(a) RESIDENCE NO. 609 N Caroline ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. Nine ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	—	9	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant, fld

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm. Simms

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Chaney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL.

15 MAY 5 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4 1925

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1925, to May 4, 1925.

that I last saw her alive on May 4, 1925.

and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Dysentery WDN

(duration) - yrs. - mos. 20 ds.

CONTRIBUTORY (Secondary) Pneumonia & Septicemia

(duration) - yrs. - mos. 2 ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Wm. Jacobs, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion

DATE OF BURIAL 5/6/1925

20 UNDERTAKER R.C. Gross

ADDRESS 1405 McElderry

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98118

D 98118

CERTIFICATE OF DEATH.

REGISTERED NO. 102-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 S. 12th ST., 26-7 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James S. Gulas

(a) RESIDENCE NO. 507 S. 12th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2y. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 28 1924

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Steve Gulas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greece

12 MAIDEN NAME OF MOTHER Ethel Mills

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md

14 Informant James Steve Gulas

(Address) 507 S. 12th. st.

15 Filed ....., 19.... ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3rd 1925

17

I HEREBY CERTIFY, That I attended deceased from April 29 1925 to May 3rd 1925

that I last saw him alive on May 3rd 1925

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam Tod, M. D.

, 19 (Address) 4704 Eastern ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Cem	May 5 1925

20 UNDERTAKER ADDRESS

Jos. J. Aden 156 N. Luzerne

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98119

CERTIFICATE OF DEATH.

101-001 D 98119

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1527 Gilmor ST., 15-13 WARD)

2-FULL NAME Aubrey W. Fletcher

(a) RESIDENCE No. 1527 N. Gilmor ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Fletcher

6 DATE OF BIRTH (month, day, and year) Aug. 26, 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Contractor

(c) Name of employer

9 BIRTHPLACE (city or town) Summit Co. (State or country) Ind

PARENTS

10 NAME OF FATHER Curtis Fletcher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Eastern Shore Md

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Eastern Shore Md.

14 Informant Fannie Hopkins.
(Address) 1527 N. Gilmor St.

15 Filed MAY 5 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3 1925

17 I HEREBY CERTIFY, That I attended deceased from April 26, 1925, to May 3, 1925, that I last saw h-- alive on May 2, 1925, and that death occurred, on the date stated above, at 6.30 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis?

(Signed) Geo. C. Klein, M. D.

, 19 (Address) 1816 N. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL May 6 1925

20 UNDERTAKER Mrs Jas. H. Dennis — ADDRESS 1303 Presstman St

Rev T. E. Kelson

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98120

CERTIFICATE OF DEATH.

49

D 98120

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1324 Homewood Ave St., 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Margaret Keane

(a) Residence No. 1324 Homewood Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Keane

6-DATE OF BIRTH (month, day and year) Mar. 10, 1870

7-AGE, 56 yrs. 1 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House work

(b) General nature of industry, business, or establishment in which employed (or employer). at Home

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Ireland

PARENTS.

10-NAME OF FATHER. Joseph Furlong

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Ireland

12-MAIDEN NAME OF MOTHER. Bridget Emmett

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Ireland

14- (Informant) Peter Keane

(Address) 1324 Homewood Ave

15- Filed ..... 192.. ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 3, 1926

17- I HEREBY CERTIFY, That I attended deceased from Feb 1, 1926, to May 3, 1926, that I last saw h[illegible] alive on May 3, 1926, and that death occurred, on the date stated above, at 8.15 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Lung

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 10 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? Yes What test confirmed diagnosis? Clinical & Laboratory

(Signed) Dr. Wheaton, M. D.

, 19 (Address) 4739 York Rd

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
New Cathedral	May 6, 1926
20-UNDERTAKER.	**ADDRESS**
Elmer W. Conklin	924 E. Eager St

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.--1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

D 93121 CERTIFICATE OF DEATH D 93121

1-PLACE OF DEATH Municipal Hospitals Bay View — REGISTERED NO. .....

CITY OF BALTIMORE: (No. Bay View Hospitals ST., 16 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Moore

(a) RESIDENCE NO. Bay View Asylum ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Bay View Hosp. Relatives
(Address)

MAY 5 - 1925 Filed ROELKE A. KRAUTER, Registrar
Burial Permit Given 422

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-7-25 19

17 I HEREBY CERTIFY, That I attended deceased from 4-22, 19 25, to 5-7, 19 25, that I last saw him alive on 5-7, 19 25, and that death occurred, on the date stated above, at 5:15 a.m.

The CAUSE OF DEATH* was as follows:

Senile gangrene of
Left foot

(duration) ..... yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary) Terminal Broncho-pneumonia (duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of 4-29-25

Was there an autopsy? No

What test confirmed diagnosis? Clinical Laboratory

(Signed) Amos L. Jensen, M. D.

5/13, 1925 (Address) Bay View Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER Commissioner Health, Per Wm. R. WOODALL,	ADDRESS MAY 5 - 1925

TION is very important. See instructions on back of certificates.

UNIVERSITY OF MARYLAND

D 98122

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98122

CERTIFICATE OF DEATH.

23-90

1-PLACE OF DEATH

City of BALTIMORE: (No. 1209 S. Charles St. St., ... Ward.)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Connor.

(Residence in Baltimore: No. 1209 S. Charles St. St.; yrs. 61 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male.

4-COLOR OR RACE: White.

5-Single, Married, Widowed or Divorced, (Write the word.): Married.

6-DATE OF BIRTH. Do not know. ..... 1..... (Month) (Day) (Year)

7-AGE. 61 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchman.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimorr, Md.

PARENTS.

10-NAME OF FATHER, Do not know.

11-BIRTHPLACE OF FATHER, (State or Country), Do not know.

12-MAIDEN NAME OF MOTHER, Do not know.

13-BIRTHPLACE OF MOTHER, (State or Country), Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. Connor. (son)

(Address) 1209 S. Charles St.

15-

Filed 1925 192.....

Robert P. Harrison,
Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 2nd. 1925. (Month) (Day) (Year) 192.....

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the heart.

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

May 4, 192 5. (Address) 1017 S. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cathedral Cemetery	May 6th. 1925
20-UNDERTAKER.	ADDRESS
Fred. A. Krause & Son	703 Hamburg St.

Is very important. See instructions on back of Certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 98123

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98123

CERTIFICATE OF DEATH.

14-001

1-PLACE OF DEATH

REGISTERED NO. 12-14

CITY OF BALTIMORE: (No. 3618 Gormount Av ST.) 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Hasenkamp

(a) RESIDENCE. No. 3618 Gormount Av ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 ~~COLOR~~ OR RACE: White

5 Single, ~~Married, Widowed, or Divorced~~ (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ~~June~~ 25, 1862

7 AGE: 62 Years | 5 Months | 8 Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk 009

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Anton Hasenkamp

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Caroline Borcher

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Althouse Hasenkamp
(Address) 3618 Gormount Av.

Filed May 5 1925 19

Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3d 1925

17

I HEREBY CERTIFY, That I attended deceased from May 1st, 1925, to May 3d, 1925, that I last saw him alive on May 3d, 1925, and that death occurred, on the date stated above, at 4 30 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Hemiplegia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

Coma (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation Blood Pressure

(Signed) Joseph E Richter, M. D.

, 19 (Address) 920 Gorsuch Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem.

DATE OF BURIAL: May 6 1925

20 UNDERTAKER: F. A. Krause & Son

ADDRESS: 703 Hanover St

TION IS very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 98124

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98124

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

City of BALTIMORE. (No.) 2038 Ashland Ave. St., 7 Ward) 7-2 Registered No.

2-FULL NAME. Frank Novak

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 2038 Ashland Ave. St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Catherine Novak

6-DATE OF BIRTH (month, day and year) 1870 (?)

7-AGE. 55 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer

(b) General nature of (Industry, business, or establishment in which employed (or employer). Water Dept

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Bohemia

PARENTS.

10-NAME OF FATHER. Vaclav Novak

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Bohemia

12-MAIDEN NAME OF MOTHER. Marie Sedna

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Bohemia

14- (Informant). Mrs Catherine Novak

(Address) 2038 Ashland Ave

15- Filed 1925, 192 Robert P. Harrison, Registrar.

Assistant Records Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 5. 4. 25.

I HEREBY CERTIFY, That I attended deceased from January 1 1925 to May 4 1925

that I last saw him alive on May 3rd 1925

and that death occurred, on the date stated above, at 12 45 A.m.

The CAUSE OF DEATH* was as follows: Intestinal Cancer (Cecum)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical x Ray

(Signed) Charles H. A. Mix M. D.

, 192 (Address) 10 N. Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer — DATE OF BURIAL, May 7, 1925

20-UNDERTAKER. Frank Carroll — ADDRESS 1406 Eastern

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98125

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98125

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hospital 26 St., Ward) 117

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary C. Oyerman

(a) Residence No. 21 Belmar Ave St., Raspeburg Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept. 29, 1888

7-AGE, 36 yrs. 8 mos. 4 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Teacher 066

(b) General nature of Industry, business, or establishment in which employed (or employer) Public Schools

(c) Name of employer City

9-BIRTHPLACE (city or town) Balto, Co (State or Country),

PARENTS.

10-NAME OF FATHER, Robert T. Oyerman

11-BIRTHPLACE OF FATHER (city or town) Balto, City (State or Country),

12-MAIDEN NAME OF MOTHER, Anna M. Gontrum

13-BIRTHPLACE OF MOTHER (city or town) Balto, Co (State or Country),

14- (Informant) Robert T. Oyerman

(Address) 21 Belmar Ave Raspeburg

15- Filed 5-1925 Robert F. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 3rd 1925

17- I HEREBY CERTIFY, That I attended deceased from April, 28 1925 to May 3 1925

that I last saw her alive on May 3 1925

and that death occurred, on the date stated above, at 8.50 p.m.

The CAUSE OF DEATH* was as follows:

Embolic Pneumonia

Acute Dilatation of heart

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) operated for Cholelithiasis, Cholecystitis, appendicitis (Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of April, 29, 25

Was there an autopsy? no

What test confirmed diagnosis? Operation, Physical Exam.

(Signed) Geo B Sybert M. D.

5-3, 1925 (Address) 1. Door Hon,

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	May 6th 1925
20-UNDERTAKER	ADDRESS
Frederick Grasmon Sons	Fullerton

PRINT SECTIONS ON BACK OF CERTIFICATE.

Spec—12-23-2:—E.B.R.S.—400 Bks.

D 98126 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98126

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St., 27-9 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Lawrence Fairbanks

(a) Residence No. 526 Rossiter Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Sept 4 1907

7-AGE. 17 yrs. 7 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) Clerk 004

(c) Name of employer.....

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md

PARENTS.

10-NAME OF FATHER. Lester D. Fairbanks

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country), Md

12-MAIDEN NAME OF MOTHER. Mary B. Britches

13-BIRTHPLACE OF MOTHER (city or town) Hanover (State or Country), Penna

14- (Informant) Lester D. Fairbanks

(Address) 526 Rossiter Ave

15- Filed ..... 192 Robert P. Harrison, Registrar.

1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 5/4/25

17- I HEREBY CERTIFY, That I attended deceased from 5/4/21 19.... to 5/4/25 19.... that I last saw h[illegible] alive on 5/4/25 19.... and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism

Primary Cause

Contributory (Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Submucous Resection

Did an operation precede death? Yes Date of 5/4/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. W. Holley M. D.

, 19 (Address) [illegible]

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~, Lorraine DATE OF BURIAL MAY 7 1925 19....

20-UNDERTAKER. Geo W Little ADDRESS 2700 EDMONDSON AVE.

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Blks.

D 98127

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98127

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Boyview Hospital 7-1 90

REGISTERED NO.

CITY OF BALTIMORE: (No. ... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John B. Fenwick

(a) RESIDENCE No. 1618 E. Monument ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1865

7 AGE: Years 60. | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Guy Fenwick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Jane Violett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Boyview Hosp.

15 5 - 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 4, 1925

17 I HEREBY CERTIFY, That I attended deceased from April 23, 1925 to May 4, 1925

that I last saw him alive on May 4, 1925

and that death occurred, on the date stated above, at 11.45 a.m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency + Cardiac Hypertrophy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry S. Haynes M.D.

5/4/25 1925 (Address) Boyview Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery — DATE OF BURIAL: May 7 1925

20 UNDERTAKER: Robert J. Williams — ADDRESS: 515 McElderry St

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

D 98128

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98128

CERTIFICATE OF DEATH.

188-003

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Union Memorial Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorea M. Dietrich

(a) RESIDENCE NO. 520 E. 38 ST., 9 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 4 1917

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	7	5		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School Girl
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Buffalo City

PARENTS

10 NAME OF FATHER Edgar C. Dietrich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Buffalo

12 MAIDEN NAME OF MOTHER Margt Hartman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Edgar C. Dietrich
(Address) 520 E 38th

15 Filed MAY 5 1925, 192 Robert P. Harrison, Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

THE CAUSE OF DEATH* was as follows: Injuries from Automobile accident

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) J. Lee Mowbray, M. D. (Coroner.)

May 5, 1925 (Address) 2632 Reisterstown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	May 6 1925
20 UNDERTAKER	ADDRESS
E. A. Windsfield Jr.	3816 Eastern

Spec—12-23-21—E.B.R.S.—400 Blks.

D 98129

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98129

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1629 N. Hilton st St., 16-1 Ward)

Registered No. 65-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Coleman Higgins

(a) Residence No. 1629 N. Hilton st St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 18 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Walter M. Higgins

6-DATE OF BIRTH (month, day and year) July 12, 1889

7-AGE. 35 yrs. 9 mos. 23 ds. IF LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Marietta Ohio

PARENTS.

10-NAME OF FATHER: Ed - G. Meredith

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Lebanon Ohio

12-MAIDEN NAME OF MOTHER: Rose E. Shannahan

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Bellaire Ohio

11- (Informant) Mr. Walter M. Higgins

(Address) 1629 N. Hilton St

15- Filed ..... 19.. Robert P. Harrison, Registrar.

5-1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 4. 1925

17- I HEREBY CERTIFY, That I attended deceased from June 1 1924 to May 4 1925

that I last saw her alive on May 3 1925

and that death occurred, on the date stated above, at 7 10 A. m.

The CAUSE OF DEATH* was as follows:

Hodgkins disease about

(Duration) yrs. 11 mos. ds.

CONTRIBUTORY (Secondary) Hodgkins disease about

(Duration) yrs. 11 mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) Walter S. Riblett M. D.

May 4 19 25 (Address) 2220 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Rockville md	May 7 ..., 19..
20-UNDERTAKER Montgomery Co and Jos Joerdens & Son	ADDRESS 2178 Pacific

(See instructions on back of certificate.)

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 98130

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98130

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2018 E. Fairmount ave. ST.) (6-V WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary J. McLellan

(a) RESIDENCE. No. 2018 E. Fairmount Ave. ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Captain John Steele McLellan

6 DATE OF BIRTH (month, day, and year) Jan. 4/1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City

PARENTS

10 NAME OF FATHER Richard Burke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Hermie Burnell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Maude McLellan

(Address) 2018 E. Fairmount Ave.

15 Filed May 5 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 1925

17 I HEREBY CERTIFY, That I attended deceased from March 28 1925, to May 2 1925, that I last saw h[er] alive on May 1 1925, and that death occurred, on the date stated above, at 3:20 A m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 7 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edgar V. Sandrock, M. D.

(Address) 15 W. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	5/6 1925
20 UNDERTAKER J. G. Moran	ADDRESS 800 E. Preston St.

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 98131

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98131

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 626 Malcolm Ave St., 9-1 Ward) 21

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John E. Smith

(a) Residence No. 626 Malcolm Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Anna C. Smith

6-DATE OF BIRTH (month, day and year) March 4 1862

7-AGE, 63 yrs. 7 mos. ds. If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Superintendent

(b) General nature of industry, business, or establishment in which employed (or employer) Coal Factor

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, James Smith

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary Hatch

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Annab Smith

(Address) 626 Malcolm Ave

15- Filed 5-1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 4th 1925

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1924 to May 4 1925 that I last saw h.. alive on May 4 1925 and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Not

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Not

(Signed) C. K. Long M. D.

5-5, 1925 (Address)

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore, Md. DATE OF BURIAL, 5/6 1925

20-UNDERTAKER, J. A. Moran ADDRESS 300 E Belvedere

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Bks.

D 98132

HEALTH DEPARTMENT—CITY OF BALTIMORE D 98132

CERTIFICATE OF DEATH. x 135

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John M Wallace

(a) RESIDENCE NO. Fairmount W Va ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Ohio (State or country)

PARENTS

10 NAME OF FATHER Richard Wallace

11 BIRTHPLACE OF FATHER (city or town) Pa (State or country)

12 MAIDEN NAME OF MOTHER Mary Ann Burney

13 BIRTHPLACE OF MOTHER (city or town) Pa (State or country)

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL.

15 Filed 5-1-1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5 1925

17

I HEREBY CERTIFY, That I attended deceased from April 29, 1925, to May 5, 1925, that I last saw him alive on May 5, 1925, and that death occurred, on the date stated above, at 12 [illegible] m.

The CAUSE OF DEATH* was as follows:

Benign Prostatic Hypertrophy.

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Developed symptoms while in hospital

Did an operation precede death? No Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) W. J. Ekas, M. D.

19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fairmont, W Va — DATE OF BURIAL 5/5/1925

UNDERTAKER J. J. Moran — ADDRESS 300 E. Baltimore

TION is very important. See instructions on back of certificates.

D 98133

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98133

CERTIFICATE OF DEATH.

Registered No. C..... 2431

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Gen. Hosp. St., 24-3 Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Joseph Stankiewicz

(Residence in Baltimore: No. 1408 Decatur St. St.; yrs. 20 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	married

6-DATE OF BIRTH. May (Month) 9 (Day) 1871 (Year)

7-AGE, 54 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of Industry, business, or establishment in which employed (or employer)..... Sugar Refinery Co.

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, Joseph Stankiewicz

11-BIRTHPLACE OF FATHER, (State or Country), Poland.

12-MAIDEN NAME OF MOTHER, Dorothy Kuon

13-BIRTHPLACE OF MOTHER, (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Anna Stankiewicz

(Address) 1408 Decatur St.

15-

Filed ..... 192.....

Robert P. Harrison,
Registrar.

5 - 1925 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 3 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Degeneration

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) no other history given

(Duration) yrs. mos. ds.

(Signed) J. J. Kennessey M. D.
(Coroner.)

May 4, 1925 (Address) 2817 Edmondson Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.

Holy Rosary May 6 1925

20-UNDERTAKER. ADDRESS

John M Weber 1803 Bank St

Spec.—1-10-21—M&T—1500 Bks.

D 98134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 49 D 98134

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 4-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Welsh

(a) RESIDENCE NO. Laurel md ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Lycurgus Welsh

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Spear

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Md. University Hospital Baltimore Md
(Address)

15 Filed ..... 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6 - 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 9/25, 1925, to May 5 6 Pm, 1925,

that I last saw him alive on May 5/25, 1925,

and that death occurred, on the date stated above, at 7 Pm m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumocardial Failure

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? University Hospital

Did an operation precede death? yes Date of 1/16/25

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) R.S. Anderson M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Md	5/8/25
20 UNDERTAKER Geo. E. Frueh	ADDRESS Laurel Md

TION is very important. See instructions on back of certificates.

FILM

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98135

CERTIFICATE OF DEATH.

17 27

B 98135

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 Henderson ST., WARD)

2-FULL NAME Mary Elizabeth Keller

(a) RESIDENCE NO. 410 Henderson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry

6 DATE OF BIRTH (month, day, and year) Nov. 10-1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or.....min.
	74	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER James Stevenson

11 BIRTHPLACE OF FATHER (city or town) Maryland
(State or country)

12 MAIDEN NAME OF MOTHER [illegible] Johnson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Henry Keller
(Address) 410 Henderson St.

15 MAY 6 - 1925 ROBERT A. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3 1925

17

I HEREBY CERTIFY, That I attended deceased from about 1 mo. , 19 , to May 3 , 1925 ,

that I last saw h alive on , 19 ,

and that death occurred, on the date stated above, at 5-30 a m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) yrs. 18 mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. G. Prentiss, M. D.

, 19 (Address) 634 Gorsuch Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Burnside	May 6 1925

20 UNDERTAKER	ADDRESS
Wm Cook & Sons	[illegible]

ION is very important. See instructions on back of certificates.

S·A·F·E·T·Y

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98136

CERTIFICATE OF DEATH.

47

D 98136

1-PLACE OF DEATH Southern Hospital

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2520 Greenmount Ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georgia E Mercer

(Residence in Baltimore: No. 1612 Lennox St.; 46 yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) 1842 (Year)

7-AGE,	If LESS than 1 day,
83 yrs. ..... mos. ..... da.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country),
Winchester Va

PARENTS.

10-NAME OF FATHER, John G Smith

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Evelyn Faulkner

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Francis A Mercer

(Address) 1612 Lennox St

15-

Filed ..... 191.....

ROBERT N. KRAUTER, Registrar.

MAY 6 - 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 5 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1924, to May 5 1925, that I saw h.r alive on May 5 1925, and that death occurred, on the date stated above, at 2.30 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma left breast.

..... (Duration) 2 yrs. — mos. — da.

CONTRIBUTORY (Secondary) Myocardial insuffe

..... (Duration) — yrs. — mos. 5 da.

(Signed) Dudley P Bowie M. D.

May 5, 1925 (Address) 904 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Druid Ridge	May 7, 1925
20-UNDERTAKER	ADDRESS
William Cadsorf	E North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98137

CERTIFICATE OF DEATH.

74-002

74 D 98137

1-PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. Monument St. ST., 16-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Stone

(a) RESIDENCE NO. 2426 Arunah Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mason B. Stone

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Piano teacher

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) New York, N.Y.

PARENTS

10 NAME OF FATHER Oliver Salge

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Maria Braun

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.Y.

14 Informant Mrs. K. Ringer

(Address) 4412 Belleview ave.

15 Filed MAY 6 - 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1925, to May 5, 1925,

that I last saw her alive on May 5, 1925,

and that death occurred, on the date stated above, at 1.10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Max Levin, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	May 8 1925
20 UNDERTAKER	ADDRESS
Williamson & Nuttall	

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98138

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98138

CERTIFICATE OF DEATH.

99-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 2033 Monumental St., Ward 1-3) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfred Szymanski

(a) Residence No. 2033 E. Monumental St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male | 4-COLOR OR RACE: White | 5-Single, Married, Widowed, or Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year): March 10 - 24

7-AGE: 1 yrs. 2 mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9-BIRTHPLACE (city or town) (State or Country), Curtis Bay Md

PARENTS.

10-NAME OF FATHER, Alex Szymanski

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Poland

12-MAIDEN NAME OF MOTHER, J. Waszkiewicz

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Poland

14- (Informant) A. Szymanski
(Address) 2031 Monumental Ave.

15-
Filed ..... 192.. ROBERT E. KRAMER Registrar.

MAY 6 - 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): May 5 - 25

17- I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to May 5, 1925, that I last saw h. alive on May 5, 1925 and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Asphyxia - Drowning
resuscitation Failed

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) 3529 Eastern Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Holy Rosary	May 6 1925
20-UNDERTAKER.	ADDRESS.
F. H. Ozazewski	3530 Eastern Ave

Spec– 12-23-21—E.B.R.S.—400 Bks.

D 98139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

48 D 98139

1-PLACE OF DEATH

City of BALTIMORE: (No. 2510 E. Preston St., 8-3 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna. Margaret. Fell

(a) Residence No. 2510 E Preston St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. 2 mos. 26 ds. How long in U. S., if of foreign birth? Ly yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Andrew A. Fell

6-DATE OF BIRTH (month, day and year) Febuay 9° 1884

7-AGE. 41 yrs. 2 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John. A. Buechner

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Catherine Binau

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto Md

14- (Informant) Mrs. Andrew A. Fell
(Address) 2510 E Preston St

15-

Filed MAY 6 1925 ROBERT R. [illegible] Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 5th 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1924 to May 5 1925
that I last saw h[illegible] alive on Apl. 30 1925
and that death occurred, on the date stated above, at 7 A. m.
The CAUSE OF DEATH* was as follows:

Carcinoma of Nose.

(Duration) 0 yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? No Laboratory

What tests confirmed diagnosis?

(Signed) J. J. Burnback M. D.

5-5 1925 (Address) 1531 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer Cemetery	April 8, 1925
20-UNDERTAKER.	ADDRESS
Henry Hoen Son	1301 E Eager St

Spec.—1-10-21—M&T—1500 Blks.

98140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98140

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... ST., 4-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Greer

(a) RESIDENCE NO. Baltimore Road ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 22 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Gerard Greer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Cassandra Smithers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records

(Address) .....

15 Filed MAY 6 - 1925 RUELA R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/5 1925

17 I HEREBY CERTIFY, That I attended deceased from 4/13, 1925, to 5/5, 1925, that I last saw him alive on 5/5, 1925, and that death occurred, on the date stated above, at 4.45 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) M. Edwards, M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Harford Co Md — DATE OF BURIAL May 5 1925

20 UNDERTAKER Deane Foster Belair Md — ADDRESS .....

TION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

98141

CERTIFICATE OF DEATH.

18 D 98141

1-PLACE OF DEATH Spedden's Wharf foot Boston & Kenwood Ave

Registered No. C.....

City of BALTIMORE: (No. 7 ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Schirmer

(Residence in Baltimore: No. 105 S Durham St; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	white	Single

6-DATE OF BIRTH. Oct (Month) 16 (Day) 1871 (Year)

7-AGE. 53 yrs. 6 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boiler maker
(b) General nature of industry, business, or establishment in which employed (or employer): Steam Fitter Dry Docks

9-BIRTHPLACE. (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Geo Schirmer

11-BIRTHPLACE OF FATHER. (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Louisa Jordan

13-BIRTHPLACE OF MOTHER. (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Schirmer

(Address) 105 S Durham

15- Filed MAY 6 - 1925 192.....

ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. April (Month) 27 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to Accidental death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning
when he went down in
Tug Boat Kentucky at
Spedden Wharf (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(Duration) 1 yrs. mos. ds.

(Signed) James M Gordon M. D.
(Coroner.)

May 6 1925 (Address) 705 E Chase

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. U.S. National Cemetery. DATE OF BURIAL. May 6th 1925

20-UNDERTAKER. Lilly & Zeiler ADDRESS 403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

98142

HEALTH DEPARTMENT—CITY OF BALTIMORE

98142

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1911 Eastern ST., 2 WARD) 2-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Lydia Hastler

(a) RESIDENCE NO. 1911 Eastern ST., 2 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 5 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Hastler

6 DATE OF BIRTH (month, day, and year) Nov. 13th 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Henry Jones.

11 BIRTHPLACE OF FATHER (city or town) Dorchester Co. Md.
(State or country)

12 MAIDEN NAME OF MOTHER Christina Bloodgood

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.
(State or country)

14 Informant Mrs Hastler.
(Address) 1911 Eastern Ave.

MAY 6 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5th 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr. 3 . 1925 . to May 5th . 1925 .
that I last saw h[illegible] alive on May 5th . 1925 ,
and that death occurred, on the date stated above, at 5 1/2 a m.
The CAUSE OF DEATH* was as follows:

Influenza
Followed by Bronchopneumonia

(duration) yrs. mos. 32 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What was confirmed diagnosis?

May 6th 1925 (Signed) J. Fuller Gilmer, M. D.
(Address) 1900 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cem. — DATE OF BURIAL: May 8th 1925

29 UNDERTAKER: Lilly & Zeiler — ADDRESS: 4033 S. Wolfe

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

98143

CERTIFICATE OF DEATH.

31 D 98143

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 913 N. Madison ave ST., 11 - D WARD)

2-FULL NAME Henry F. Dorsey

(a) RESIDENCE NO. 913 N. Madison Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia Dorsey. Henry F. Dorsey

6 DATE OF BIRTH (month, day, and year) March 27 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Letter carrier 86

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Post master Balto

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Marys County

12 MAIDEN NAME OF MOTHER Catherine Onley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Hampton Va

14 Informant Harvey R. Dorsey

(Address) 913 Mad-ave.

15 Filed MAY 6 - 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1925, to May 3, 1925, that I last saw h alive on May 3, 1925, and that death occurred, on the date stated above, at 8:40 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw. J. Mudley, M. D.

5/3, 1925 (Address) 1230 Bond St. city

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	May 6 1925

20 UNDERTAKER Mrs R. G. Elliott ADDRESS 1735 Eastland ave

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98144

CERTIFICATE OF DEATH.

129

D 98144

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 603 West West St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... John Hoehn

(a) Residence No. 603 West West St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~Single,~~ Married, ~~Widowed, or Divorced,~~ (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Hoehn

6-DATE OF BIRTH (month, day and year) Sept. 17 1857

7-AGE. 67 yrs. 7 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Spreader

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Erlanger Bros

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, Geary Hoehn

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER Rosanna Stoltz

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14-

(Informant) Annie G Hoehn

(Address) 603 W. West St

MAY 6 - 1926 ROBERT R. KRAUTH, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 5/25

17- I HEREBY CERTIFY, That I attended deceased from Nov 20 1924 to May 5 1925 that I last saw h— alive on May 4th 25 and that death occurred, on the date stated above, at 11 AM

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. 6 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edw [illegible] M. D.

5/5, 19 25 (Address) 547 Lodtr

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Baltimore Cem	May 7, 1925
20-UNDERTAKER,	ADDRESS
William Carl	502 E Pratt

D 98145

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98145

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

City of BALTIMORE. (No. Bayview Hospital 14-1 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas R Barnes

(Residence in Baltimore: No. 530 Gold St. Unknown St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH. Unknown 1.....
(Month) (Day) (Year)

7-AGE. 29 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country) Unknown Wilson N.C.

PARENTS.

10-NAME OF FATHER. Barnes

11-BIRTHPLACE OF FATHER, (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ruth Williams

(Address) 530 Gold St.

15- MAY 6 - 1925 ROBERT R. KRANTZ, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 28, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis
Probably Lues

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial asthma

(Duration) 1 yrs. mos. ds.

(Signed) James M Fenlon M. D.
(Coroner.)

April 28 1925 (Address) 700 E Chase St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents)
At place of death yrs. mos. 4 days In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? City Jail

Former or usual residence Lee St

19-PLACE OF BURIAL OR REMOVAL. Wilson N. C.

DATE OF BURIAL. May 7, 1925

20-UNDERTAKER. Mrs. Jas. H. Dennis

ADDRESS 1203 Presstman St

THE MORGUE. sq. Y.E.K.

Spec.—1-10-21—M&T—1500 Bks.

D 98146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98146

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 N Carey ST., 15-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jordan Jackson

(a) RESIDENCE NO. 1513 N Carey ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mollie Jackson

6 DATE OF BIRTH (month, day, and year) Not known

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66 ?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Elizabeth Figueroa

(Address) 1513 N Carey St.

15 MAY 6 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr 27, 1925, to May 4, 1925, that I last saw him alive on May 4, 1925, and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis ?

(duration) 1 yrs. ? mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. William Frey, M. D.

5/5, 1925 (Address) 1928 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Odd Fellows Cemetery Catonsville Md — DATE OF BURIAL: 4/7/1925

20 UNDERTAKER: Mrs Jos. H. Dennis — ADDRESS: 1303 Presstman St. 824 Y.E.V.

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. It may be printed in plain (ink, so that it may be read.

Spec.—8-24-14—M. & T.—2000 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98147

CERTIFICATE OF DEATH.

74001
D 98147

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1135 Myrtle Ave. ST. 17 WARD 1

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Ford

(Residence in Baltimore: No. 1135 Myrtle Ave. St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Married

6-DATE OF BIRTH, May 1, 1882
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
43 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): General Housework

9-BIRTHPLACE, (State or Country), Anne Arundel Co. Md.

PARENTS.

10-NAME OF FATHER, Emory Williams

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sarah Jane Buckley

13-BIRTHPLACE OF MOTHER (State or Country), Eastern Shore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Ford (Husband)

(Address) 1135 Myrtle Ave

15- MAY 6 - 1925, 191 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 3, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 19 1925, to May 3 1925, that I saw her alive on May 2 1925, and that death occurred, on the date stated above, at 12 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) General Senility

(Duration) yrs. mos. 14 ds.

(Signed) Chas. C. Mc Fenton M. D.

May 4, 1925 (Address) 2410 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, May 6, 1925

20-UNDERTAKER Edward Bryan

ADDRESS 1691 Orleans St

Spec—12-23-21—E.B.R.S.—400 Bks.

Mehrtens

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98148

1-PLACE OF DEATH — Registered No. D 98148

City of BALTIMORE: (No. 1029 N. Gay St., 7-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Mehrtens

(a) Residence No. 1029 N. Gay St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? 46 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced (~~Husband of~~ or) WIFE of: John H. Mehrtens

6-DATE OF BIRTH (month, day and year): July 21-1881

7-AGE: 44 yrs. 9 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Ludwig Lefsfon

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Susana Geibel

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14-(Informant): Mary L. Lefsfon

(Address): 1019 N. Eutaw

15- MAY 6 - 1925 ROSELLA A. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): May 3, 1925.

17- I HEREBY CERTIFY, That I attended deceased from March 30, 1925 to May 3, 1925, that I last saw her alive on May 2, 1925, and that death occurred, on the date stated above, at 8:00 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis and arterial hypertension

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Cardiac dilatation

(Duration) yrs. mos. 10 ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical examination

(Signed) Albert Schamberg M. D.

5/4, 1925 (Address) 2027 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL, May 6, 1925

20-UNDERTAKER: Chas. C. Mullen & Son — ADDRESS 2634 Jefferson

D 98149 HEALTH DEPARTMENT—CITY OF BALTIMORE - 901 D 98149

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., 14-E Ward) 188

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo W. Hauly

(Residence in Baltimore: No. 1726 Orleans St.; yrs. 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male.	Col.	Married

6-DATE OF BIRTH. March (Month) 26 (Day) 1896 (Year)

7-AGE. 29 yrs. 1 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Own

9-BIRTHPLACE, (State or Country). N. C.

PARENTS.

10-NAME OF FATHER. Henry Hauly

11-BIRTHPLACE OF FATHER, (State or Country). N. C.

12-MAIDEN NAME OF MOTHER. Ella Watts

13-BIRTHPLACE OF MOTHER, (State or Country). N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Rosa Hauly Wife

(Address) 1726 Orleans

15- MAY 6 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 5 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~(Inquest, autopsy or inquiry.)~~ thereon and from the evidence obtained by said ~~Inquest, autopsy or inquiry.)~~ find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

This man was being operated by Dr. Cole at University Hospital for a compound fracture of his R. Arm the result of an injury and was under Ether Anesthesia (Duration) yrs. 2 hours ds.

CONTRIBUTORY (Secondary) Accident

(Duration) yrs. mos. ds.

(Signed) H K Jamison M. D. (Coroner.)

5-6 1925 (Address) 117 W. Saratoga St.

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Loudon Park DATE OF BURIAL May 8 1925

20-UNDERTAKER. Hanna & Whyte ADDRESS 1307 Mary

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98150

CERTIFICATE OF DEATH.

90 D 98150

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 N. Port. ST., 8-3 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theresa A Nuth.

(a) RESIDENCE No. 1313 N. Port st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 15/1912

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	12.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) School.

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Anthony Nuth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Margaret Brand

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Anthony Nuth
(Address) 1313 N. Port St.

15 Filed MAY 6 - 1925 ROBERT A. KRAMER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5, 1925

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to May 5, 1925, that I last saw her alive on May 5, 1925, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation
of rheumatic origin

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Magness, M. D.

5/6, 1925 (Address) 1206 E. Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Holy Redemption Cemetery	May 9 1925

20 UNDERTAKER Young - J. Ruth ADDRESS 1735 Hayford ave.

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98151

CERTIFICATE OF DEATH.

D 98151

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hospital, Ward 9-5 Registered No. 1001

2-FULL NAME Baby Girl Kerr

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1721 E. 25th St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Day mos. ds. How long in U. S., if of foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): May 6, 1925

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, 8 hrs. 45 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: Geo Robert Kerr

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Michigan

12-MAIDEN NAME OF MOTHER: Ella Forman Evans

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Maryland

14- (Informant): Geo Robert Kerr

(Address): 1721 E. - 25 Street

15- Filed MAY 6 - 1925 Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): May 6, 1925

17- I HEREBY CERTIFY, That I attended deceased from May 6, 19 25 to May 6 19 25 that I last saw her alive on May 6, 19 25 and that death occurred, on the date stated above, at 5:50 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Cesarean Section in Utero for Placenta Previa May 5/25.

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) B M K Ryder M. D.

, 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery

DATE OF BURIAL, 5/6, 1925

20-UNDERTAKER: Chas. A. Evans & Son

ADDRESS 118 N. Mt. Street

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 98152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9 98152

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 16½ E. York ST.: 22 WARD) N

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pauline A. Pritchard

(a) RESIDENCE. NO. 16½ E York ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred — yrs. 8 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 11 - 1924

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Paul Pritchard

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Laura Ward

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kentucky

14 Informant Laura Pritchard

(Address) 16½ E. York St

15 Filed MAY 6 - 1925

ROBERT S. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5 / 5 1925

17

I HEREBY CERTIFY, That I attended deceased from 5 / 4, 1925, to 5 / 5, 1925,

that I last saw her alive on 5 / 5 1925,

and that death occurred, on the date stated above, at 1.20 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchopneumonia

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) W Whooping cough

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? —

(Signed) Dan Francini, M. D.

May 6, 1925 (Address) 122 E. Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill	May 6 1925
20 UNDERTAKER	ADDRESS
F. A. Kramer & Son	703 Hanover

TION is very important. See instructions on back of certificates.

D 98153

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98153

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 241 N. Hoffman St. Ward 11-1

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Wm H. Holmes

(Residence in Baltimore: No. 241 N. Hoffman St. St.; yrs., 2 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	single

6-DATE OF BIRTH. March 21, 1925
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
..yrs. 2 mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Willie Coleman

11-BIRTHPLACE OF FATHER, (State or Country), South Carolina

12-MAIDEN NAME OF MOTHER, Minerva Holmes

13-BIRTHPLACE OF MOTHER, (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Minerva Holmes

(Address) 241 N. Hoffman St

MAY 6 - 1925 Filed ROBERT S. KRAUTER Registrar

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 3, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration)....yrs....mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration)....yrs....mos. 4 ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

May 5, 1925 (Address) 210 E. Lanvale St

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	MAY 5 1925

20-UNDERTAKER, Health Commissioner ADDRESS

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98154

CERTIFICATE OF DEATH.

66 D 98154

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 1119 Penna. Ave St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel Clayton

(Residence in Baltimore: No. 1119 Penna. Ave. St.; yrs. 25 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	colored	single

6-DATE OF BIRTH. About (Month) (Day) 1900 (Year)

7-AGE.	If LESS than 1 day,
25 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Unknown
(b) General nature of Industry, business, or establishment in which employed (or employer) 087

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country),

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER, (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) N. W. Dist. Police

(Address) Penna ave.

15- MAY 6 - 1925 ROBERT S. KRAUTER Burial Permit Registrar.

THE WOODALL

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. About April 20, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and, from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Unknown

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D. (Coroner.)

May 6 1925 (Address) 702 Eutaw

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY.	19
20-UNDERTAKER, Commissioner Health.	ADDRESS MAY 6 1925

Per. Wm. E. WOODALL

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98155 — CERTIFICATE OF DEATH. — 18 D 98155

1-PLACE OF DEATH Found – Harbor — Registered No. C.....

City of BALTIMORE: (No. Jack Basin St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ...unknown...

(Residence in Baltimore: No. ...unknown... St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Mal	Whit	

6-DATE OF BIRTH. ..... (Month) ..... (Day) 1..... (Year)

7-AGE.	If LESS than 1 day.
50 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ...unknown...
(b) General nature of industry, business, or establishment in which employed (or employer) ...0...

9-BIRTHPLACE, (State or Country). ...unknown...

PARENTS.

10-NAME OF FATHER. ...unknown...

11-BIRTHPLACE OF FATHER, (State or Country) ...unknown...

12-MAIDEN NAME OF MOTHER. ...unknown...

13-BIRTHPLACE OF MOTHER, (State or Country). ...unknown...

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- MAY 6 - 1925 ...NOELLE D. BEATTY... Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Found in Harbor ...May... (Month) ...1... (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ...Inquest... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ...Inquest... (Inquest, autopsy or inquiry.) find that said deceased came to ...his... death on the day stated above.

The CAUSE OF DEATH* was as follows:

...Accidental Drowning...

(Duration) ...Unknown... yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. mos. ds.

(Signed) ...James W. Clinton... (Coroner) M. D.

...May 3... 1925 (Address) ...321 E. Chase...

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. PUBLIC CEMETERY — DATE OF BURIAL, ...MAY 6 - 1925...

20-UNDERTAKER. Commissioner Health.

MORGUE.

For Wm. E. WOODALL

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98156

CERTIFICATE OF DEATH.

10-2 3/ D 98156

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Edward G. Steadman

(a) Residence No. 940 N. Ensor st. St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6-DATE OF BIRTH (month, day and year) May 10 1864

7-AGE. 60 yrs. 11 mos. 25 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Paper hanger

(b) General nature of Industry, business, or establishment in which employed (or employer). 052

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. John Steadman

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Margaret Lawler

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland

14- (Informant) Hospital Records

(Address) M.T.H.

15- MAY 6 - 1925 Filed. BURIAL S. ABBOTT, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 5, 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1924 to May 5, 1925

that I last saw him alive on May 5, 1925,

and that death occurred, on the date stated above, at 12.15 Am.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? X-ray, laboratory

(Signed) J. Brohit M. D.

5-5- 1925 (Address) Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral Cem. DATE OF BURIAL. May 8, 1925

20-UNDERTAKER. Edmund W. Conklin ADDRESS 924 E. Eager

Spec.—1-10-21—M&T—1500 Bks.

D 98157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98157

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2127 W Pratt ST. Park WARD) 24

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William G Young

(a) RESIDENCE NO. 2127 W. Pratt ST., 24 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sophia A. Young

6 DATE OF BIRTH (month, day, and year): Sept 15 1872

7 AGE: Years 52 | Months 6 | Days 20 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Butcher

(b) General nature of industry, business, or establishment in which employed (or employer): — 013

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Pa

PARENTS

10 NAME OF FATHER: David Young

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Magdalena Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Lizzie Holmes (Address) 1351 Fait Ave

15 Filed 6-4-1925, 19.... Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/5/1925

17 I HEREBY CERTIFY, That I attended deceased from 5/1/25, 19.... to 5/5/25, 19....,

that I last saw h— alive on 5/4/25, 19....

and that death occurred, on the date stated above, at 12:30 A m.

The CAUSE OF DEATH* was as follows:

Chr. Hypertension

Nephritis

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Chr. Hypertension

(duration) — yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ....

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Bernard M Levy, M. D.

5/6, 1925 (Address) 910 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: May 7th 1925

20 UNDERTAKER: H.A. Kleffner — ADDRESS: 850 N Eutaw

TION is very important. See instructions on back of certificates.

D 98158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 D 98158

1-PLACE OF DEATH

City of BALTIMORE: (No. 1216 ST. James St St., 10-2 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Scott

(Residence in Baltimore: No. 1216 St. James St St.; yrs. 40 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	col	mar

6-DATE OF BIRTH. ..... (Month) 1874 (Day) 1 (Year)

7-AGE. 51 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Notaway Va.

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER, (State or Country). Va

12-MAIDEN NAME OF MOTHER. Alice Wilson

13-BIRTHPLACE OF MOTHER, (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Juanita Scott (wife)

(Address) 1216 St. James St.

15-

Filed ..... 192.. Robert P. Harrison, Registrar.

5-6-1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 4-25 192.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probable Lobar Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Bates M. D. (Coroner.)

5-5-25 192.. (Address) 508 E. North Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Cem	5-7 192 25
20-UNDERTAKER.	ADDRESS
Jas. W. Skinner	625 E. Broad st

Spec—12-23-21—E.B.R.S.—400 Bks.

(Murdock)

D 98159

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98159

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 948 Mason St., 11-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Sabina Murdock

(a) Residence No. 948 Mason St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. — mos. — ds. How long in U. S., If of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Murdock

6-DATE OF BIRTH (month, day and year) Feby 17, 1873

7-AGE. 52 yrs. 2 mos. 15 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thomas Simms

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant). Harry Murdock

(Address). 948 Mason St

15- Filed ..... 19.....

Robert P. Harrison, Registrar.

8-1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 4, 25

17- I HEREBY CERTIFY, That I attended deceased from April 2 1925 to May 4 1925 that I last saw her alive on May 4 1925 and that death occurred, on the date stated above, at 10.55 P. m.

The CAUSE OF DEATH* was as follows:

Septicaemia

(Duration) — yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) — yrs. 1 mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Patterson, M. D.

, 19 (Address) 817 Hamilton Terr

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, 5/7/25, 1925

20-UNDERTAKER. Byrnes & Wright — ADDRESS 1218 McCelderry St.

D 98160

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98160

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. C 188-003

City of BALTIMORE: (No. St. Joseph Hospital St., 9-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E. Cord

(Residence in Baltimore: No. 2015 Robb St St.; yrs., ✓ mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	White	Widower

6-DATE OF BIRTH. Oct 23 1845 (Month) (Day) (Year)

7-AGE. 79 yrs. 6 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): 0

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, Thos. P. Cord

11-BIRTHPLACE OF FATHER, (State or Country). Md, ?

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). H

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John P. Baring

(Address) Aberdeen, Md

15- Filed 6 1925 192 Robert P. Harrison, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 6th 1925 (Month) (Day) 192 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull (Base & Frontal Regions)
Aytomobile Acc.
(Inquest to held on May 7/25)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. S. Wilson M. D. (Coroner.)

5/6/25 192 (Address) 500 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. 8 ds. In the State Life mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Aberdeen Md — DATE OF BURIAL: May 6 19 25

20-UNDERTAKER: Wm J. Dickerson — ADDRESS North St Aberdeen Md

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 1 D 98161

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2029 Gough St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Nowak

(a) Residence No. 2029 Gough St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married or Divorced, (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan. 1- 1900

7-AGE, 24 yrs. 4 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk 009

(b) General nature of industry, business, or establishment in which employed (or employer) Grocery Store

(c) Name of employer.....

9-BIRTHPLACE (city or town).....(State or Country), Md

PARENTS.

10-NAME OF FATHER Baltazar Nowak

11-BIRTHPLACE OF FATHER (city or town).....(State or Country), Poland

12-MAIDEN NAME OF MOTHER, Magdalena Szemis

13-BIRTHPLACE OF MOTHER (city or town).....(State or Country), Poland

14-

(Informant) Baltazar Nowak

(Address) 2029 Gough St

15- May 6 1925 19.. Robert P. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 4 1925

17- I HEREBY CERTIFY, That I attended deceased from May 2, 1925, to May 4, 1925, that I last saw h... alive on May 3, 1925, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Lung Tuberculosis

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Toxemia

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B. Tetlow, M. D.

5/4, 1925 (Address) 315 S. Highlandtown

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	5/7, 1925
20-UNDERTAKER,	ADDRESS
Wm Fialkowski	1618 Eastern Ave

Burial Permit Clerk.

Spec.—1-10-21—M&T—1500 Bks.

(White) ✓

D 98162

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98162

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 Hanneman Ave ST., 8-4 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sofia Uhlich

(a) RESIDENCE NO. 1815 Hanneman Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Uhlich

6 DATE OF BIRTH (month, day, and year): Not Known

7 AGE: Years 62; Months; Days; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bohemia

PARENTS

10 NAME OF FATHER: John Sleuba

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

14 Informant (Address): John Uhlich 1815 Hanneman Ave

15 Filed 6-1925 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 4 1925

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to May 4, 1925, that I last saw h[illegible] alive on May 4, 1925, and that death occurred, on the date stated above, at 1730 A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yr. 1 mos ds.

CONTRIBUTORY (Secondary): Acute Cardiac Dilatation

(duration) [illegible]

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) [illegible] M. D.

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: May 7 1925

20 UNDERTAKER: Funeral Director — ADDRESS: 1906 Eastern Ave

TION is very important. See instructions on back of certificates.

Spec.--1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98163

CERTIFICATE OF DEATH.

D 98163

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2617 N Calvert ST., 12-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Lo. McSullen

(a) RESIDENCE NO. 2617 N Calvert ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James McSullen

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Jno B. Sutherland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margret Connery

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Sister, Harriet A Kennard

(Address) 1911 Kennon Place Boundary Ave

15 Robert P. Harrison, ... 19 Registrar

6-1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4 1925

17

I HEREBY CERTIFY, That I attended deceased from April 4, 1925, to May 4, 1925, that I last saw h[illegible] alive on May 4, 1925, and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Leucemia (Lymphatic)

Only 1 month to my knowledge. Probably a year duration from history

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Blood examination

(Signed) Wm T Watson, M. D.

May 4, 1925 (Address) 212 E St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: May 7 1925

20 UNDERTAKER: Wm C. Black ADDRESS: 922 N. Broadway

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

98164 180926

HEALTH DEPARTMENT—CITY OF BALTIMORE D 98164

CERTIFICATE OF DEATH.

37-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 25-3 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J Maser

(a) RESIDENCE NO. 2323 James St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 30/24

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —"—

(c) Name of employer —"—

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph Maser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hungary

12 MAIDEN NAME OF MOTHER Elizabeth Siebert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hungary

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL.

15 Filed ..., 19... Robert P. Harrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6, 1925

17

I HEREBY CERTIFY, That I attended deceased from May 4, 1925, to May 6, 1925, that I last saw him alive on May 6, 1925, and that death occurred, on the date stated above, at 1.45 a.m.

The CAUSE OF DEATH* was as follows:

Acute General Miliary Tuberculosis

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Tuberculous Meningitis

(duration) yrs. mos. 7 da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes —

What test confirmed diagnosis? none

(Signed) Geo Scott M. D.

(Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
London Park	May. 8 1925
20 UNDERTAKER	ADDRESS
William Cook Sons &	Baltimore

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Rks.

D 98165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 D 98165

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hosp. ST., 22-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Addie Burger

(a) RESIDENCE NO. 657 Washington Blvd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William T. Burger

6 DATE OF BIRTH (month, day, and year) July 18, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER Do not know

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Mrs. Mary Wolfe
(Address) 162 Patapsco St.

15 Filed Nov 7 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5 1925

17 I HEREBY CERTIFY, That I attended deceased from 4-27, 1925, to 5-5, 1925, that I last saw her alive on 5-5 1925 and that death occurred, on the date stated above, at 7 45 P.M.

The CAUSE OF DEATH* was as follows:

Uremia - due to chronic diffuse nephritis

7 (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of -

Was there an autopsy? Yes

What test confirmed diagnosis? Yes.

(Signed) J. T. Dreaper M. D.

, 19 (Address) 80 E Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL Nov 8 1925

20 UNDERTAKER Wm Cook ADDRESS 502 E Fayette

D 98166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-D 98166

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 766 Warnahe St. St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Allen Jones

(Residence in Baltimore: No. 766 Warnahe St St.; yrs. 43 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Col	Widwd

6-DATE OF BIRTH, December 17 1881
(Month) (Day) (Year)

7-AGE, 43 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Ed Jones

11-BIRTHPLACE OF FATHER, (State or Country), Va

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country), — —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Brown

(Address) 618 Lorge St

15-

Filed 6-1925 Robert F. Harrison Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 3 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Inquest, autopsy or Inquiry.~~ thereon and from the evidence obtained by said ~~Inquest, autopsy or Inquiry.~~ find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy
a Day's Illness
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Don't Know
(Duration) yrs. mos. ds.

(Signed) H K French M. D.
(Coroner.)

5-6 1925 (Address) 1177 W Saratoga St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Auburn Cem.	May 7 1925

20-UNDERTAKER Saml H Hursley ADDRESS 1128 Edmondson Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98167 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 98167

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

City of BALTIMORE: (No. 1608 Druid Hill Ave E 4 - 1 St., Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Anna Henson

(a) Residence No. 1608 Druid Hill Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female | 4-COLOR OR RACE: Colored | 5-Single, Married, Widowed, or Divorced, (Write the word.): Mar

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Emanuel Henson

6-DATE OF BIRTH (month, day and year) Feb 1878

7-AGE, 47 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Solomon Williams

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Emanuel Henson
(Address) 1608 Druid Hill Ave

15- MAY 7 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 5 1925

17- I HEREBY CERTIFY, That I attended deceased from May 1 1925 to May 5 1925

that I last saw h.. alive on May 5 1925,

and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Cor Dis Nephritis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Hypocondria

(Duration) yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Chas F Blenker M. D.

May 5, 19 (Address) 1806 Mc Culloh

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: May 8, 1925

20-UNDERTAKER: John H. Soadin — ADDRESS 1027 Druid Hill Ave

Cor.—1-12-23—M&T—100 Blks.

D 98168 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 98168

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 812 W. 37th St. ST. 13-4 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elvira Kline

(a) RESIDENCE NO. 812 W-37th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Ethan B. Kline

6 DATE OF BIRTH (month, day, and year) Dec 12-1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	4	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co.

PARENTS

10 NAME OF FATHER Everett C. Tomlinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hagerstown Md

12 MAIDEN NAME OF MOTHER Margaret E. Cole

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto City

14 Informant (Address) Ethan B. Kline 812 W. 37 St

15 Filed MAY 7 - 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H. Morrison, M. D. (Coroner.) May 6 1925 (Address) 2132 Ashburton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL May 7 1925

20 UNDERTAKER H. S. Marshall ADDRESS 3539 Belair Road

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98169

CERTIFICATE OF DEATH.

X 100-001

D 98169

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (ST.) (WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George McLilly

(a) RESIDENCE No. Spaniers Point ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha McLilly

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Bethlehem Steel Co.

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Hospital Records

(Address)

15 Filed MAY 7 - 1925 ROBERT E. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-5-25 19

17

I HEREBY CERTIFY, That I attended deceased from 5-2-25, 19..., to 5-5-25, 19...,

that I last saw h— alive on 5-4-25, 19...,

and that death occurred, on the date stated above, at 3 00 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. W. B. Butler, M. D.

, 19 (Address) 435 N. Carlin Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Simmaboro SC	May 7 1925

20 UNDERTAKER John F. Denny ADDRESS 715 Light St

TION is very important. See instructions on back of certificates.

Spec. 6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 93170

CERTIFICATE OF DEATH.

145 D 93170

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3153-Cedar Av ST.: 13-4 WARD)

2-FULL NAME Ida May Covey

(a) RESIDENCE. No. 3153-Cedar Ave ST. 13 WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 5/6 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Geo Oscar Covey

6 DATE OF BIRTH (month, day, and year) Dec 18, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~40~~	40	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Preston Worsdell

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Laura V Cook

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Geo E Covey
(Address) 3153 Cedar Ave

Filed MAY 7 - 1925 HENRY R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5 1925

17 I HEREBY CERTIFY, That I attended deceased from March 25 1925 to May 5 1925 that I last saw h... alive on May 5 1925 and that death occurred, on the date stated above, at 10:30 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Interstitial
Nephritis

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart
Pulmonary Oedema (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) R B Norwood M.D. M. D.

5/6 1925 (Address) 3543 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	May 8 1925

20 UNDERTAKER Chenoweth & Son ADDRESS 3617 Chestnut Ave

Duplicate for Undertaker. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 98171

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98171

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene ST., W/RD)

REGISTERED No. 40

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herman Trapp.

(a) RESIDENCE No. Glenarm Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Caroline Trapp

6 DATE OF BIRTH (month, day, and year) May 6th 1893

7 AGE 31 Years 11 Months 25 Days | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Co (State or country) Maryland

PARENTS

10 NAME OF FATHER George Trapp

11 BIRTHPLACE OF FATHER (city or town) Balto Co (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lydia Burk

13 BIRTHPLACE OF MOTHER (city or town) Balto Co (State or country) Maryland

14 Informant Lydia Beyer (Address) Phoenix R.F.D.

15 Filed May 2, 1925 J. Fred Gosnell Registrar

1925 KRAUTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1, 1925

17

I HEREBY CERTIFY, That I attended deceased from April 22, 1925, to May 1, 1925, that I last saw him alive on May 1, 1925, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Acute Primary Nephritis

Hypostatic Pneumonia

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Uremic Intoxication

Pneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? NO Date of —

Was there an autopsy? NO

What test confirmed diagnosis? Clinical Symptoms & Laboratory

(Signed) H. S. Anderson, M. D.

5-1-1925 (Address) Union Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Johns R Lutheran Cemetery	May 3 1925
20 UNDERTAKER	ADDRESS
John E. Slade	Long Green Md

TION is very important. See instructions on back of certificates.

D 98172 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98172

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Hebrew Hospital St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Walter

(Residence in Baltimore: No. 408 S. Ann St.; 41 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	white	mar

6-DATE OF BIRTH. Feb 2-1860 (Month) (Day) (Year)

7-AGE. 64 yrs. 3 mos. 4 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Poland

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER. (State or Country). Poland ?

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER. (State or Country). Poland ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Walter

(Address) 408 S. Ann St

15. MAY 7 - 1925 ROBERT S. KRAUTER, Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 6-25, 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ... yrs. ... mos. 9 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) J S H Pace M. D. (Coroner)

5-7-25 192. (Address) 503 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St. Stanislaus.	May 9" 1925.
20-UNDERTAKER.	ADDRESS.
M. F. Sadowski.	705 S. Ann St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 98173

CERTIFICATE OF DEATH.

7/1-001 D 98173

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2600 Guilford ave ST., 12-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nellie Hand Blakesley

(a) RESIDENCE NO. 2600 Guilford Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elmer J Blakesley

6 DATE OF BIRTH (month, day, and year) Jan 23 1861

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
64	3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Olmsted, Ohio

PARENTS

10 NAME OF FATHER James L. Hand

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Isadora T. Kennedy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant Elmer J. Blakesley (Address) 2600 Guilford ave

15 MAY 7 - 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5 1925

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to May 5, 1925, that I last saw h[illegible] alive on May 5, 1925, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Dying this (cause unknown)

(Patient has had severe hypertension for several years, a cerebral hemorrhage 2 years ago. Has continuously under treatment for last 4 years.)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm J. Watson, M. D.

May 5, 1925 (Address) 2124 St Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park May 7 1925 — DATE OF BURIAL

20 UNDERTAKER John Butchell — ADDRESS 1201 E. Fayette

How is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 98174

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98174

CERTIFICATE OF DEATH.

124

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 N. Lakewood Ave ST., 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Lindner

(a) RESIDENCE NO. 404 N. Lakewood Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank C. Lindner

6 DATE OF BIRTH (month, day, and year) July 28, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Ernst Hottenbacher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Fuchs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Frank C. Lindner

(Address) 404 N. Lakewood Ave

15 Filed MAY 7 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6. 1925

17

I HEREBY CERTIFY, That I attended deceased from May 3rd, 1925, to May 6, 1925, that I last saw h[illegible] alive on May 6, 1925, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

Chronic Colec. Cystitis (duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. H. Meyer Jr. M. D.

5/6, 1925 (Address) 1500 E. 3 Fred St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	May 8 1925
20 UNDERTAKER	ADDRESS
Henry Sander Sons Inc	1710 Harford

TION is very important. See instructions on back of certificates.

D 98175

HEALTH DEPARTMENT—CITY OF BALTIMORE

181-001 D 98175

CERTIFICATE OF DEATH.

9-6

1-PLACE OF DEATH

City of BALTIMORE: (No. 1406 E. Lanvale St St., Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles W. Dengler

(Residence in Baltimore: No. 1406 E. Lanvale St St.; yrs. life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	mar

6-DATE OF BIRTH. August 8-1870 (Month) (Day) (Year)

7-AGE. 54 yrs. 8 mos. 27 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tile Setter
(b) General nature of industry, business, or establishment in which employed (or employer): self 882

9-BIRTHPLACE. (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Carle. W. Dengler

11-BIRTHPLACE OF FATHER. (State or Country). Balto. Md

12-MAIDEN NAME OF MOTHER. Elozabeth Gerlach

13-BIRTHPLACE OF MOTHER. (State or Country). Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Dengler (wife)

(Address) 1406 E. Lanvale St

15- MAY 7 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk [illegible] Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 4-25 (Month) (Day) 192 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Asphixiation

(Probably Accidental)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J S H Tallis M. D. (Coroner)

5-7-25 (Address) 508 E. North Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Lorraine Cemetery	5/7 1925

20-UNDERTAKER George J Ruth ADDRESS 1355 Harlond Av

D 98176

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98176

CERTIFICATE OF DEATH.

5-273

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 528 N. Central Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Lee Stratton

(Residence in Baltimore: No. 528 N. Central Ave St.; yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	col	sing

6-DATE OF BIRTH. Oct. 21-1916 (Month) (Day) (Year)

7-AGE. 8 yrs. 6 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-PIRTHPLACE. (State or Country). Va

PARENTS.

10-NAME OF FATHER. Alfort Stratton

11-BIRTHPLACE OF FATHER. (State or Country). Va

12-MAIDEN NAME OF MOTHER. Minerva Harris

13-BIRTHPLACE OF MOTHER. (State or Country). N.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minerva Harris

(Address) 528 N.Central Ave

MAY 7 - 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May (Month) 5-25 (Day) 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure (Terminal)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Congential Paralysis

(Duration) ....yrs. ....mos. ....ds.

(Signed) J S McCain M. D.

(Coroner.)

5-5-25, 192.... (Address) 508 E. North Av.

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Va

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Cemetery	may 8 1925
20-UNDERTAKER.	ADDRESS
Edward Bryan	1681 Orleans st

Spec.—1-10-21—M&T—1500 Bks.

D 98177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 D 98177

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1739 Orleans ST., 6-1 WARD)

2-FULL NAME Geo Camper

(a) RESIDENCE NO. 1739 Orleans ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	C	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Camper

6 DATE OF BIRTH (month, day, and year) — — 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Box factory

(c) Name of employer Manchester Co Md

PARENTS

9 BIRTHPLACE (city or town) (State or country) Manchester Co Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Sarah Randall (daughter)

(Address) 421 N Spring St

15 Filed ....., 19 APR 7 - 1925 ROBERT R. KRUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5 1925

17 I HEREBY CERTIFY, That I attended deceased from September, 1924 to May 5 1925.

that I last saw h[illegible] alive on May 4 1925.

and that death occurred, on the date stated above, at 6 45 P. m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R H [illegible] M. D.

5/6, 1925 (Address) 1429 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetry

DATE OF BURIAL May 10 1925

20 UNDERTAKER Edward Bryan

ADDRESS 1691 Orleans St

IRON is very important. See instructions on back of certificates.

Spec.--1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98178

CERTIFICATE OF DEATH.

43 D 98178

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 603 N. Robinson St., (Ward) 7-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph H. Scherer

(a) RESIDENCE NO. 603 N. Robinson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Scherer

6 DATE OF BIRTH (month, day, and year) Sept. 12-1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER John Scherer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Teresa Steigerwald

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mary E. Scherer

(Address) 603 N. Robinson St.

15 MAY 7 - 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4 1925

17 I HEREBY CERTIFY, That I attended deceased from April 15 1925 to May 4 1925.

that I last saw h[illegible] alive on May 4 1925;

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Rectum

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Inanition

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frederick H. Hausmann M.D.

19 (Address) 7913 Balto Co

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holly Redeemer Cemty	May 8, 1925
20 UNDERTAKER John A. Moran	ADDRESS 3000 E Balto St.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98178

D 74-001 98179

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 433 E 25th St., 12-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret H Timanus

(a) RESIDENCE NO. 433 E 25th ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H Timanus

6 DATE OF BIRTH (month, day, and year) Aug 14 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Massachusetts

PARENTS

10 NAME OF FATHER Robt Lawrenson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mary Cookshank

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant John H Timanus (Address) 433 E 25th St

15 Filed MAY 7 - 1925 ROBERT R. KRAUTER Burial Permit Clerk

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5th 1925

17 I HEREBY CERTIFY, That I attended deceased from May, 1920, to May 5, 1925, that I last saw h[illegible] alive on May 3, 1925 and that death occurred, on the date stated above, at 12:20 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 3 mos 3 ds.

CONTRIBUTORY (Secondary) Angina Pectoris

Cond (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) O R Duvall, M. D.

May 5, 1925 (Address) 1817 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL May 7th 1925

20 UNDERTAKER Robt F Timmes

ADDRESS 1442 Broadway

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98180

8-31

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., 8-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Louis pietrich

(a) Residence No. 2009 E. Oliver st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1901

7-AGE. 24 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). Baltimore
(State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John A. pietrich

11-BIRTHPLACE OF FATHER (city or town). (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Anna Hartle

13-BIRTHPLACE OF MOTHER (city or town). (State or Country), Germany

14- (Informant) Hospital Records

(Address) M.T.H.

15- Filed 192 ROBERT A. KRAUTER, Registrar.

MAY 7 - 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 6, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 11, 1925 to May 6, 1925

that I last saw him alive on May 6, 1925

and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) J. H. White M. D.

5-6-, 1925 (Address) Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
St Pauls German Lutheran Cemetery	May 9 1925
20-UNDERTAKER. Robt F Turner Jr.	ADDRESS 1442 N Broadway

Spec.—1-10-21—M&T—1500 Bks.

D 98181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 D 98181

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 12-4 WARD)

2-FULL NAME Peter Brown

(a) RESIDENCE NO. 419 E 23rd. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Lewis Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Patience ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Municipal Hospital Record (Address)

15 Filed MAY 7 - 1925 Registrar

RUELL A. KRANTZ Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5 1925

17

I HEREBY CERTIFY, That I attended deceased from April 13, 1925 to May 5 1925.

that I last saw him alive on May 5, 1925

and that death occurred, on the date stated above, at 6:10 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 (History) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W Lindsay Miller M. D.

5/6/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL May 8 1925

20 UNDERTAKER Mrs R.G. Elliott — ADDRESS 122 Eastland Ave

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98182

CERTIFICATE OF DEATH.

D 98182

19-1 3

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Robert Jackson

(a) Residence No. 504 N. Bruce st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Single Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1899

7-AGE. 26 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer

(b) General nature of industry, business, or establishment in which employed (or employer). Unknown

(c) Name of employer. Unknown

9-BIRTHPLACE (city or town) (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Edward Jackson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Mandy --

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Pennsylvania

14- (Informant) Hospital Records

(Address) M.T.H.

15- MAY 7 - 1925 Burial Permit Issued. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 4, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 17, 1925 to May 4, 1925

that I last saw him alive on May 4, 1925

and that death occurred, on the date stated above, at 3.50 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis X-ray, laboratory

(Signed) J. S. Wilson M. D.

5-4-, 1925 (Address) Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. UNIVERSITY OF MARYLAND. DATE OF BURIAL, 19....

20-UNDERTAKER. Commissioner Health. ADDRESS MAY 7 - 1925

425

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98183

CERTIFICATE OF DEATH.

74-001 D 98183

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. St. Joseph's Hosp ST., 10-2 WARD)

2-FULL NAME Kate R. Beadenhopf

(a) RESIDENCE No. 1307 E. Eager St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 27, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER John Beadenhopf

11 BIRTHPLACE OF FATHER (city or town) Balto md
(State or country)

12 MAIDEN NAME OF MOTHER Helena Longfritz

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant Mrs. Mary G. Lawrence

(Address) 1208 Edmondson Av.

15 Filed MAY 7 - 1925, 19 ..... ROBERT A. KRAUTER Burial Permit Clerk
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7 1925

17 I HEREBY CERTIFY, That I attended deceased from April 29, 1925, to May 7, 1925, that I last saw h.. alive on May 7, 1925, and that death occurred, on the date stated above, at 5 25 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (duration) ..... yrs. ..... mos 7 ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) J. B. Tyler M. D.

5/7, 1925 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	May 9 1925

20 UNDERTAKER Henry Ford Son ADDRESS 1501 E. Eager St

IDN IS very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98184

CERTIFICATE OF DEATH.

D 98184

REGISTERED NO. 9

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 9-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isabelle B. Seipp.

(a) RESIDENCE No. 1625 Gorsuch Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) November 6 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Robert Seipp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Agnes Lamenard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 MAY 7 - 19 RUTH A. [illegible] Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6, 1925

17

I HEREBY CERTIFY, That I attended deceased from April 7, 1925, to May 6, 1925, that I last saw h[illegible] alive on May 6, 1925, and that death occurred, on the date stated above, at 2.40 9 m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

Post-pertussis

(duration) yrs. mos. 25 ds.

CONTRIBUTORY (Secondary) Diarrhoea not Dysentery

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Date of —

Was there an autopsy? yes

What test confirmed diagnosis? None

(Signed) C. J. Scott M. D.

58 25 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	May 7 1925
20 UNDERTAKER	ADDRESS
Henry Hoeck Son	1301 E. Eager

FROM IS very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98185 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98185

CERTIFICATE OF DEATH.

Registered No. 27-90

1-PLACE OF DEATH

City of BALTIMORE: (No. 723 Glenwood St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia Charlotte Lewis

(a) Residence No. 723 Glenwood St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. 9 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female.	white	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. F. Lewis

6-DATE OF BIRTH (month, day and year) Aug 3 - 1881

7-AGE, 43 yrs. 9 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, John Roth

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER, Louise Byles

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto Md.

14- (Informant) Wm. F. Lewis

(Address) 723 Glenwood Av.

15- MAY 7 - 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 5-5-25

17- I HEREBY CERTIFY, That I attended deceased from Feby 9, 1925 to May 5, 1925 that I last saw h.er alive on May 5, 1925 and that death occurred, on the date stated above, at 12.05 A.m.

The CAUSE OF DEATH* was as follows:

Brights Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Valvular heart disease

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. A. Duncan, M. D.

, 19 (Address) 5106 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cedar Hill Cem. DATE OF BURIAL. May 8th, 1925

20-UNDERTAKER. I. Frew McCully ADDRESS 130 E. Fort

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98186

CERTIFICATE OF DEATH.

D 98186

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 76-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles B. Davies

(a) RESIDENCE NO. Bay View Asylum ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78 yr	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Brooklyn N. Y.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Municipal Hospital Records (Address)

15 MAY 7 - 1925 ROBERT A. KRAUTH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7 1925

17 I HEREBY CERTIFY, That I attended deceased from March 19, 1925, to May 7, 1925, that I last saw him alive on May 6, 1925 and that death occurred, on the date stated above, at 8:35 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, chronic
Myocarditis (degenerative)
Myocardial failure

(duration) 2 (History) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W Lindsay Miller M. D.

5/7, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn

DATE OF BURIAL May 8 1925

20 UNDERTAKER Philip Hennig

ADDRESS 2016 Allens

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 98187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 38

D 98187

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST., 28 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John McCarty

(a) RESIDENCE No. Mt Hope Retreat ST., 28th WARD Norfolk Va

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married -

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. McCarty

6 DATE OF BIRTH (month, day, and year) Jan 9-1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baking business -

(b) General nature of industry, business, or establishment in which employed (or employer) Baking Co -

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Haven Conn

PARENTS

10 NAME OF FATHER John McCarty

11 BIRTHPLACE OF FATHER (city or town) (?) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary O'Neill

13 BIRTHPLACE OF MOTHER (city or town) (?) (State or country) Ireland -

14 Informant (Address) Records of Mt Hope Retreat Mt Hope Baltimore Md

15 Filed MAY 7 - 1925 19.. Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7 1925

17

I HEREBY CERTIFY, That I attended deceased from March 31st, 1925, to May 7 1925,

that I last saw he alive on May 6, 1925,

and that death occurred, on the date stated above, at 12.30 a.m.

The CAUSE OF DEATH* was as follows:

Nephritis (Granular)

abt (duration) 2 yrs 0 mos 0 ds.

CONTRIBUTORY (Secondary) Paretic Psychosis

abt (duration) 1 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Norfolk Va

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Wassermann

(Signed) Frank J Flannery M. D.

, 19 (Address) Mt Hope Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Va. DATE OF BURIAL May 7 1925

20 UNDERTAKER Philip Henry ADDRESS 2016 Orleans

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98188

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98188

CERTIFICATE OF DEATH.

162

1-PLACE OF DEATH

City of BALTIMORE: (No. 1101 Sharp St., 23-1 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Baby Boy Beaman

(a) Residence No..... St.,..... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced (Write the word.)
male	black	infant

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) May 5. 1925

7-AGE.	If LESS than 1 day,
..... yrs. ..... mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Alphonso Beaman

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Mary Brown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Virginia

14- (Informant) Mary Beaman

(Address) 1101 Sharp St.

15- Filed MAY 7 - 1925 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 6, 1925

17- I HEREBY CERTIFY, That I attended deceased from May 5 19 25 to May 6 19 25

that I last saw him alive on May 6 19 25

and that death occurred, on the date stated above, at 3.45 P. m.

The CAUSE OF DEATH* was as follows:

Atelectasis.

.....(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

.....(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) M. Alexander Novey, M. D.

5/7, 19 23 (Address) Maternity Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
Mt. Albion Cemetery	5/7, 19 25

20-UNDERTAKER,	ADDRESS
Walter B. Spriggs	1390 W. Hamburg St.

Spec– 12-23-21—E.B.R.S.—400 Bks.

D 98189 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98189

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 1903 Gough St., V-1 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Wojciech Sawicki

(a) Residence No. 1903 Gough St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Whit

5-Single, Married, Widowed, or Divorced (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Magdalena Sawicki

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE 87 about yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Gen Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Poland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14- (Informant) Mary Sawicki
(Address) 1903 Gough St

15- MAY 7 - 1925 192 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 6-1925

17- I HEREBY CERTIFY, That I attended deceased from Apl 5 24 to May 6 25, 19..., that I last saw h.. alive on May 1 1925, and that death occurred, on the date stated above, at 1A m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Trouble

(Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

May 6 1925 (Signed) William J. Rydanek M. D. (Address) 802 Kenwood Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Rosary DATE OF BURIAL, 5/8, 1925

20-UNDERTAKER, Wm F. Aeschbach ADDRESS 148 Eastern Ave

Spec.—1-12-23—M&T—500 Bks.

D 98190

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98190

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4629 Harford ave. (ST.,) Lauraville (WARD) 24

REGISTERED No. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles H Knox

(a) RESIDENCE No. 4629 Harford Ave. ST., Lauraville WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Susan R. Knox

6 DATE OF BIRTH (month, day, and year) Feb. 14th 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Truck Farm

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John Knox

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown Unknown

14 Informant John Knox (Address) 4629 Harford Ave.

15 Filed ..... 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1924, to May 6, 1925, that I last saw h alive on May 5, 1925, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

Cardiac Dilatation

Myocarditis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Clark Irving, M. D.

5/6, 1925 (Address) 4711 Annapolis

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Prospect Hill Cemetery	May 9 1925
20 UNDERTAKER	ADDRESS
Frederick Lassahn Sons	Fullerton

Spec.—1-12-23—M&T—500 Bks.

D 98191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98191

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1228 Belmont Ave ST., 9-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Catherine Ramming

(a) RESIDENCE NO. 1228 Belmont Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adam Ramming

6 DATE OF BIRTH (month, day, and year) July 4th 1836

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	88	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Tuerk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14

Informant Mrs John Bohnlofink

(Address) 1228 Belmont Ave

15

F[illegible] 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/5/1925 19

17

I HEREBY CERTIFY, That I attended deceased from May 26, 19 25, to May 5th, 19 25,

that I last saw h[illegible] alive on May 5th, 19 25,

and that death occurred, on the date stated above, at 11.30 Pm.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

May 6th, 19 25 (Address) 150 N. Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
N. Matthews Cem	May 8 19 25
20 UNDERTAKER John Uelrich	ADDRESS 1008 Orleans

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98192 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98192

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hospital 9-14-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Hallie McVay

(a) Residence No. 1437 Holbrook St, Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) married

5a-If married, widowed, or divorced, ~~HUSBAND of (or)~~ WIFE of Thomas V. McVay

6-DATE OF BIRTH (month, day and year) June 9 1866.

7-AGE, 57 yrs. 3 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Hayward

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto Md

14-

(Informant) Thomas V. McVay

(Address) 1437 Holbrook Street

15-

Filed Robert P. Harrison Registrar.

7-1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 4 1925

17- I HEREBY CERTIFY, That I attended deceased from Apr. 27th 25 to May 4, 1925

that I last saw her alive on May 4, 1925,

and that death occurred, on the date stated above, at 9 45 a m.

The CAUSE OF DEATH* was as follows:

Pelvic Abscess

(Duration) 1 year 1 mos.

CONTRIBUTORY (Secondary) Spreading Peritonitis.

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical findings.

(Signed) E. M. Rhoads M. D.

May 4, 1925 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Parkwood Cemetery

DATE OF BURIAL, 5/8, 1925

20-UNDERTAKER George J Ruth

ADDRESS 1735 Harford Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98193

D 98193

CERTIFICATE OF DEATH.

× 44

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. Mercy Hospital 4-3 St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emory Richetts

(a) Residence No. Rockville Md St. ..... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1884

7-AGE. 41 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... 086

(b) General nature of industry, business, or establishment in which employed (or employer) Farmer

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Md

PARENTS.

10-NAME OF FATHER, Lee Richetts

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Howard Humphreys

(Address) Rockville Md

15- Filed JY 1925 Robert P. Harrison Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 5/7/25

17- I HEREBY CERTIFY, That I attended deceased from 4/27/25, 19..., to 5/7/25, 19...

that I last saw h alive on 5/5/25, 19..., and that death occurred, on the date stated above, at 2.30 m.

The CAUSE OF DEATH* was as follows: Carcinoma Stomach

.....

.....

.....(Duration)...yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

.....(Duration)...yrs.....mos.....ds.

18-Where was disease contracted if not at place of death? ? Supposed

Did an operation precede death? No Date of 4/24/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Kyle W. Talley M. D.

, 19 (Address) Mercy

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Rockville Md.	May 9, 1925
20-UNDERTAKER.	**ADDRESS**
H. R. Pumphrey & Son	Rockville Md

Spec.—1-10-21—M&T—1500 Blks.

D 98194

179599

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98194

CERTIFICATE OF DEATH.

× 90

7-1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Krebs.

(a) RESIDENCE No. R.F.D. #196 Brooklyn, Glen Burnie, Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 15, 1908

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	16	5	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Emil Krebs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Amelia Bungt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 May 6 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6, 1925

17

I HEREBY CERTIFY, That I attended deceased from March 21, 1925, to May 6th, 1925,

that I last saw him alive on May 6th, 1925,

and that death occurred, on the date stated above, at 1.30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic rheumatic endocarditis

Mitral Stenosis & Insufficiency

Aortic Stenosis & Insufficiency

(duration) 4 yrs. 2 mos ½ da.

CONTRIBUTORY (Secondary)

Myocardial failure (duration) yrs. 2 mos. da.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Trevor Owen, M. D.

May 6th, 1925 (Address) Johns Hopkins Hospital Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem

DATE OF BURIAL May. 8 1925

20 UNDERTAKER Margaret E. Fleming

ADDRESS 1422 Eighth St.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 98195

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98195

CERTIFICATE OF DEATH.

37-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST. 12-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph B. Doyle

(a) RESIDENCE NO. 437 Pinkney Place ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74 Yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) 062

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Patrick Doyle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth Harden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Municipal Hospital Records (Address)

15 7-1925, 19 Robert F. Mark[illegible] Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5 1925

17

I HEREBY CERTIFY, That I attended deceased from March 23, 1925, to May 5, 1925,

that I last saw him alive on May 5, 1925

and that death occurred, on the date stated above, at 3:30 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis - disseminated

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) W Lindsay Dr Ellis, M. D.

5/7. 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 5/8/25 19

20 UNDERTAKER J J Fahey & Sons — ADDRESS 138 Light

ATION is very important. See instructions on back of certificates.

D 98196

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98196

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Balto General Hosp 1925 Registered No. C.....

City of BALTIMORE: (No. Raymond ave Dukeland St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry T Day

(Residence in Baltimore: No. 4105 Walnut ave St.; yrs. 48 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH. Dec 24 1876, 1..... (Month) (Day) (Year)

7-AGE. 48 yrs. 4 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Contractor
(b) General nature of industry, business, or establishment in which employed (or employer)..... Builder 0/6

9-BIRTHPLACE, (State or Country). md

PARENTS.

10-NAME OF FATHER. Lorenzo T Day

11-BIRTHPLACE OF FATHER. (State or Country). md

12-MAIDEN NAME OF MOTHER. Aseneth Wilson

13-BIRTHPLACE OF MOTHER. (State or Country). md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Carl Day

(Address) 4105 Walnut ave

15- Robert P. Harrison,

Filed ..... 192..... Registrar.

1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 6, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

General Peritonitis

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Ruptures of Intestines accidentally accident.

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) J. T. Hennessy M. D. (Coroner.)

May 7, 1925 (Address) 2802 Eastern Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Taneytown Md Montgomery Chapel	May 8 1925
20-UNDERTAKER.	ADDRESS
H H Wiltzius	1531 W Lombard st

Spec.—1-12-23—M&T—500 Blks.

D 98197

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98197

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 N Chapel ST., 8-2 WARD)

REGISTERED NO. 57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Granito

(a) RESIDENCE NO. 1620 N Chapel ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Horse Keeping

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Joseph Brigais

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Angela Brigais

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Thomas Granito

(Address) 244 S Eden

15 Filed May 7 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6 1925

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to May 7, 1925

that I last saw h— alive on May 6, 1925

and that death occurred, on the date stated above, at 2:20 p. m.

The CAUSE OF DEATH* was as follows:

Acute Colitis

(duration) yrs. mos 0 ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) Many yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

May 7, 1925 (Address) 14 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Vincent

DATE OF BURIAL May 8 1925

20 UNDERTAKER Wendell Dysel & Son

ADDRESS 378 N

Spec.—1-10-21—M&T—1500 Blks.

D 98198

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98198

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1018 Light ST., 23-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate Wortmann.

(a) RESIDENCE NO. 1018 Light ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H Wortmann.

6 DATE OF BIRTH (month, day, and year) Dec 5 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	5	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Frank Keller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Mary Meyer

(Address) 1018 Light St

MAY 8 - 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5 - 5 - 1925

17

I HEREBY CERTIFY, That I attended deceased from April 3, 1920, to May 5, 1925, that I last saw her alive on May 1st, 1925 and that death occurred, on the date stated above, at 5.15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

several

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) L. D. Bruton, M. D.

5/6/1925 (Address) 301 E Cross St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem Co

DATE OF BURIAL 5-8 1925

20 UNDERTAKER E & R Stark 115

ADDRESS E Mrs St

THIS is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98199

CERTIFICATE OF DEATH.

3 | D 98199

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., 21-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Robert Gross

(a) Residence No. 441 Henrietta st. St., Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Colored	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1908

7-AGE.	If LESS than 1 day.
17 yrs. mos. ds.	hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer

(b) General nature of industry, business, or establishment in which employed (or employer). Unknown

(c) Name of employer.....

9-BIRTHPLACE (city or town). Baltimore (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Robert Gross

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Louise Gross

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) Hospital Records

(Address) M. T. H.

15- MAY 8 1925 ROBERT S. KRAUTER, Registrar.

Assist. Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 4, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 15, 1925, to May 4, 1925, that I last saw him alive on May 4, 1925, and that death occurred, on the date stated above, at 9.25 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? X-ray

(Signed) J. Follett M. D.

5-5- , 1925 (Address) Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt Auburn	May 8 1925
20-UNDERTAKER.	ADDRESS
J. W. Brown & Son	108 N. Monty St

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98200

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

Registered No. C 14-1 D 98200

City of BALTIMORE: (No. Colonial Hospital St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E. Harper

(Residence in Baltimore: No. 1514 W. Fayette St., St.; yrs. 57 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-DATE OF BIRTH: June (Month) 1867 (Day) 1867 (Year)

7-AGE: 57 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Stenographer

9-BIRTHPLACE, (State or Country), W-Va.

PARENTS.

10-NAME OF FATHER, Robert L. Harper

11-BIRTHPLACE OF FATHER, (State or Country), W. Va.

12-MAIDEN NAME OF MOTHER, Aphelia Wilson

13-BIRTHPLACE OF MOTHER, (State or Country), W. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. Louis F. Harper

(Address) Berryville Va.

15- MAY 8 1925 ROBERT R. KRAUTER, 19 Burial Permit Clerk (Registrar.)

Band O.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 6 (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ... (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) D. J. Hennessy M. D. (Coroner.)

May 7, 1925 (Address) 29 Lawrence

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Martinsburg W. Va. DATE OF BURIAL, May 8 1925

20-UNDERTAKER, John O. Mitchell ADDRESS 1201 W Fayette St

D 98201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hospital St. Ward)

2-FULL NAME Raymond M. Emsley Jr.

(Residence in Baltimore: No. 2342 Fredrick ave St., yrs., mos., ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1869 D 98201 Registered No. C.....

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Nov 7th 1916
(Month) (Day) (Year)

7-AGE. 8 yrs. 5 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Raymond M. Emsley Sr

11-BIRTHPLACE OF FATHER, (State or Country). Balto. Md

12-MAIDEN NAME OF MOTHER. Anne M. Smith

13-BIRTHPLACE OF MOTHER, (State or Country). Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Raymond M. Emsley Sr

(Address) 2342 Fredrick Ave

15- MAY 8 1925 ROBERT S. KRAUTER, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 6th 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Auto accident

.....(Duration).....yrs.....mos.....ds.

(Signed) Thos. B. Hoston M. D.
(Coroner.)

May 7th 1925 (Address) Curtis Bay, Balto. Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Weston Cem. DATE OF BURIAL, May 9th 1925

20-UNDERTAKER, A. Jones ADDRESS, W. L. Gilmore

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98202

CERTIFICATE OF DEATH.

58-001 D 98202

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 S. Linwood Ave ST., 1-2 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Wahl

(a) RESIDENCE No. 117 S. Linwood Ave ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 27, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Henry Wahl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Breb

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John Wahl

(Address) 117 S. Linwood Ave

15 MAY 8 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6, 1925

17

I HEREBY CERTIFY, That I attended deceased from July 24, 1924, to May 6, 1925, that I last saw h.. alive on May 6, 1925, and that death occurred, on the date stated above, at 5-20 A. m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Herman F. Siemsen, M. D.

May 6, 1925 (Address) 1800 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	May 9 1925
20 UNDERTAKER	ADDRESS
Henry Sander & Sons, Inc	1710 Fleet St

FON is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

98203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 D 98203

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 S. Chester ST., 2-1 WARD)

2-FULL NAME Elizabeth Auffarth

(a) RESIDENCE NO. 302 S. Chester ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1yr. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Auffarth

6 DATE OF BIRTH (month, day, and year): Oct 22, 1854

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	6	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: George Loos

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Kutkuhn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Mrs. Margaret Lieber

(Address): 302 Chester St

15 Filed ... 19 ... MAY 8 1925 ... WILLIAM R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 6, 1925

17 I HEREBY CERTIFY, That I attended deceased from May 4, 1925, to May 6, 1925, that I last saw her alive on May 6, 1925, and that death occurred, on the date stated above, at 3 15 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

Chronic Interstitial Nephritis

(duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary): Cardiac Decompensation

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Kidney findings & urinalysis

(Signed) Joseph Polsenberg, M. D.

, 19 (Address) 2124 Ashland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Pauls Cemetery — DATE OF BURIAL: May 9 1925

20 UNDERTAKER: Henry Sander & Sons, Inc. — ADDRESS: 1710 Fleet St

IMPORTANT. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98204

D 98204

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2119 Eagle ST., 20-4 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Gertrude Dixon

(a) RESIDENCE NO. 445 East Lynn ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. 2 mos. 15 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thos. H. Dixon

6 DATE OF BIRTH (month, day, and year) Jan. 23 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md

PARENTS

10 NAME OF FATHER Ernest P. Bozel

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Va

12 MAIDEN NAME OF MOTHER ? Schuman

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Md

14 Informant Carrie T. Mooney (Address) 445 East Lynn St

15 Filed MAY 8 1925 ROBERT A. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6 1925

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to May 6, 1925, that I last saw h[illegible] alive on May 6, 1925, and that death occurred, on the date stated above, at 5-6 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) [illegible] yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Norbert C. Nebel, M. D.

5/8/25 (Address) 215 Holliday

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	May 9 1925
20 UNDERTAKER Wm J Tucker & Sons	ADDRESS Norbert Pa

TION IS very important. See instructions on back of certificates.

Spec.—1/12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98205

CERTIFICATE OF DEATH.

117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 S. Spring ST., 3-2 WARD)

REGISTERED No. D 98205

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Esther Carr

(a) RESIDENCE NO. 302 S. Spring ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colord	Married

6a If married, widowed, or divorced HUSBAND of or) WIFE of Wife born in Balt

6 DATE OF BIRTH (month, day, and year)

7 AGE 25 Years — Months — Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer None

9 BIRTHPLACE (city or town) born in Balt
(State or country)

PARENTS

10 NAME OF FATHER George Carr

11 BIRTHPLACE OF FATHER (city or town) Balt
(State or country)

12 MAIDEN NAME OF MOTHER Sidney Carr

13 BIRTHPLACE OF MOTHER (city or town) born in Balt
(State or country)

14 Informant Grandmother Harris
(Address) 302 S Spring St

15 Filed MAY 8 1925 ROBERT R. KRAUTH, Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5 - 5 - 1925

17 I HEREBY CERTIFY, That I attended deceased from 5-2-, 1925, to 5-5-, 1925, that I last saw h~~e~~r alive on 5-5-, 1925, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis

(duration) — yrs. — mos 6 ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) [illegible], M. D.

5-8, 1925 (Address) 611 N. Carolina

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem

DATE OF BURIAL May 8 1925

20 UNDERTAKER Mrs B A Elliott

ADDRESS 1725 Oakland Ave

Spec.—1-10-21—M&T—1500 Blks.

98206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 D 98206

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Poplar Ave + Ash. ST., (Ward) 7

2-FULL NAME Samuel C. Christner

(a) RESIDENCE No. Poplar and Ash Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Widower.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 24, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	7	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Butts.
(State or country)

PARENTS

10 NAME OF FATHER Joseph Christner

11 BIRTHPLACE OF FATHER (city or town) Butts.
(State or country)

12 MAIDEN NAME OF MOTHER Don't Know.

13 BIRTHPLACE OF MOTHER (city or town) " "
(State or country)

14 Informant Mrs H Herbert
(Address) Poplar & Ash ave

Filed MAY 8 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6, 1925

17

I HEREBY CERTIFY, That I attended deceased from April 23d, 1925, to May 6, 1925, that I last saw him alive on May 5th, 1925, and that death occurred, on the date stated above, at 5-40 A. m.

The CAUSE OF DEATH* was as follows:

Uremic Convulsions

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) C. Int. Nephritis

(duration) 3 Yr. yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Gustave A Inf, M. D.

5/6, 1925 (Address) Overlea.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Vincent	May 9, 1925
20 UNDERTAKER Robt J Turner Inc	ADDRESS 1442 N Broadway

FRONT If Very Important. See Instructions on back of certificates.

D 98207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5-1 66 D 98207

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1407 Ten Pin Alley St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Fletcher

(Residence in Baltimore: No. 1407 Ten Pin Alley St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	col	mar

6-DATE OF BIRTH.

unknown (Month) 1 (Day) (Year)

7-AGE. 44 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country).
unknown

PARENTS.

10-NAME OF FATHER, "

11-BIRTHPLACE OF FATHER, (State or Country), "

12-MAIDEN NAME OF MOTHER, "

13-BIRTHPLACE OF MOTHER, (State or Country). "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) N.E. Police Dist

(Address)

15-

MAY 8 1925 ROBERT R. KRAUTER Registrar.

THE MORGUE Clerk.

UNIVERSITY OF MARYLAND

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 3-25 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Alcoholism

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) (Coroner.) M. D.

5-7-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL

20-UNDERTAKER. Commissioner Health

MAY 8 - 1925

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98208

CERTIFICATE OF DEATH.

90 D 98208

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1219 St James (St.,) 10-2 (Ward) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Percy J Butler

(a) RESIDENCE No. 1219 St James St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Delware

PARENTS

10 NAME OF FATHER James Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Del.

12 MAIDEN NAME OF MOTHER Rachial Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. md

14 Informant Rachial Butler (mother) (Address) 1219 St. James St.

15 MAY 8 1925 OSCAR G. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-6-25

17 I HEREBY CERTIFY, That I attended deceased from 4-20-25, 19..., to 5-6-25, 19...

that I last saw h... alive on ..., 19...

and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows: Acute endocarditis

(duration) Acute yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) ... (duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) Edward ... M. D.

5-7-25 Address 524 N Wolfe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL May 9 1925

20 UNDERTAKER Robert Williams — ADDRESS 1515 McElderry St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 98209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 90 D 98209

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., No-7 WARD)

2-FULL NAME Fannie Davis

(a). RESIDENCE No. Savage, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md. (State or country)

PARENTS

10 NAME OF FATHER Jas. R. Davis

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Ann L. Davis

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Municipal Hospital Records (Address)

MAY 8 1925

Filed Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5 1925

17

I HEREBY CERTIFY, That I attended deceased from March 18, 1925, to May 5, 1925, that I last saw her alive on May 5, 1925 and that death occurred, on the date stated above, at 7:30 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, chronic bronchitis chronic myocarditis (degenerative) myocardial failure (history)

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W Lindsay Miller M. D.

5/7, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Woodlawn — DATE OF BURIAL 5/11/25

20 UNDERTAKER Geo E Franck — ADDRESS Laurel Md.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 98210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 D 98210

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1438 h. mount ST., 15 WARD 13

2-FULL NAME Joseph Williams Morris Boss

(a) RESIDENCE NO. 1438 h. mount ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Sylvia~~ Sylvia Williams Lelia Boss

6 DATE OF BIRTH (month, day, and year) Dec 15, 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	25	5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Longshoreman

(b) General nature of industry, business, or establishment in which employed (or employer) 074

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Only Virginia

PARENTS

10 NAME OF FATHER John Williams Dead

11 BIRTHPLACE OF FATHER (city or town) (State or country) Only Virginia

12 MAIDEN NAME OF MOTHER Julia Custard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Only Virginia

14 Informant Lelia Williams (Address) 1438 N. Mount

15 Filed MAY 8 1925 ROBERT R. KRAUTER Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6 1925

17 I HEREBY CERTIFY, That I attended deceased from 5-6 1925 to 5-6 1925 that I last saw him alive on May 6 1925 and that death occurred, on the date stated above, at 7.50 a m.

The CAUSE OF DEATH* was as follows:

myocarditis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical sign & symptom

(Signed) John C. C. Campen, M. D.

5-6-1925 (Address) 1405 n. mount

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem — DATE OF BURIAL May 8 1925

20 UNDERTAKER Samuel H. Clare Sons — ADDRESS 1400 Mahon

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

180608
D 98211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001
D 98211

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 1-2 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Hammer

(a) RESIDENCE No. 2509 Foster Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	6	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER George Hammer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Emma Simpson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAY 8 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7 - 1925

17

I HEREBY CERTIFY, That I attended deceased from April 23, 1925, to May 7 - 1925,

that I last saw him alive on May 7 - 1925,

and that death occurred, on the date stated above, at 3 15 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia
Sepsis

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Apr. 22

Did an operation precede death? No Yes Date of May 2

Was there an autopsy? No

What test confirmed diagnosis? Clinical exams

(Signed) C A Hady, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem.	May 9th 1925
20 UNDERTAKER Lilly & Zeiler 403 S.	ADDRESS Wolfe St.

TION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98212

CERTIFICATE OF DEATH.

129 D 98212

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 600 N. Milton Ave ST.; 7-3 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Uhl.

(Residence in Baltimore: No.) Dofs 600 N. Milton ave St.; 60 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct (Month) 1 (Day), 1852 (Year)

7-AGE, 72 yrs. 7 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). New York.

PARENTS.

10-NAME OF FATHER, Geo. A Kaefert.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Haas.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fred Kaefert

(Address) 600 N. Milton ave

15-Filed MAY 8 1925, 19..... ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 5 (Day), 1925 (Year)

17-I HEREBY CERTIFY, That I attended deceased from June 10 1925, to May 5 1925, that I saw h-er alive on May 5 — 1925, and that death occurred, on the date stated above, at 5.10 P. m.

The CAUSE OF DEATH* was as follows:

.....
Exhaustion
.....
..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

..... (Duration) 2 yrs. ..... mos. ..... ds.

(Signed) Chas. W. Uhl M. D.

May 6, 1925. (Address) 1260 E. Pleasant

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Trinity Cem. DATE OF BURIAL, May 8., 1925

20-UNDERTAKER Philip Herwig ADDRESS 2016 Orleans

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98213 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98213

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. 47

City of BALTIMORE: (No. Mercy Hospital St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Katie Childs (Childs)

(a) Residence No. 17 S. Linwood St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 6 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: W.

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): Oct 31 / 1857

7-AGE: 67 yrs. 6 mos. 6 ds. If LESS than 1 day, hrs. or min.*

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Md

PARENTS.
10-NAME OF FATHER: John Marshall
11-BIRTHPLACE OF FATHER (city or town) (State or Country): N. Y.
12-MAIDEN NAME OF MOTHER: Eliza [illegible]
13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Md.

14-(Informant): Chas. Childs
(Address): 17 S. Linwood

15-MAY 8 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 5/6/25

17- I HEREBY CERTIFY, That I attended deceased from 4/20/25, 19..., to 5/6/25, 19..., that I last saw h[illegible] alive on 5/6/25, 19..., and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Breast
Myocarditis.
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Pulmonary Tuberculosis
(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? [illegible] amputation
Did an operation precede death? Yes Date of 4/22/25
Was there an autopsy?
What test confirmed diagnosis?

(Signed) N. W. Kolb M. D.
, 19 (Address)

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: London Pk — DATE OF BURIAL, 5/11/25

20-UNDERTAKER: Philip Herwig — ADDRESS 2016 Orleans

Spec.—1-10-21—M&T—1500 Bks.

98214

HEALTH DEPARTMENT—CITY OF BALTIMORE

113 D 98214

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608 Fleet ST., 2-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward. Pulawski

(a) RESIDENCE No. 1608 Fleet ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 26 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Adam. Pulawski

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Stanislawa Maciejewski

13 BIRTHPLACE OF MOTHER (city or town) Balto Md.
(State or country)

14 Informant Mr. Adam. Pulawski
(Address) 1608 Fleet Street

15 Filed MAY 6 1925, 19 ROBERT N. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7 1925

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to May 7, 1925,

that I last saw him alive on May 6th, 1925,

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Diarrhoea

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John H. Kohlberger, M. D.

(Address) 1709 Allegheny Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem.	May 9 1925

20 UNDERTAKER John B. Weber

ADDRESS 1803 Bank

THON is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 98215

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-901 D 98215

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 N Caroline ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Claude Williams

(a) RESIDENCE NO. 721 N. Caroline ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Minnie Williams

6 DATE OF BIRTH (month, day, and year) April 21 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Cement works

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Littleton N C.

PARENTS

10 NAME OF FATHER John H. Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Bettie Faulkner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Minnie Williams (wife)

(Address) 721 N Caroline St

15 Filed ....., 19.... ADOLPH S. KRAUTER Registrar

Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6 1925

17 I HEREBY CERTIFY, That I attended deceased from April 25, 1925, to May 6, 1925, that I last saw him alive on May 6, 1925, and that death occurred, on the date stated above, at 2.10 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(duration) - yrs. - mos 10 ds.

CONTRIBUTORY (Secondary) Streptococcic infection throat (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. T. G. M. D.

5/6, 1925 (Address) 1424 E Fremont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Littleton N. C.	May 8 1925
20 UNDERTAKER Mrs R. G. Elliott	ADDRESS 925 Cushand Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98216

CERTIFICATE OF DEATH.

101-001

D 98216

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1905 McCulloh ST., 14-1 WARD)

2-FULL NAME James Larkins

(a) RESIDENCE No. 1905 McCulloh ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Larkins

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer A. A. Co

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER James Larkins

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Emily Wallace

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Mary Larkins

(Address) 1905 McCulloh St

15 Filed MAY 8 - 1925 ROBERT S. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5th 1925

17 I HEREBY CERTIFY, That I attended deceased from April 25th, 1925, to May 5th, 1925, that I last saw him alive on May 5th, 1925, and that death occurred, on the date stated above, at 1-45 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 1 yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) Heart Asthenia

(duration) 1 yrs. 1 mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) H. B. Glascock, M. D.

19 (Address) 1802 Penna ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL May 8 1925

20 UNDERTAKER Lemuel H Wesley ADDRESS 1778 Mid ave

TION is very important. See instructions on back of certificates.

D98217 HEALTH DEPARTMENT—CITY OF BALTIMORE D98217

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 709 Eislen St., 21-3 Ward) Registered No. C 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Travers

(Residence in Baltimore: No. 709 Eislen St St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Male	Col	Mar'd

6-DATE OF BIRTH. July (Month) 3 (Day) 91 (Year)

7-AGE. 34 yrs. 1 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 40

9-BIRTHPLACE, (State or Country). Md'

PARENTS.

10-NAME OF FATHER. Ed Travers

11-BIRTHPLACE OF FATHER, (State or Country). Md'

12-MAIDEN NAME OF MOTHER. Sarah Sarrolt

13-BIRTHPLACE OF MOTHER, (State or Country). Md'

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Wm Travers

(Address) 709 Eislen St

15- MAY 8 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May (Month) 6 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~(Inquest, autopsy or inquiry.)~~ thereon and from the evidence obtained by said ~~(Inquest, autopsy or inquiry.)~~ find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

Duration yrs. Dont Know mos. ds.

CONTRIBUTORY (Secondary)

Duration yrs. mos. ds.

(Signed) W. K. Ev M. D. (Coroner.)

5-8 1925 (Address) 117 W Saratoga St

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn DATE OF BURIAL. May 9 1925

UNDERTAKER. Sam'l Kennedy ADDRESS 578 N Bridle

D 98218 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98218

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2143 Hollins St., 20-4 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Reinhardt

(Residence in Baltimore: No. 2143 Hollins St.; yrs., 55 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Widower

6-DATE OF BIRTH. Nov 4th 1870
(Month) (Day) (Year)

7-AGE. 55 yrs. 1 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Plumber
(b) General nature of industry, business, or establishment in which employed (or employer)..... 059

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER. August Reinhardt

11-BIRTHPLACE OF FATHER, (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Elizabeth Roder

13-BIRTHPLACE OF MOTHER, (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Hilda Linthicum

(Address) 2143 Hollins St.

15- Filed MAY 8 - 1925 ROBERT R. KRAUTER Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 6th 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry!) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thos. B. Horton M. D.
Coroner.

May 7th 1925 (Address) Curtis Bay, Balto. Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. London Park DATE OF BURIAL. May 9 1925

20-UNDERTAKER. ADDRESS. George L. Schwab Frederick, Md.

Spec.—1-10-21—M&T—1500 Blks.

D 98219

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

164 D 98219

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 E Lafayette Ave 12-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen Williams

(a) RESIDENCE NO. 1812 above Lafayette Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 21 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. old

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Gallagher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Eliza Sullivan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Ida Bosley (Address) 317 E Lafayette ave

MAY 8 - 1925 BUREAU OF VITAL STATISTICS Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-7 1925

17 I HEREBY CERTIFY, That I attended deceased from 3/31/25, 19... to 5-7, 19 25. that I last saw h m alive on 5-6, 19 25. and that death occurred, on the date stated above, at a m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernard Wall, M. D.

, 19 25 (Address) 914 E Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park.	May 9 1925
20 UNDERTAKER	ADDRESS
E. A. Windfeld Jr	501 E 22 St

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98220 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98220

CERTIFICATE OF DEATH.

28-179

1-PLACE OF DEATH

City of BALTIMORE: (No. 3917 Lloyd St. Ward) Registered No.

2-FULL NAME Ford E Wilson

(a) Residence No. 3917 Lloyd ave St., Ward

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Wilson

6-DATE OF BIRTH (month, day and year) March 19, 1849

7-AGE, 76 yrs. 1 mos. 19 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) 600

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), South Carolina

PARENTS.

10-NAME OF FATHER, John Wilson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), South Carolina

12-MAIDEN NAME OF MOTHER, Mary E. Evans

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), South Carolina

14- (Informant) Rev Bradley Wilson

(Address) 1635 Edmondson Ave

MAY 8 - 1925 ROBERT A. KRAUTER, Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 7, 1925

17- I HEREBY CERTIFY, That I attended deceased from June 1924 to May 7, 1925, that I last saw h. alive on May 7, 1925, and that death occurred, on the date stated above, at 11.45 P.M.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Senile Nephritis

(Duration) June 1924 yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Wilmer Bowers, M. D.

May 8, 19 (Address) 340 Garrison

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Woodlawn	May 11, 1925
20-UNDERTAKER. George J. Smith	ADDRESS 1532 Holland

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98221

CERTIFICATE OF DEATH.

57 D 98221

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 N Charles ST., 11-2 WARD)

2-FULL NAME Virginia Taylor

(a) RESIDENCE NO. 922 N. Charles Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word)
Female	White	Single

5a If ~~married~~, ~~widowed~~, or ~~divorced~~ HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 12 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	2.		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~odd~~

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Robert Alexander Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Ann Evans Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Her Sister (Address) Annie L. Taylor 927 N. Charles Street

15 Filed MAY 8 - 1925 19 Registrar

Assistant Records Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7 1925

17 I HEREBY CERTIFY, That I attended deceased from May 2, 1925, to May 7, 1925, that I last saw h. alive on May 6, 1925, and that death occurred, on the date stated above, at 2.15 a m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

with Diabetic gangrene

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Coma (diabetic)

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No and Chemical

What test confirmed diagnosis? Physical Examination

(Signed) Wanda R Smith, M. D.

May 7, 1925 (Address) 927 N. Calvert Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	5-11 1925
20 UNDERTAKER	ADDRESS
Harry W Jenkins & Sons Co	Orchard & McCulloh

FRONT IS very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 98222

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98222

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 633 Dolphin ST.: 17-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy West

(a) RESIDENCE. NO. 633 Dolphin ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 4-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) City
(State or country)

PARENTS

10 NAME OF FATHER Wilbert James

11 BIRTHPLACE OF FATHER (city or town) City
(State or country)

12 MAIDEN NAME OF MOTHER Dorothy West

13 BIRTHPLACE OF MOTHER (city or town) City
(State or country)

14 Informant Eonya West
(Address) 633 Dolphin st

15 Filed . 19 ...

MAY 8 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4th 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr 5 1925, to May 4, 1925, that I last saw h EX alive on May 4, 1925, and that death occurred, on the date stated above, at 2 9 m.

The CAUSE OF DEATH* was as follows:

acute indigestion

(duration) yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary) General debility & Pneumonia Lobar

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) John H. Tompkins M. D.

5/4/25 (Address) 1019 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	May 8 1925
20 UNDERTAKER	ADDRESS
Edwards & Pressley	1 Eddie

Spec.—1-10-21—M&T—1500 Bks.

D 98223

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98223

CERTIFICATE OF DEATH.

74061

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 Dragon Road ST., 27 WARD) 12

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Funk.

(a) RESIDENCE NO. 103 Dragon Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W. Funk

6 DATE OF BIRTH (month, day, and year) January 16, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ~~Balt~~ Virginia (State or country)

PARENTS

10 NAME OF FATHER Wm. James

11 BIRTHPLACE OF FATHER (city or town) Virginia (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Joseph F. Funk (Address) 103 Dragon Rd

15 Filed ~~Robert F. Harlow~~ MAY 9 1925, 19 ~~Burial Permit Clerk~~

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7 1925

17

I HEREBY CERTIFY, That I attended deceased from April 13, 1925, to May 6, 1925, that I last saw her alive on May 6, 1925, and that death occurred, on the date stated above, at 11.45 a. m.

The CAUSE OF DEATH* was as follows:

Rt Hemiplegia

DOM

(duration) — yrs. — mos. 24 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Morris B Green M. D.

5/9. 1925 (Address) Hamilton Baltimore Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cem. DATE OF BURIAL May 10 1925

20 UNDERTAKER Henry Sauer & Sons Inc. ADDRESS 1720 Pratt St

FROM IS very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98224 D 98224

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Genl Hospital ST., 12-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Marie Connor

(a) RESIDENCE No. 2634 Md. Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 25—1904

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	21	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Patrick Connor

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Maude Hartford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Miss Marie Connor

(Address) 2634 Maryland Ave

15 Filed 8-1925, 19 Robert F. Garrison, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8—1925

17

I HEREBY CERTIFY, That I attended deceased from Mar 1, 1925, to May 8, 1925, that I last saw her alive on May 8, 1925, and that death occurred, on the date stated above, at 1 55 A m.

THE CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Mitral Insufficiency with

Decompensation

(duration) 3 yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation (duration) yrs. mos

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. A. Kelly, M. D.

, 19 (Address) Md Genl Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	May 11—1925
UNDERTAKER	ADDRESS
Chas P. Maus & Son	118 W. Mt. Royal Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 98225

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98225

CERTIFICATE OF DEATH.

31 V

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2342 Eutaw Place. ST., 13-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis W. Gans

(a) RESIDENCE NO. 2342 Eutaw Place. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie A. Gans

6 DATE OF BIRTH (month, day, and year) June 26, 1884.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Traveling Salesman.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, (State or country) Maryland.

PARENTS

10 NAME OF FATHER William Gans

11 BIRTHPLACE OF FATHER (city or town) Baltimore, (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Ricka Frankenthal

13 BIRTHPLACE OF MOTHER (city or town) New York. (State or country)

14 Informant Mr. William Gans, (Address) 2342 Eutaw Place.

15 Filed ....., 19..... Robert P. Harrison, Registrar

1925 ~~Burial Permit Clerk~~

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7th. 1925

17

I HEREBY CERTIFY, That I attended deceased from April 26, 1925, to May 6, 1925, that I last saw him alive on May 6, 1925, and that death occurred, on the date stated above, at 8-30 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Manual Tests

(Signed) Edwin G. Magee, M. D.

, 19 (Address) The Esplanade Apts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Cem.	May 10, 1925

20 UNDERTAKER David Sondheim ADDRESS 118-20 W. 20th St. Royal Ave.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 98226

HEALTH DEPARTMENT—CITY OF BALTIMORE

74 B 01 98226

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4703 Homer ave ST., 27-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Viola Ruby Owen

(a) RESIDENCE NO. 4703 Homer ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stephen Owen

6 DATE OF BIRTH (month, day, and year) Jan 20 1890

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Albert McCreery

11 BIRTHPLACE OF FATHER (city or town) Hanover Co (State or country) Va

12 MAIDEN NAME OF MOTHER Amanda Gildan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Stephen Owen (Address) 4703 Homer ave

15 Filed MAY 25 1925 Robert F. Harrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7 = 1925

17

I HEREBY CERTIFY, That I attended deceased from March 22, 1925, to May 7, 1925, that I last saw h[illegible] alive on May 7, 1925, and that death occurred, on the date stated above, at 315 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 1? yrs. mos ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John D. Bulet, M. D.

(Address) 1854 Walbrook Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	5/9/ 1925

20 UNDERTAKER Geo. Weber & Son ADDRESS 2503 Edmondson ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 98227

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98227

CERTIFICATE OF DEATH.

51V

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2023 Harlem ave ST., 16-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Elizabeth Bowen

(a) RESIDENCE No. 2023 Harlem ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 9 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 13th 1816

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	9	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student at Public School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer City School

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Harry Chalmer Bowen

11 BIRTHPLACE OF FATHER (city or town) Balto Co. (State or country) Md

12 MAIDEN NAME OF MOTHER Lillie M Marley

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Harry Chalmer Bowen (Address) 2023 Harlem ave

15 Filed MAY 8 - 1925, 19 Robert F. Hartlew, Registrar

Thereof Deputy Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7th 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr. 18, 1925, to May 7, 1925.

that I last saw her alive on May 7, 1925,

and that death occurred, on the date stated above, at 1030 P. m.

The CAUSE OF DEATH* was as follows:

Bronchitis Acute

Endocarditis

(duration) ✓ yrs. ✓ mos 2 ds.

CONTRIBUTORY (Secondary) Rheumatism (Acute) Articular

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Geo. C. Shannon, M. D.

5/8, 1925 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 5/11/25

20 UNDERTAKER Lan. Weber & Son — ADDRESS 2503 Edmondson Ave

TION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98228

CERTIFICATE OF DEATH.

D 98228

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 3600 Fairview Ave ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Calvin Broening

(Residence in Baltimore: No. 3600 Fairview Ave St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Jan. (Month) 21 (Day), 1911 (Year)

7-AGE, 14 yrs. 3 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Wm F. Broening

11-BIRTHPLACE OF FATHER (State or Country). Baltimore, Md.

12-MAIDEN NAME OF MOTHER J. Marie Gravel

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm F Broening

(Address) 3607 Fairview ave

15-

Filed 8-1925 Robert P. Harrison Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 7th (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar. 8th 1923, to May 7th 1925, that I saw him alive on May 6th 1925, and that death occurred, on the date stated above, at 3.45 a. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 2 yrs. 1 mos. 29 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edw A Dittmeyer M. D.

May 7th, 1925 (Address) 539 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Woodlawn Cem. DATE OF BURIAL. May 9, 1925

20-UNDERTAKER Wm Flickner Sons ADDRESS North Pa

Spec.—1-10-21—M&T—1500 Bks.

D 98229

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98229

CERTIFICATE OF DEATH.

78

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST., 28th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Klein

(a) RESIDENCE NO. Mt Hope Retreat ST., 28th WARD

(Usual place of abode)

Length of residence in city or town where death occurred since June 4-1923 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 1st 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41	9	06	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Rapastura (State or country) Md

PARENTS

10 NAME OF FATHER Jno G. Klein

11 BIRTHPLACE OF FATHER (city or town) Balto Co (State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna Bohn

13 BIRTHPLACE OF MOTHER (city or town) Balto Co (State or country) Md

14 Informant Records of Mt Hope Retreat (Address) Mt Hope Md

15 Filed 8-1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7th 1925

17

I HEREBY CERTIFY, That I attended deceased from June 4th, 1923, to May 7th, 1925, that I last saw h. Er alive on May 7th, 1925, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Epilepsy (Spasms)

duration 40 yrs. mos ds.

CONTRIBUTORY (Secondary) Epileptic Psychosis - duration 2 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Rapasburg Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery, M. D.

May 7th, 1925 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	May 11 1925
20 UNDERTAKER	ADDRESS
Frederick Lossa from Sons	Fullerton

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98230

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98230

CERTIFICATE OF DEATH.

22-90

1-PLACE OF DEATH

City of BALTIMORE: (No. 242 Collins ave St. Irvington Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Irma Ruth Seeche

(a) Residence No. 242 Collins Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of none

6-DATE OF BIRTH (month, day and year) May 27-1918

7-AGE. 6 yrs. 11 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, Howard E Seeche

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Howard Co Md

12-MAIDEN NAME OF MOTHER, Clara L Ammerman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Catonsville Md

11- (Informant) Mrs H E Seeche

(Address) 242 Collins Ave

15- Filed 8-1925 (Robert P. Harrison) Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 7-1925

17- I HEREBY CERTIFY, That I attended deceased from March 27, 1925 to May 7, 1925

that I last saw h[illegible] alive on May 7, 1925

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Chorea

Chronic Valvular Heart Disease

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Marshall B Wirt M. D

May 8, 1925 (Address) Catonsville Md

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. London Park Cem — DATE OF BURIAL. May 9th 1925

20-UNDERTAKER, B. Schlosser Son — ADDRESS 1009 Hanover St

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 98231 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98231

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2131 W. Fayette ST.: 21 WARD 45

2-FULL NAME Christina Gibbs Lehr

(a) RESIDENCE. No. 2131 W Fayette ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed, or Divorced (write the word)~~
F	W	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm Lehr

6 DATE OF BIRTH (month, day, and year) May 17, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife 037
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Chas. Gibbs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Christina See

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Wm. Lehr
(Address) 2131 W. Fayette St

15 Filed May 8, 1925 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6 1925

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1924, to May 6, 1925, that I last saw her alive on May 5, 1925, and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Uremia

about 2 months (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E W Hayward, M. D.

5/8, 1925 (Address) 225 W Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: 5/9/25

20 UNDERTAKER: Geo Lemmbuch & Son — ADDRESS: 647 W Pratt St

Mark of Certificates.

Spec–12-23-21–E.B.R.S.–400 Bks.

D 98232

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98232

CERTIFICATE OF DEATH.

6 74 3

1-PLACE OF DEATH

City of BALTIMORE: (No. 2816 Orleans St., 6 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Louisa Kelly

(a) Residence No. 2816 Orleans St., Ward.....
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 7 mos. 29 ds. How long in U. S., if of foreign birth? 65 yrs. 7 mos. 29 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Kelly

6-DATE OF BIRTH (month, day and year) Sept. 8-1859

7-AGE	If LESS than 1 day
65 yrs. 7 mos. 29 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER Levi Prichett

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary E. Satterfield

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14-

(Informant) John W. Kelley

(Address) 2816 Orleans St

15-

Filed ..... Robert F. Harrison
Registrar.

8-1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 7 1925

17- I HEREBY CERTIFY, That I attended deceased from April 4 1925 to May 7 1925

that I last saw h[illegible] alive on 1925

and that death occurred, on the date stated above, at 4 20 P m.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Hardening of arteries

High Blood Pressure

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) A. C. Hearn, M. D.

5/8, 1925 (Address) 320 Harrison

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Mt Olivet Cem	May 11, 1925
20-UNDERTAKER,	ADDRESS
Harry W. Eblen	W. Fayette

Spec.—1-12-23—M&T—500 Bks.

D 98233 HEALTH DEPARTMENT—CITY OF BALTIMORE 51 D 98233

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3621 Park Heights Ave. ST., 15-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Kendall Hause Jr.

(a) RESIDENCE NO. 3621 Park Heights Ave. ST.; WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 29, 1918

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Charles K. Hause

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Georgia C. Scherer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hampstead Maryland

14 Informant Philip J. Bernstein
(Address) 3621 Park Heights Ave.

15 Filed 5-8-1925, 19 Robert F. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8th 19 25

17 I HEREBY CERTIFY, That I attended deceased from April 27, 1925, to May 8, 1925, that I last saw h alive on May 7, 1925, and that death occurred, on the date stated above, at 3.45 A m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Rheumatism

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Chas F. Hunter, M. D.

5-8, 1925 (Address) 1504 McCullough Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	May 11 1925
20 UNDERTAKER Joseph B. Cook	ADDRESS 1003 N Bals St

D 98234

HEALTH DEPARTMENT—CITY OF BALTIMORE

001

D 98234

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1309 Hollins Street St., 19 Ward) 167

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Claude W. Burroughs

(Residence in Baltimore: No. 1309 Hollins Street St.; yrs. 45 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. June 13th 1859 (Month) (Day) (Year)

7-AGE. 65 yrs. 10 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Picture Frame Joiner
(b) General nature of industry, business, or establishment in which employed (or employer): Lampe & Co.

9-BIRTHPLACE. (State or Country). Kempsville Va.

PARENTS.

10-NAME OF FATHER. John F. Burroughs

11-BIRTHPLACE OF FATHER, (State or Country). Kempsville, Va.

12-MAIDEN NAME OF MOTHER. Elizabeth Snead

13-BIRTHPLACE OF MOTHER. (State or Country). Eastern Shore Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. A. Segar

(Address) 411 N. Carey St.

15- Filed ... 192... Robert P. Harrison, Registrar.

8 - 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 7th 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxiated by Illuminating Gas

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Suicide

(Duration) ...yrs. ...mos. ...ds.

(Signed) Thos. B. Norton M. D. (Coroner.)

May 7 1925 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park Cem	May 9 1925
20-UNDERTAKER. Joseph B Cook	ADDRESS. 1003 N Gilmor

Spec.—1-19-21—M&T—1500 Bks.

D 98235

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98235

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital ST., 19 WARD) 185

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Jane Ward

(a) RESIDENCE NO. 1316 W. Mulberry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 4 1840

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto, Md (State or country)

PARENTS

10 NAME OF FATHER John Ward

11 BIRTHPLACE OF FATHER (city or town) London, Eng (State or country)

12 MAIDEN NAME OF MOTHER Eliza J. Gibson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Miss Rebecca M. Ward

(Address) 1316 W. Mulberry Street

15 Filed 8-1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6 1925

17 I HEREBY CERTIFY, That I attended deceased from May 6, 1925, to May 6, 1925, that I last saw her alive on May 6, 1925, and that death occurred, on the date stated above, at 12.50 P m.

The CAUSE OF DEATH* was as follows:

Fracture Intra Capsular Left Femur

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Robt C Black, M. D.

5-6, 1925 (Address) 1014 W Lo Mytte

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: May 9 1925

20 UNDERTAKER: Joseph B. Cook — ADDRESS: 1623 N Balto St

IMPORTANT. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

D 98236

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98236

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1924 W. Franklin ST., 70-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W. Bricker

(a) RESIDENCE NO. 1924 W. Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced (or) WIFE of Ida Bricker

6 DATE OF BIRTH (month, day, and year) Aug. 25, 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 615

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B & O Railroad

9 BIRTHPLACE (city or town) Gettysburg (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Samuel Bricker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Julia Ann Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) United States

14

Informant Mrs. Ida Bricker

(Address) 1824 W. Franklin St.

Filed 8-1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8th 1925

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to May 8, 1925, that I last saw him alive on May 8, 1925, and that death occurred, on the date stated above, at 12.55 noon m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. — mos 7 ds.

CONTRIBUTORY (Secondary)

none (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —.

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Henry A. Dale, M. D.

4-8, 1925 (Address) 1203 W. Fayette Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Louden Park Cem	May 11 1925
20 UNDERTAKER	ADDRESS
Joseph B. Cook	1003 N. Bates St.

Spec.—1-12-23—M&T—500 Blks.

D 98237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 98237

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 N. Calhoun ST., 19-1 WARD)

2-FULL NAME John J. Hahn

(a) RESIDENCE NO. 426 N. Calhoun ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Charlotte D. Hahn

6 DATE OF BIRTH (month, day, and year) July 30 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Hahn

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Ruhl

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Charlotte D. Hahn
(Address) 426 N. Calhoun Street

15 Filed ..... 19 Robert P. Harrison Registrar

R-1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6 1925

17 I HEREBY CERTIFY, That I attended deceased from January 5, 1925, to May 6, 1925, that I last saw him alive on May 5, 1925, and that death occurred, on the date stated above, at 7.15 P. m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

for about 5 yrs. mos ds.
(duration)

CONTRIBUTORY
(Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) P. Gustav Dill M. D.

5-7, 1925 (Address) 1433 W. Lombard Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	May 9 1925
20 UNDERTAKER	ADDRESS
Joseph B. Cook	1003 N. Eutaw St

Spec.—1-10-21—M&T—1500 Bks.

Bal 35 2 Hoag 429 York Blvd

D 98238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98238

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 625 Scott ST., 21-3 WARD)

REGISTERED NO. 57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matilda Kraft

(a) RESIDENCE NO. 628 Scott ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Kraft

6 DATE OF BIRTH (month, day, and year) Feb. 13, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Susan Carson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Sophia Warner

(Address) 628 Scott St

15 Filed ....., 19.... Robert P. Harrison, Registrar

Burial Permit Clerk.

5-1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 30, 1925, to May 7, 1925.

that I last saw h alive on May 6, 1925,

and that death occurred, on the date stated above, at 39 m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary) diabetes

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) R. Morley Stone, M. D.

(Address) 7 Eutaw Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL May 9 1925

20 UNDERTAKER W. M. Cook — ADDRESS 522 E Fayette

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 98239

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98239

CERTIFICATE OF DEATH.

90

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 E. 25th ST., 12-4 WARD)

2-FULL NAME Harry B. Joyce

(a) RESIDENCE NO. 415 E. 25th ST., WARD.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of Ann Joyce
(or WIFE of)

6 DATE OF BIRTH (month, day, and year) Mar 3, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Commission merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER John Joyce

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Sarah Barger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant Ann H Joyce
(Address) 415 E 25th St

15 1925 Robert P. Harrison, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7, 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 2, 1924, to May 7, 1925,
that I last saw him alive on May 7, 1925,
and that death occurred, on the date stated above, at 9.15 Pm.

The CAUSE OF DEATH* was as follows:

Cortical Stenosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Geo H Young M. D.

May 8 1925 (Address) 1102 Eutaw St Bld

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine Cemetery — DATE OF BURIAL May 11, 1925

20 UNDERTAKER John Tevis — ADDRESS 607 E Lombard

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 98240 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98240

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 4-3 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Osborne Prangley

(a) RESIDENCE NO. 817 N. Capital St. WARD 8

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year) July 11 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
40	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New York (State or country)

PARENTS

10 NAME OF FATHER Butler Prangley

11 BIRTHPLACE OF FATHER (city or town) England (State or country)

12 MAIDEN NAME OF MOTHER Mary Stuckey

13 BIRTHPLACE OF MOTHER (city or town) England (State or country)

14 Informant Hospital Records (Address)

15 MAY 25 1925 19 ROBERT F. HARTMAN, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/25/1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 10-25, 19..., to 5/25, 19..., that I last saw h— alive on 5/25, 19..., and that death occurred, on the date stated above, at 10:50 P m.

The CAUSE OF DEATH was as follows:

Mitral Insufficiency (Infective)

Hypertensive Cardiovascular Disease (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) K. W. Fuller, M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL 5/28/25

20 UNDERTAKER Sergeant Funeral Home ADDRESS Fulton Ave

(Instructions on back of certificates. PRINT in very important. See)

S:A E

D:A K

Spec.—1-10-21—M&T—1500 Bks.

D 98241

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98241

CERTIFICATE OF DEATH.

11-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 712 N Bradford ST., 7-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachel A. Tippett

(a) RESIDENCE No. 712 N Bradford ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H Tippett

6 DATE OF BIRTH (month, day, and year) August 17 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House keeping 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John S Reed

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Rose Tippett (Address) 712 N. Bradford St

15 Filed , 19

Robert F. Harpster, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 19 25 to May 6, 19 25

that I last saw h alive on May 6, 19 25

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH was as follows:*

a Cerebral Hemorrhage

(duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) a Chronic Nephritis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Pending

(Signed) [illegible] M. D.

5-7-25 (Address) 800 N Wolfe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cem.	May 9 1925
20 UNDERTAKER Wendell Tippett	ADDRESS 378 N

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 98242 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98242

1805

CERTIFICATE OF DEATH. X 131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Rohrbaugh

(a) RESIDENCE NO. Glenrock Pa ST., WARD Rudy iii

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1- 1846

7 AGE: Years 79 | Months 0 | Days 7 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Pa

PARENTS

10 NAME OF FATHER Peter Rohrbaugh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa.

12 MAIDEN NAME OF MOTHER Barton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

14 Informant: Rel

(Address) JOHNS HOPKINS HOSPITAL.

15 Filed May 9 1925 19

Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8 1925

17

I HEREBY CERTIFY, That I attended deceased from April 20, 1925, to May 8, 1925, that I last saw him alive on May 8, 1925, and that death occurred, on the date stated above, at 2.45 P m.

The CAUSE OF DEATH* was as follows:

Benign Prostatic Hypertrophy

(duration) 3 yrs. 0 mos 0 ds.

CONTRIBUTORY (Secondary) Pyelonephritis

(duration) 2 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Glen Rock Pa

Did an operation precede death? no Date of —

Was there an autopsy? Partial

What test confirmed diagnosis? Urine exam., Phthalein

(Signed) W. C. McKinstry, M.D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Glen Rock. Pa — DATE OF BURIAL: May 12 1925

20 UNDERTAKER: Harry Gelpe — ADDRESS: Glen Rock

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98243

CERTIFICATE OF DEATH.

D 98243

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 446 E Fort Ave ST.: 24-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Albert Linthicum

(a) RESIDENCE. NO. 446 E Fort Ave ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Linthicum

6 DATE OF BIRTH (month, day, and year) Jan 23 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ship Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer Unemployed.

9 BIRTHPLACE (city or town) (State or country) Baltimore.

PARENTS

10 NAME OF FATHER Samuel Linthicum

11 BIRTHPLACE OF FATHER (city or town) Madison (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mary E. Kirkwood

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Mary E. Linthicum (Address) 446 E Fort Ave

15 Filed 9 1925 Robert P. Harrison, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr 17, 1925, to May 6, 1925, that I last saw h... alive on May 4, 1925, and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical signs.

(Signed) Sidney H. Streett, M. D.

5 6 1925 (Address) 446 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	5/9/1925

20 UNDERTAKER E. J. Fanning & Son ADDRESS 1460 Battery Ave.

FROM 25 TO 27 IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATES.

Spec.—1-10-21—M&T—1500 Bks.

D 98244

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98244

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1050 Argyle ST., V-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Valentine W. Yaeger

(a) RESIDENCE No. 104 So Argyle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. 2 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Married

6 DATE OF BIRTH (month, day, and year): May 6-1925

7 AGE: Years | Months | Days: 1 1/2 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Valentine W. Yaeger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Amanda Horst

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: V. W. Yaeger Father

(Address)

15 Filed . 19 Robert P. Harrison, Registrar

1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 8 1925

17 I HEREBY CERTIFY, That I attended deceased from May 6, 1925, to May 7, 1925, that I last saw h. alive on May 7, 1925, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Overdrive Delirium Tremens

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary): Acute Pyelitis

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jos. L. Valentine M. D.

May 8, 1925 (Address) 14 So Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Patricks — DATE OF BURIAL: May 9 1925

20 UNDERTAKER: John M. Weber — ADDRESS: 1803 Bank

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 98245 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98245

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 811 Peach Alley Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... James Moulton

(a) Residence No.... 811 Peach Alley Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Colored	Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Elizabeth Moulton

6-DATE OF BIRTH (month, day and year) (?)

7-AGE,	If LESS than 1 day,
about 60 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)..... Odd

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Md.
(State or Country),

PARENTS.

10-NAME OF FATHER, (?)

11-BIRTHPLACE OF FATHER (city or town)..... (?)
(State or Country),

12-MAIDEN NAME OF MOTHER, (?)

13-BIRTHPLACE OF MOTHER (city or town)..... (?)
(State or Country),

14- (Informant) Lizzie Moulton

(Address) 811 Peach alley

15- Filed 9 1925 19... Robert P. Harrison, Registrar.

Birth Record Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 8th 25

17- I HEREBY CERTIFY, That I attended deceased from Feb. 15th, 1925, to May 8th, 1925, that I last saw h.. alive on May 7th, 1925, and that death occurred, on the date stated above, at 5.15 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(Duration) yrs. 2 mos. 25 ds.

CONTRIBUTORY
(Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of -

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) D. T. Carroll M. D.

5/8, 1925 (Address) 136 Whitehill St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
U. S. National	May 11, 1925

20-UNDERTAKER,	ADDRESS
J. L. Brown & Son	1101 W. Mount St.

Spec.—1-10-21—M&T—1500 Blks.

D 98246

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98246

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1236 N Lafayette ST., 16-6 31 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Hall

(a) RESIDENCE No. 1236 N. Lafayette ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 6 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 8 19

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	5	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Nathaniel Hall

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Fannie Saunders

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Fannie Hall

(Address) 1236 N Lafayette

15 1925, 19 Robert P. Harrison Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8 - 1925

17

I HEREBY CERTIFY, That I attended deceased from May 1 - 1925, to May 8 - 1925.

that I last saw her alive on May 8 - 1925,

and that death occurred, on the date stated above, at 430 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) yrs. 4 mos 10 ds.

CONTRIBUTORY (Secondary) Tuberculosis of Lungs (duration) yrs. 4 mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) D J W Kennard M. D.

5-8. 1925 (Address) 708 Enson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	May 9 1925
20 UNDERTAKER	ADDRESS
Wm H Elcock & Son	1400 Madison

FION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 98247

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98247

CERTIFICATE OF DEATH.

15 - 11

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2106 W. North Ave. ST. WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William F. Werner

(a) RESIDENCE No. 2106 W. North Ave. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie H. Werner

6 DATE OF BIRTH (month, day, and year) Jan. 30, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Police

(b) General nature of industry, business, or establishment in which employed (or employer) Detective

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Edmund Werner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Augusta Schumann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Minnie H. Werner

(Address) 2106 W. North Ave.

15 May 9 1925 . 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7, 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1925, to May 7, 1926, that I last saw him alive on May 7, 1925, and that death occurred, on the date stated above, at 4.45 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Starvation

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? At Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray -

(Signed) J. Owen Tulston, M. D.

, 19 (Address) 1007 N Fallon Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: May 9 1925

20 UNDERTAKER: John F. Dennis — ADDRESS: 715 Light St

TION is very important. See instructions on cer

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 98243

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98248

CERTIFICATE OF DEATH.

91-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1526 Orleans ST.: 6-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas C. Johnson

(a) RESIDENCE. No. 1526 Orleans ST.. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	W.	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Johnson

6 DATE OF BIRTH (month, day, and year) Sept 7. 1841

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Guilder, Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Ely Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Emily O'Dell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Blanch M Johnson

(Address) 2623 Guilford Ave.

15 Filed ..... 19 .....

9-1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8— 1925

17

I HEREBY CERTIFY, That I attended deceased from May 2— 1925, to May 8— 1925, that I last saw him alive on May 8— 1925, and that death occurred, on the date stated above, at 7.40 P. m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bleeding from nose and coma (duration) — yrs. — mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fenby, M. D.

5/8/1925 (Address) 1223 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL.

Western Cem May 11 25

20 UNDERTAKER ADDRESS

Wm. Cook 502 E. North Ave

NOW IS VERY important. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Blks.

D 98249

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98249

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-1 WARD)

2-FULL NAME Barbara Yarnell

(a) RESIDENCE NO. 11a Newbery (Usual place of abode) Hartford Co WARD

Length of residence in city or town where death occurred yrs. mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? Feb 24, 1925

7 AGE — Years: — Months: 2 Days: 15 — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Hartford Conn

PARENTS

10 NAME OF FATHER Wm Yarnell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Conn

12 MAIDEN NAME OF MOTHER Madeline

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Conn

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 9-1925, 19 Robert F. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8 1925

17

I HEREBY CERTIFY, That I attended deceased from April 15, 1925 to May 8, 1925 that I last saw h.e alive on May 8, 1925 and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus

(Idiopathic)

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) A. Jacobson M. D.

. 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hartford Conn.

DATE OF BURIAL: May 11 1925

20 UNDERTAKER: Tilton Cooke

ADDRESS: 507 E Lombard

TION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98250

D 98250

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 Low ST.: 5-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jane Parker

(a) RESIDENCE. No. 1121 Low ST., WARD Fredericksburg Va.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER un. known

11 BIRTHPLACE OF FATHER (city or town) (State or country) un. known

12 MAIDEN NAME OF MOTHER un. known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) un. known

14 Informant matilda Caldwell
(Address) 1121 low st

15 Filed ....., 19.... Robert P. Bartlett Registrar

1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) may 5 1925

17 I HEREBY CERTIFY, That I attended deceased from April 20th, 1925, to May 8th, 1925, that I last saw her alive on ....., 1925, and that death occurred, on the date stated above, at 3.10 P. m.

The CAUSE OF DEATH* was as follows:

Coma

(duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Hepatic Carcinoma

(duration) ....yrs. 6 mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jacob L Wisner, M. D.

5-7, 1925 (Address) 30 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Fredericksburg Va	may 9 1925

20 UNDERTAKER Edward Bryson ADDRESS 1631 orleans st

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98251 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98251

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 219 Cove al St., 18-1 129 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Ella L Johnson

(a) Residence No. 219 Cove al. St.,..... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, Col.

5-Single, Married, Widowed, or Divorced, (Write the word.) Wid

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1885

7-AGE, 40 yrs. mos. ds.

If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER, Richard V. Brown

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Md

12-MAIDEN NAME OF MOTHER, Bertha Standley

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Md

14- (Informant) Bertha Brown

(Address) Port Deposit

15- Filed....., 19?..... Robert P. Harrison, Registrar.

1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 7 1925

17- I HEREBY CERTIFY, That I attended deceased from May 4, 1925, to May 7, 1925, that I last saw h[illegible] alive on May 7, 1925, and that death occurred, on the date stated above, at 8:30 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J J Dorwood, M. D.

May 8, 1925 (Address) 939 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL W Lanhamsdale DATE OF BURIAL 5/9/1925

20-UNDERTAKER Daniel Conley ADDRESS 916 Pa ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98253

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98252

CERTIFICATE OF DEATH.

9-3

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 624 Ault St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. George Gruner

(a) Residence No. 624 Ault St., Ward.....

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 11 mos. 21 ds. How long in U. S., if of foreign birth? fifty yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Widower

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Catherine Gruner

6-DATE OF BIRTH (month, day and year) May 17 1867

7-AGE.	If LESS than 1 day,
57 yrs. 11 mos. 21 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Horse Painter

(b) General nature of industry, business, or establishment in which employed (or employer)..... Painter

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. George Gruner

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Christina Stout

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

11- (Informant) Mrs. Christina Gruner

(Address) 624 Ault St.

15- Filed 9-1925 192..... Robert F. Harrison, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 8 1925

17- I HEREBY CERTIFY, That I attended deceased from January 17th 1925 to May 8th 1925

that I last saw him alive on May 8th 1925

and that death occurred, on the date stated above, at 5:20 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver.

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Complete Physical Examination etc

(Signed) George Gregory Ober M. D

(Address) 704 E 25 St.

5-79 1925

State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
London Park Cemetery	May 12 1925
20-UNDERTAKER.	ADDRESS
Henry Hoerle Son	1301 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

D 98253

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98253

43

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1040 Valley St

CITY OF BALTIMORE: (NO. ..... ST., 10-2 WARD) REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward J O'Donnell

(a) RESIDENCE NO. 1040 Valley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. — mos. — ds. How long in U. S., if of foreign birth? ——— yrs. ——— mos. ——— ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Abigail E. O'Donnell

6 DATE OF BIRTH (month, day, and year) Nov 1

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thomas O'Donnell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Meehan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Abigail E. O'Donnell
(Address) 1040 Valley St

15 Filed ..... 19 ..... Robert P. Harrison, Registrar

1925

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8 1925

17

I HEREBY CERTIFY, That I attended deceased from March 6, 1924, to May 8, 1925, that I last saw h[illegible] alive on May 8, 1925, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma right tonsil & palate

(duration) 1 yrs. 5 mos. + ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Grant E Ward, M. D.

, 19 (Address) 1418 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	May 11 1925
20 UNDERTAKER	ADDRESS
Henry Hoeck Son	130 E Eager St

TION is very important. See instructions on back of certificates.

D 98254

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98254

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 716 W. Mulberry St. St., 17-31 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME John Smith

(Residence in Baltimore: No. 716 W. Mulberry St. St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Col

5-Single, Married, Widowed, or Divorced (Write the word.): Sgle

6-DATE OF BIRTH: Don't Know (Month) (Day) 1..... (Year)

7-AGE: 27 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040

9-BIRTHPLACE, (State or Country): Va

PARENTS.

10-NAME OF FATHER: Tom Smith

11-BIRTHPLACE OF FATHER, (State or Country): Va

12-MAIDEN NAME OF MOTHER: Don't know

13-BIRTHPLACE OF MOTHER, (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ednal Smith

(Address) 716 W Mulberry st

15-

Filed ..... 192.....

Robert P. Harrison, Registrar.

C-1025 ... Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: May (Month) 7 (Day) 192.5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Inquest, autopsy or~~ inquiry.) thereon and from the evidence obtained by said ~~Inquest, au-~~ ~~topsy or~~ inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Don't Know (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ..... (Duration) yrs. mos. ds.

(Signed) H K Gorsuch M. D. (Coroner)

5-8 1925 (Address) 1711 Saratoga St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: May 10 1925

20-UNDERTAKER: Ernest Pue — ADDRESS: 1012 W Fayette Street

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 98255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1000 98255

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1218 Mosher ST.: 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William P. Smith

(a) RESIDENCE. No. 1218 Mosher ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 31. 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teamster

(b) General nature of industry, business, or establishment in which employed (or employer) Driving Lunch Cart

(c) Name of employer Martin Restaurant

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER William H. Smith

11 BIRTHPLACE OF FATHER (city or town) Centreville (State or country) Md.

12 MAIDEN NAME OF MOTHER Laura Brown

13 BIRTHPLACE OF MOTHER (city or town) Centreville (State or country) Md

14 Informant Daisy Emory

(Address) Centreville Md.

15 Filed May 9, 1925 Robert F. Harrison Registrar

9 - 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6 1925

17 I HEREBY CERTIFY, That I attended deceased from May 2, 1925, to May 6, 1925, that I last saw h— alive on May 6, 1925, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia, (duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) None (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) William H. Smith, M. D.

7. 1925 Address) 120 S Pressman St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Centerville Md

DATE OF BURIAL May 9 1925

20 UNDERTAKER Mrs Jas N. Dennis per T E Nelson

ADDRESS 1303 Pressman St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98256

CERTIFICATE OF DEATH.

D 98256

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hosp. St., 25-2 WARD)

REGISTERED NO. 146

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mattie Kroner.

(a) RESIDENCE NO. Old Fud'k St., Ellicott City WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Kroner.

6 DATE OF BIRTH (month, day, and year) June 25-1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

10 FATHER Charles P. Robertson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Barbara Hinkelmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

PARENTS

14 Informant Wm Kroner (Address) Old Fudds Rd. Ellicott City

15 Catonsville Md. - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7th 1925

I HEREBY CERTIFY, That I attended deceased from 5-2, 1925, to 5-7, 1925,

that I last saw h alive on 5-7 1925

and that death occurred, on the date stated above, at 4.20 P m.

The CAUSE OF DEATH* was as follows:

Septicemia c

Bronchial pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Ruptured uterus

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Outside Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) John B. E. Seegar, M. D.

, 19 (Address) 904 N Charles st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Allen Cemetery DATE OF BURIAL May 10 1925

20 UNDERTAKER Catonsville ADDRESS

F. B. Wisner 1850 N Rectr

Spec.—1-10-21—M&T—1500 Blks.

D 98257

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98257

CERTIFICATE OF DEATH.

6-3 16

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1827 E. Fayette St. ST., WARD)

2-FULL NAME Joseph F. Kohles.

(a) RESIDENCE NO. 529 N. Lakewood Ave ST., 6 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 8-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ~~1 day,~~ hrs. or ~~min.~~

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Joseph F. Kohles.

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Madeline Bruder.

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Joseph F. Kohles.
(Address) 529 N. Lakewood Ave.

15 [illegible] 19

Registrar

9 - 1925

Robert P. Harrison,
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8th 1925

17 I HEREBY CERTIFY, That I attended deceased from May 8, 19 25, to May 8, 19 25, that I last saw h— alive on May 8, 19 25, and that death occurred, on the date stated above, at 12:15 a. m.

The CAUSE OF DEATH* was as follows:

Formation Bath

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Kyser, M. D.

May 9, 19 25 (Address) 1827 E. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	May 9 1925

20 UNDERTAKER Lilly and Zeiler ADDRESS 403 S. Wolfe St

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 98258 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98258

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1827 E. Fayette St. ST., 6-1 WARD) REGISTERED NO. 16708

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Kohles.

(a) RESIDENCE NO. 1827 E. Fayette St. ST., 6 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) May 8-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	✓	✓	✓	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Joseph F. Kohles.

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Madeline Broder.

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Joseph F. Kohles. (Address) 529 S. Lakewood Ave

15 FILED 1925 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8 1925

17 I HEREBY CERTIFY, That I attended deceased from May 8, 1925, to May 8, 1925, that I last saw h— alive on May 8, 1925, and that death occurred, on the date stated above, at 12.50 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Ryan M. D.

May 9 1925 (Address) 501 S. Edwards

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL May 9 1925

20 UNDERTAKER Lilly and Guiler ADDRESS 403 S. Wolfe St

TION is very important. See instructions on back of certificates.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98259

D 98259

CERTIFICATE OF DEATH.

REGISTERED NO. C 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 722 N. Fremont ST.; 16 (or WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sadie Lawson

(Residence in Baltimore: No. 722 N. Fremont Av — 10 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, C.

5-SINGLE, MARRIED, WIDOWED or DIVORCED (write the word.) Married

6-DATE OF BIRTH, Oct 6, 1898
(Month) (Day) (Year)

7-AGE, 27 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): O.W.

9-BIRTHPLACE. (State or Country) Calvert County Md.

PARENTS.

10-NAME OF FATHER, Joe Taylor

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Lucy Coates

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Randall Lawson

(Address) 722 N. Fremont Av.

15- Robert P. Harrison,

Filed ..., 191... Burial Permit Clerk

Registrar.

5 - 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apr 15 1925, to May 7. 1925, that I saw h-er alive on May 7. 1925, and that death occurred, on the date stated above, at 9. P m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Acute Parenchymatous Nephritis

(Duration) ... yrs. 4 mos. ... ds.

CONTRIBUTORY (Secondary) Ex Pneumonia

(Duration) ... yrs. ... mos. 14 ds.

(Signed) S. B. Hughes M. D.

May 8, 1925 (Address) 1432 Fulton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Brooks Chapel Cabin John Md. DATE OF BURIAL, May 9 1925

20-UNDERTAKER, Mrs R. G. Elliott ADDRESS, Eastlandon

Spec.—1-10-21—M&T—1500 Blks.

D 98260

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98260

CERTIFICATE OF DEATH.

+ 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 13-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Goldstein

(a) RESIDENCE NO. 2214 Brookfield Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 8 mos. ds. How long in U. S., if of foreign birth? 10 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Goldstein

6 DATE OF BIRTH (month, day, and year) Unk.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Morris Seth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Jack Lewis

(Address) 1439 E. Baltimore St.

15 Filed 1925 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-8 1925

17

I HEREBY CERTIFY, That I attended deceased from 4-19, 1925, to 5-8, 1925, that I last saw her alive on 5-8, 1925, and that death occurred, on the date stated above, at 8:45 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis Hypertension

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Isidor D. Fury, M. D.

May, 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New York City	5/10 19 25
20 UNDERTAKER Jack Lewis	ADDRESS 1439 E Balto

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98261

CERTIFICATE OF DEATH.

6-2 31 D 98261

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., WARD) REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isadore Surdin

(a) RESIDENCE No. 105 N. Wolfe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rochael Surdin

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Music

(b) General nature of industry, business, or establishment in which employed (or employer) Store

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Benjamin Surdin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Rochael Surdin

(Address) [illegible] Robert P. HARTIGAN,

15 - 1925 19 Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-8 1925

17 I HEREBY CERTIFY, That I attended deceased from 4-11, 1925, to 5-8, 1925, that I last saw him alive on 5-8, 1925, and that death occurred, on the date stated above, at 4 PM m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis and Endocarditis

(duration) yrs. 8 mos. mos. ds.

CONTRIBUTORY (Secondary) Coronary occlusion

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical & lab.

(Signed) Isidor L. Frey, M. D.

May, 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Cedar Mt Cemetery	10 1925
20 UNDERTAKER	ADDRESS
Jack Lewis	14-39 E Balt St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

See Letter in file May 12-1925 from Gardner Springs Md

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98262

CERTIFICATE OF DEATH.

100 00

D 98262

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital ST., 3-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Rubel Wruble

(a) RESIDENCE NO. 32 Lloyd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Morris ~~Rubel~~ Wruble

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
66	—	—		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 27

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER ~~Rubel~~ Wruble

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER ~~Wruble~~ Rubel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Robert Bers

(Address) 102 N Gay St

15 Filed May 13 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-9 1925

17

I HEREBY CERTIFY, That I attended deceased from 5-6, 1925, to 5-9, 1925,

that I last saw her alive on 5-9, 1925

and that death occurred, on the date stated above, at 1.11 M m.

The CAUSE OF DEATH* was as follows:

Bilateral Bronchopneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Myocardiac Insufficiency (duration) yrs. mos. ds.)

18 Where was disease contracted If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical & lab.

(Signed) Isidore L. Fry, M. D.

May, 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Washington Co	May 10 1925
20 UNDERTAKER	ADDRESS
Jack Lewis	1409 E Balt St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 98263

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98263

CERTIFICATE OF DEATH.

135

1-PLACE OF DEATH Hebrew Hosp.

CITY OF BALTIMORE: (No. Monument & Rutland Sts. WARD) 17-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruben Abrams

(a) RESIDENCE NO. 955 Penn Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
74				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer Clothing

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis (Address) 1439 E. Baltimore St.

15 [illegible] 19 Robert P. Harrison, Registrar

9 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/8 1925

17

I HEREBY CERTIFY, That I attended deceased from 1/29, 1925, to 5/8, 1925,

that I last saw him alive on 5/8, 1925,

and that death occurred, on the date stated above, at 8.45 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial failure

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Benign Prostatic Hypertrophy (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Cystoscopic Exam

(Signed) J. M. Hubbard, M. D.

5/9, 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Hebrew Rest	5/10 1925
20 UNDERTAKER	ADDRESS
Jack Lewis	1439 E Balt St

Burial Permit Clerk.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98264

CERTIFICATE OF DEATH.

D 98264

REGISTERED NO. 161-902

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital. ST., 26-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Wolfe

(a) RESIDENCE NO. 1014 S. Bolton St. ST., BOULDIN WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 3, 1925

7 AGE Years Months Days one

If LESS than 1 day, 2 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ND

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) Md.
(State or country)

10 NAME OF FATHER Charles Wolfe

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Rachael Thompson

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant (Address) Johns Hopkins Hospital JOHNS HOPKINS HOSPITAL.

15 9 - 1925 . 19 Robert P. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4 1925

17 I HEREBY CERTIFY, That I attended deceased from May 3, 1925, to May 4, 1925, that I last saw him alive on May 4, 1925, and that death occurred, on the date stated above, at 10 30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (2)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E L Stone M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL.

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health. Per Wm. B. WOODALL

ADDRESS

MAR 6 1925

FOR IS very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

(Lithuanian) ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98265

CERTIFICATE OF DEATH.

D 98265

1-PLACE OF DEATH 407 S. Paca St. Baltimore, Md. 31

CITY OF BALTIMORE: (No. 407 S. Paca St. ST., 27-1 WARD.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kazimier Vraitis

(a) RESIDENCE NO. 407 S. Paca ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	32			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tayler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Kazimier Vraitis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Ironika Mandravicka

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant John Cepaitis (Address) 407 S. Paca St.

15 9 - 1925 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8 1925

17 I HEREBY CERTIFY, That I attended deceased from 29 April, 1925, to 7 May, 1925, that I last saw h im alive on 7 May, 1925, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonum

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Joseph Abramitz, M. D.

, 19 (Address) 601 S. Paca St, Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park cemetary — DATE OF BURIAL 5/11 1925

20 UNDERTAKER Chas. B. Kuchinskas — ADDRESS 62 Pacific

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

98266

HEALTH DEPARTMENT—CITY OF BALTIMORE

98266

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital ST., 27 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Chisolm

(a) RESIDENCE No. 529 W. Barre ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Forrest Chisolm

6 DATE OF BIRTH (month, day, and year): March 8/1907

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
18	—	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N. C.

PARENTS

10 NAME OF FATHER: Isaac Rodger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Durham N. C

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Durham, N.C.

14 Informant: Forrest Chisolm

(Address) 500 W. Barre st

15 MAY 10 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 6 1925

17

I HEREBY CERTIFY, That I attended deceased from May 5, 1925, to May 6, 1925, that I last saw h[illegible] alive on May 6, 1925, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 0 ds.

CONTRIBUTORY (Secondary): Influenza

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? 529 W. Barre St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms.

(Signed) W. F. Carr Jr., M. D.

May 6 1925 (Address) 515 Hooper St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Durham N C — DATE OF BURIAL: May 9 1925

20 UNDERTAKER: Jno. G. Hooper — ADDRESS: 406 W. Camden St

SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98267 ✓ X-54 D 98267

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hosp. ST. [illegible] WARD [illegible]

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Virginia D. Alston

(a) RESIDENCE NO. Warrenton, N.C. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Married

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Mr V D Alston

6 DATE OF BIRTH (month, day, and year) June 1, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43 yrs.	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer): 937

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Indiana

PARENTS

10 NAME OF FATHER: Wm Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Virginia Shuey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: W. H. Alston (Address) Warrenton N C

15 Filed MAY 10 1925 ROBERT B. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/9 1925

17 I HEREBY CERTIFY, That I attended deceased from 3/26, 1925, to 5/9, 1925, that I last saw h[illegible] alive on 5/9, 1925, and that death occurred, on the date stated above, at 11:20 A m.

The CAUSE OF DEATH* was as follows:

Oedema of lungs

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Pellagra

(duration) 1 yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Ernest H Gaulden M. D.

, 19 (Address) #12 E Boyd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Warrenton N. C.	May 10 1925
20 UNDERTAKER: John O Mitchell	ADDRESS: 201 W Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98268

CERTIFICATE OF DEATH.

94-001

D 98268

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 E Williamson ST., 23-1 WARD)

2-FULL NAME Martha. Rebline.

(a) RESIDENCE NO. 30 E Williamson ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Rebline.

6 DATE OF BIRTH (month, day, and year) Jan. 11 1829

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	96	3	28	

8 OCCUPATION OF DEACESED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Michael. Hartline

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Anna Hartline

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mrs. Chas. Jones

(Address) 30 E Williamson St

15 MAY 10 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-9 1925

17 I HEREBY CERTIFY, That I attended deceased from April, 1924, to May 9, 1925, that I last saw h alive on May 8 1925, and that death occurred, on the date stated above, at 10 5 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 1 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Epidemic brain

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R.R.K. Campbell M. D.

May 9 1925 (Address) 1644 Harlem

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross cem.

DATE OF BURIAL 5-13 1925

20 UNDERTAKER E T B Hasle

ADDRESS 115 E Next St

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

98269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 98269

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 Weber ST., 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia C Foesters

(a) RESIDENCE NO. 132 Weber ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Female~~

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 14 1870

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Box Factory

(b) General nature of industry, business, or establishment in which employed (or employer): 186

(c) Name of employer: J Hecker & Son

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: William Foesters

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Deters

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Margaret Foesters

(Address) 132 Weber St

15 Filed MAY 10 1925, 19 ROBERT N. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-8 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1924, to May 8, 1925, that I last saw her alive on May 7, 1925, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Uterocarcinoma

Acute Pulmonary Edema

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Edward Uhrer, M. D.

(Address) 107 E West St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross

DATE OF BURIAL: 5-12 1925

20 UNDERTAKER: Est B Hardt

ADDRESS: 115 E West St

TION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

1924
1925 14

HEALTH DEPARTMENT—CITY OF BALTIMORE

3928

D 98270

CERTIFICATE OF DEATH.

31

D 98270

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 636 E Clement St., 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur T Hendricks

(a) Residence No. 636 E Clement St., Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Martha Hendricks

6-DATE OF BIRTH (month, day and year) July 23 1867

7-AGE, 57 yrs. 8 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Fireman 586

(b) General nature of industry, business, or establishment in which employed (or employer) Elder Shipbuilding Co

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER Arthur T. Hendricks

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Annie Anthony

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Pa.

14- (Informant) Martha A Hendricks

(Address) 636 E. Clement St.

MAY 10 1925

ROBERT B. BRACTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 5-7-1925

17- I HEREBY CERTIFY, That I attended deceased from Mar 19 25 to May 7th 19 25

that I last saw him alive on May 7th 19 25

and that death occurred, on the date stated above, at 7.50 A m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(Duration) 2 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Clinical & Laboratory findings

What test confirmed diagnosis?

(Signed) H. R. Johnson M. D.

, 19 (Address) 1211 Cathedral St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Cross Cemetery — DATE OF BURIAL. 5-11 19 25

20-UNDERTAKER. E & B Hoke — ADDRESS 115 E 23rd St

instructions on back of certificates.

D 98271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

188-003

D 98271

1-PLACE OF DEATH

City of BALTIMORE: (No. Med. Gen. Hosp. St., 27-3 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Nitzberg

(Residence in Baltimore: No. 1456 E Pennsylvania Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	colored	married

6-DATE OF BIRTH, July 12, 1871
(Month) (Day) (Year)

7-AGE, 53 yrs. 11 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) Own

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Lewis

(Address) 1439 E Balt St

15-
MAY 10 1925
ROBERT S. KRAUTER,
Registrar.
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 5, 192...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy, or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of 6, 7, & 8 ribs

(Accidental fall)

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(Duration) yrs. mos. ds.

(Signed) J. T. Hineman M. D.
(Coroner.)

May 5, 1925 (Address) 1 E Lexington St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rod Pool — DATE OF BURIAL, May 8, 19...

20-UNDERTAKER, Jack Lewis — ADDRESS 1439 E Balt St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98272

CERTIFICATE OF DEATH.

D 98272

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 Armistead Lane ST. 22-29 WARD)

2-FULL NAME Catherine M. Hiler

(a) RESIDENCE NO. 124 Armistead Lane ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 9, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Wesley Hiler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Lillian Bowles

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St. Mary's Co.

14 Informant Wesley Hiler

(Address) 124 Armistead Lane.

15 Filed MAY 10 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 1925

17 I HEREBY CERTIFY, That I attended deceased from May 7, 1925, to May 9, 1925, that I last saw h alive on May 5, 1925 and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H.E.K. Campbell M. D.

May 9 1925 (Address) 1644 Hanover.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross C.C.Co.	May 10 1925

20 UNDERTAKER Margaret E. Flynn ADDRESS 1422 Light St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98273

CERTIFICATE OF DEATH.

129 D 98273

1-PLACE OF DEATH Hebrew Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 7-2 WARD)

2-FULL NAME Anna Margaret Gillespie

(a) RESIDENCE NO. 924 N. Chester St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 7 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Joseph A Gillespie

6 DATE OF BIRTH (month, day, and year) Sept 9-1879

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	7	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lace Worker

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Guttlib Buttner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Mrs Joseph A Gillespie (Address) 924 N. Chester St

15 MAY 10 1925 AUGUST A. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8th. 1925

17 I HEREBY CERTIFY, That I attended deceased from April 12th, 1925, to May 8th. 1925, that I last saw her alive on May 8th, 1925, and that death occurred, on the date stated above, at 2:20 P m.

The CAUSE OF DEATH* was as follows:

Myocardial failure

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Ch. Cholecystitis & Ch. Nephritis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of May 4, 1925

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) [illegible] M. D.

, 19 (Address) Hebrew Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	May 11 1925
20 UNDERTAKER	ADDRESS 203
Henry Lutz	N. Broadway

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98274

CERTIFICATE OF DEATH.

129

D 98274

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. St. Agnes Hosp. ST., 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jn. Louis Munch

(a) RESIDENCE No. 421 Scott ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Munch

6 DATE OF BIRTH (month, day, and year) Apr 13, 1840

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	0	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) 050

(c) Name of employer Self

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Theodore Munch

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Hehn

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Emma Mitchell

Address 421 Scott St

MAY 10 1925 Filed ....., 19 ..... ROBERT N. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8 1925

17

I HEREBY CERTIFY, That I attended deceased from 4/4, 1925, to 5/8th, 1925.

that I last saw him alive on 5/8, 1925

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Failure

(duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary) Myocarditis - Nephritis arteriosclerosis

(duration) 3 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Geo A Stewart, M. D.

, 19 (Address) 2427 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	May 11 19 25

20 UNDERTAKER John Cook

ADDRESS Not Known

Spec.—1-10-21—M&T—1500 Bks.

D 98275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 98275

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Municipal Hospital ST., 16-6 WARD)

2-FULL NAME William Shelly

(a) RESIDENCE No. 1 Strieker St. (or Mother) ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, ~~Widowed~~, or Divorced, (write the word)
male	white	single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74/yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Edward Shelly

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Emily Dew

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Municipal Hospital Records
(Address)

15 MAY 10 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924, to May 8, 1925, that I last saw him alive on May 8, 1925, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Hypertension
Chronic myocarditis

(duration) 7 yrs. 6 mos. (History) ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W Lindsay Miller M. D.

5/9. 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Stone Chapel — DATE OF BURIAL May 11 1925

20 UNDERTAKER John Leon Sons & Hoen Co — ADDRESS

TION is very important. See instructions on ... of certificates.

S.A.E.

OD AK

Spec.—8-24-14—M. & T.—2000 Bks.

D 98276

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98276

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Southern Hospital & Home REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2520 Greenmount ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Edward Thrift.

(Residence in Baltimore: No. 304 N. Carey St.; 15 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE,	If LESS than 1 day,
about 76 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 0

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, James Thrift

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Frances Ford

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. E. C. Thrift

(Address) 1420 Druid Hill Ave

15-

MAY 10 1925

BURIAL R. REGISTER,
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... May (Month) ..... 9 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 28 1924, to May 9 1925, that I saw him alive on May 9 - 1925, and that death occurred, on the date stated above, at 8 10 A. m.

The CAUSE OF DEATH* was as follows:

Paralysis

..... (Duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Myocardial insuff.

..... (Duration) — yrs. — mos. 14 ds.

(Signed) Dudley P. Bowie M. D.

May 9, 1925 (Address) 904 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Mary's Hanover	May 11, 1925

20-UNDERTAKER Edwin Levitt Co

ADDRESS 1st & Hanover

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98277

CERTIFICATE OF DEATH.

90 D 98277.

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2633 N Calvert ST., 17-3 WARD)

2-FULL NAME Nannie Gough

(a) RESIDENCE No. 2633 N Calvert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of A. Lee Gough

6 DATE OF BIRTH (month, day, and year) April 14 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt

PARENTS

10 NAME OF FATHER Joshua W Buisch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland Balt

12 MAIDEN NAME OF MOTHER Kathrin Boyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt County

14 Informant A Lee Gough

(Address) 2633 N Calvert

15 Filed MAY 10 1925 MURRAY R. KRAMER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov - 1, 1924, to May 8, 1925,

that I last saw her alive on May 7, 1925,

and that death occurred, on the date stated above, at 7/20 p. m.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas. L. Goldsborough M. D.

, 19 (Address) 2923 - St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	May 11 1925
20 UNDERTAKER Wendell Dippel & Son	ADDRESS 378 Hanover St

Spec.—1-10-21—M&T—1500 Bks.

98278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

60-002

D 98278

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Genl Hospital ST., 9-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Anna Pemsel

(a) RESIDENCE NO. 2025 E. 31st ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Pemsel

6 DATE OF BIRTH (month, day, and year) Dec 24 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	4	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Martin Finke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Babetta Neukum

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Anna Pemsel (Address)

15 MAY 10 1925 ROBERT R. KRAUTER, Registrar

District Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr 16, 1925, to May 8, 1925, that I last saw her alive on May 8, 1925, and that death occurred, on the date stated above, at 7.10 P.m.

The CAUSE OF DEATH* was as follows:

Purpura Hemorrhagica, Profound Secondary Anemia, Lobi adenoma of Thyroid.

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Menorrhagia + Toxemia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) F. W. Krantz, M. D.

, 19 (Address) Md. Genl Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wood Lawn — DATE OF BURIAL May 11 1925

20 UNDERTAKER Wendell Pippel Sons — ADDRESS 378 N

TION IS very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98279

CERTIFICATE OF DEATH.

10 D 98279

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 605 N. Collington Ave ST., WARD) 7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Wakefield

(a) RESIDENCE No. 605 N. Collington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. — mos. — ds. How long in U. S., if of foreign birth? 43 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas. Wakefield

6 DATE OF BIRTH (month, day, and year): Apr 24/69

7 AGE — Years: 56 — Months: — Days: 14 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: John Steist

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Marie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Chas. Wakefield

(Address): 605 N. Collington

MAY 10 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 8 1925

17 I HEREBY CERTIFY, That I attended deceased from May 7, 1925, to May 8, 1925, that I last saw h[illegible] alive on May 8, 1925, and that death occurred, on the date stated above, at 4 45 P. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary): Acute Cardiac Dilatation

(duration) yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. J. Rogers, M. D.

(Address) 801 Fidelity

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — DATE OF BURIAL: 5/11 1925

20 UNDERTAKER: Philip Hennig — ADDRESS 2016 Aliceanna

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1810 D 98280

CERTIFICATE OF DEATH.

X 48 D 98280

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL, ST., 7-1 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Osborne

(a) RESIDENCE No. Carry Pa ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 1 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Atty at Law

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Robert Osborne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Letara Omer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL.

15 MAY 10 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 - 1925

17 I HEREBY CERTIFY, That I attended deceased from May 8 - 1925, to May 9 - 1925, that I last saw him alive on May 9 - 1925, and that death occurred, on the date stated above, at 2-15 P. m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Skull
Right Parietal c
Cerebral Compression

(duration) yrs. 6 mos. ? ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 5-9-25

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Isabel D Ebert, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Carry Pa.

DATE OF BURIAL 5/10 1925

20 UNDERTAKER Henry W. Meadows

ADDRESS 845 N. Calvert

Via Penna R.R. Permit Mrs Letara M. Osborne escort

TION IS very important See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98281

CERTIFICATE OF DEATH.

8-1 90 D 98281

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2120 N. Holl St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan C. Dare

(a) Residence No. 2120 N. Holl St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. — mos. — ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, ~~HUSBAND~~ of (or) WIFE of Samuel P. Dare

6-DATE OF BIRTH (month, day and year) Jan. 1st 1878

7-AGE, 47 yrs. 4 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)..... 037

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto. Co. Md

PARENTS.

10-NAME OF FATHER, Peter Rohe

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER, Mary Fogle

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto. Md

14- (Informant) Mr. Samuel C. Dare

(Address) 2120 N. Holl St.

15-

MAY 10 1925 ROBERT A. KRAUTER, Registrar.

Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 10 1925

I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1925 to May 10, 1925

that I last saw h.. alive on May 10, 1925

and that death occurred, on the date stated above, at 1.05 a. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) ... yrs. ... mos. 1 hrs.

CONTRIBUTORY (Secondary) Cortic Regurgitation

(Duration) 1 yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood pressure & Examination

(Signed) J. V. Berkwood M.D.

5-10 1925 (Address) 1531 E. North Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer Cemetery	May 13, 1925
20-UNDERTAKER.	**ADDRESS**
Henry Hoerdt Son	1301 E. Eager St.

instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98282

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98282

CERTIFICATE OF DEATH.

8-9-002

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1837 Ruttand ave (St.) ..... (Ward) 8-9-2 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George G. Booth

(a) Residence No. 1837 Ruttand ave St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 1 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Laura Ruth Booth

6-DATE OF BIRTH (month, day and year) March 24 1872

7-AGE, 53 yrs. 1 mos. 24 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Brass Finisher
(b) General nature of Industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER George Booth

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Elizabeth Burrier

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto Md.

14- (Informant) Jas R. Booth
(Address) 1837 Ruttand ave

15- MAY 10 1925 ROBERT P. KRAUTER, Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 8th 1925

17- I HEREBY CERTIFY, That I attended deceased from May 4th 1925 to May 8th 1925 that I last saw him alive on May 8th 1925 and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Uremia Scleroderma

(Duration) yrs. mos. ds. Not known

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Frederick C. Green M. D.

, 19 (Address) 2877 Clifton Blvd

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery | DATE OF BURIAL, May 11 1925

20-UNDERTAKER Mary A. Gaulbrook | ADDRESS 2919 Rayner Ave

Spec—12-23-21—E.B.R.S.—400 Blks.

D 98283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98283

Registered No.....

1-PLACE OF DEATH Woman's Hospital

City of BALTIMORE: (No. Lafayette Ave. St., 70-49 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Florence Isabelle Thrush

(a) Residence No.. 2652 St. Benedict St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. 3 mos. 28 ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced ~~HUSBAND of (or)~~ WIFE of Charles Joseph Thrush

6-DATE OF BIRTH (month, day and year) Jan. 4th 1891

7-AGE, 34 yrs. 3 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER, George Shrote

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Baltimore Md.

12-MAIDEN NAME OF MOTHER, Laura Born.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore Md.

14- (Informant) Charles Joseph Thrush

(Address) 2652 St. Benedict St.

MAY 10 1925 ROBERT R. KRAUTER, Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 9, 1925

17- I HEREBY CERTIFY, That I attended deceased from May 7th, 1925, to May 9th, 1925, that I last saw h~~e~~r alive on May 8th, 1925, and that death occurred, on the date stated above, at 3:25 A m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

Mitral insufficiency

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(Duration) yrs. mos. 12 hours

18-Where was disease contracted if not at place of death? 2652 St. Benedict St.

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Frederick A. Snyder, M. D.

, 19 (Address) Woman's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Mt. Olivet Cemetery	May 12, 1925
20-UNDERTAKER,	ADDRESS
Harry E. Almond & Son	1204 Ridgewood Ave

Spec.—1-10-21—M&T—1500 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98284

CERTIFICATE OF DEATH.

D 98284

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto Gen'l Hosp. WARD 23-1 57)

2-FULL NAME Idablia Anna Snyder

(a) RESIDENCE NO. 924 South Charles ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	White	Married.

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Luther F. Snyder

6 DATE OF BIRTH (month, day, and year) Dec - 29 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) Frederick County (State or country) Maryland.

PARENTS

10 NAME OF FATHER Geo. H. Mull

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Martha Getzendanner.

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Maryland

14 Informant Luther F. Snyder (Address) 924 S. Charles St.

Filed MAY 10 1925 Registrar Robert R. Krauter, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 1925

17 I HEREBY CERTIFY, That I attended deceased from April 4, 1925, to May 9, 1925, that I last saw her alive on May 8, 1925 and that death occurred, on the date stated above, at 12 01 A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Gangrene of Right Foot

(duration) ? yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia.

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of April 11, 1925.

Was there an autopsy? No

What test confirmed diagnosis? Signs + Symptoms

(Signed) J. E. Peterman, M. D.

(Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Frederick Md — DATE OF BURIAL May 11 1925

20 UNDERTAKER Jno. & Wm. John W. Teufel & Son — ADDRESS 801 W. Fayette

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98285

CERTIFICATE OF DEATH.

D 98285

Registered No.....

1-PLACE OF DEATH 216 Cole ave

City of BALTIMORE: (No. 216 Cole ave ..... St., ... Ward) 76-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Ida May Kable

(a) Residence No. 216 Cole ave ..... St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, ~~Widowed~~, or ~~Divorced~~, (Write the word.) Married

5a-If married, ~~widowed~~, or ~~divorced~~, HUSBAND of (or) WIFE of Clarence E Kable

6-DATE OF BIRTH (month, day and year) June 2nd 1869

7-AGE. 55 yrs. 11 mos. 9 ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town) Jefferson Co. W Va
(State or Country),

PARENTS.

10-NAME OF FATHER, John J Miller

11-BIRTHPLACE OF FATHER (city or town) Jefferson Co
(State or Country), W Va

12-MAIDEN NAME OF MOTHER, Ellen Virginia Lambert

13-BIRTHPLACE OF MOTHER (city or town) Jefferson Co
(State or Country), W Va

14- (Informant) Edith E Miller

(Address) 3910 Brooklyn ave

15- ROBERT R. KRAUTER,

Filed ..... 192 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 9th 1925 8:50 AM

17- I HEREBY CERTIFY, That I attended deceased from April 10th 1925 to May 8th 1925 that I last saw her alive on May 8th 1925 and that death occurred, on the date stated above, at 8.50 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervix

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) ..... yrs. ..... mos. 3 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Robert S. Kirk, M. D.

5/9, 1925 (Address) 3126 Hayford ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Charles Town Jefferson Co W Va	May 12th, 1925
20-UNDERTAKER Geo Schilling & Sons	ADDRESS Monument Sq & Aisquith St

98286 S.E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 D 98286

1-PLACE OF DEATH

City of BALTIMORE: (No. 1235 E Madison St., 10-2 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Mary E. Almony

(a) Residence No. 1235 E Madison St. St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of H. Palmer Almony

6-DATE OF BIRTH (month, day and year) [illegible] 1853

7-AGE, 71 yrs. 4 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Leonard Gruber

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Mrs. Gruber Pathier

(Address) 1234 Washington Blvd. Balto. Md.

15- MAY 10 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH. 920 PM

16-DATE OF DEATH (month, day and year). May 9th 1926

17- I HEREBY CERTIFY, That I attended deceased from May 15 1924 to May 9 1925 that I last saw h. alive on May 9 1925 and that death occurred, on the date stated above, at 920 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Sclerosis

Chronic Interstitial Nephritis

Uraemia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Osteomyelitis

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. W. Bryan, M. D.

May 19 26 (Address) 122 W Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~, Greenmount — DATE OF BURIAL, May 11th 1926

20-UNDERTAKER, George Schilling & Sons — ADDRESS Monument & Lexington Sts.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98287

CERTIFICATE OF DEATH.

90 D 98287

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3811 Belair Road ST., 26-1 WARD)

2-FULL NAME William Davis

(a) RESIDENCE No. 3811 Belair Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Annie J. Davis

6 DATE OF BIRTH (month, day, and year) Aug. 5th 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer) Hochschild & Kahn

(c) Name of employer Baltimore

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER John Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs. Annie J. Davis

(Address) 3811 Belair Road

MAY 10 1925

AUREL S. KRAMER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6th 1925

17

I HEREBY CERTIFY, That I attended deceased from June 11th, 1924, to May 6, 1925, that I last saw h[illegible] alive on May 6, 1925, and that death occurred on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis with Arterio sclerosis & Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Claud Smith M. D.

5/6, 1925 (Address) 4706 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL May 11 1925

20 UNDERTAKER George J. Rutt

ADDRESS 1735 Harford Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98288

CERTIFICATE OF DEATH.

D 98288

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Leo Reis.....

(Residence in Baltimore: No. 1440 Carroll St St.; yrs., 8 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white.	Single

6-DATE OF BIRTH, Nov 27 (Month) / 1921 (Day) (Year)

7-AGE,	If LESS than 1 day,
3 yrs. 8 mos. 10 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER, Lopez Reis

11-BIRTHPLACE OF FATHER, (State or Country) Baltimore.

12-MAIDEN NAME OF MOTHER, Lulo Brady

13-BIRTHPLACE OF MOTHER, (State or Country) Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Lopez Brady

(Address) 1440 Carroll St

MAY 10 1925

Filed..... 192.... ROBERT P. KRAUTER

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 9th (Month) (Day), 192 5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to His death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 3 ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Joseph Falen M.D. (Coroner.)

5-9-25 192.... (Address) 508 E. ...orth Ave.

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, May 11 1925

20-UNDERTAKER, Wm H. Cowan & Son ADDRESS 901 W. Baltimore St

Spec—12-23-21—E.B.R.S.—400 Blks.

D 98289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5-190

D 98289

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1308 St. Mathews St., ...Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Henry Jones

(a) Residence No. 1308 St. Mathews St., ...Ward...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	colored	married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1875

7-AGE,	If LESS than 1 day,
50 yrs. ...mos. ...ds.	...hrs. or ...min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer 070

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore city

PARENTS.

10-NAME OF FATHER, Daniel Jones

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER Lucinda Summerville

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Josiah Jones

(Address) 401 N. Bethel St.

15- MAY 10 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 7/25

17- I HEREBY CERTIFY, That I attended deceased from May 3, 1925 to May 7, 1925

that I last saw h.. alive on May 6, 1925

and that death occurred, on the date stated above, at 10 40 am

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

(Duration) 0 yrs. 6 mos. 1 ds.

CONTRIBUTORY (Secondary) Debilitation of Age

(Duration) ...yrs. ...mos. 2 ...ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Edward Fisher M. D.

5/7, 1925 (Address) 1612 E Monument St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Laurel	5/10/25 19
20-UNDERTAKER,	ADDRESS
R C Gross	1405 McElderry

D 98290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Registered No. D 98290

1-PLACE OF DEATH

City of BALTIMORE: (No. 1922 Lemon St. St., 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Emrich

(Residence in Baltimore: No. 1922 Lemon St.; 67 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, May 5th 1858
(Month) (Day) (Year)

7-AGE, 67 yrs. ..... mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... ?
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER Caspar Fell

11-BIRTHPLACE OF FATHER, (State or Country). Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Emrich

(Address) 1922 Lemon St

15-

Filed MAY 10 1925 ROBERT R. KRAMER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 8th 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

at once
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. B. Horton M. D.
(Coroner.)

May 8th 1925 (Address) Curtis Bay.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Balto, Md

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence ..... ?

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Western Cemetery	May 11. 1925

20-UNDERTAKER Chas W. Dill ADDRESS 3109 Fredk. Ave.

Spec—12-23-21—E.B.R.S.—400 Bks.

98291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 98291

1-PLACE OF DEATH

City of BALTIMORE: (No. 5516 Mable Ave St., 27 Ward) Pimlico

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles F Clark

(a) Residence No. 5516 Mable Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary E Clark

6-DATE OF BIRTH (month, day and year) 1864 July

7-AGE. 50 yrs. 10 mos. 2 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer) Gas Prat

(c) Name of employer Normally Steam Boiler

9-BIRTHPLACE (city or town) (State or Country), Ill

PARENTS.

10-NAME OF FATHER, Edward Clark

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ger

12-MAIDEN NAME OF MOTHER, Della Curley

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va

14- (Informant) Mary E Clark

(Address) 5516 Mable Ave

MAY 10 1925

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 8 25

15. I HEREBY CERTIFY, That I attended deceased from June 1-24 19 to May 8 25 19

that I last saw him alive on May 6 25 19

and that death occurred, on the date stated above, at 1-15 PM

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Gastric Cancer

(Duration) 2 yrs. 11 mos. 8 ds.

CONTRIBUTORY (Secondary) General Condition

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D

5/9 (Address) 16 Eutaw Place

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Cathedral Cemetery	5/11 1925
20-UNDERTAKER,	ADDRESS
Charles Fahey	622 Fawn St

Spec—12-23-21—E.B.R.S.—400 Blks.

D 98292

HEALTH DEPARTMENT—CITY OF BALTIMORE

50 D 98292

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hospital St., 25-2 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sister Josephine Margaret Henehan

(a) Residence No. St. Agnes Hospital St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, white

5-Single, ~~Married, Widowed, or Divorced~~, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 62 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Sister of Charity
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, James

11-BIRTHPLACE OF FATHER (city or town) (State or Country), do not know

12-MAIDEN NAME OF MOTHER, " " "

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), " " "

14- (Informant) Sister Mary Clare
(Address) St. Agnes' Hospital

15- MAY 10 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 9, 1925

17- I HEREBY CERTIFY, That I attended deceased from January, 1923, to May 9th, 1925, that I last saw her alive on May 8th, 1925, and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Fibroid cord tumor ?

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Herman B. Allegen M. D.

, 19 (Address) 23 W. Fayette Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery DATE OF BURIAL May 13th, 1925

20-UNDERTAKER Quarten Tobacyl Sons ADDRESS 847 N. Howard St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 98293

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98293

D 98293

CERTIFICATE OF DEATH.

17

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 432 E. Cross St. 24-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herbert Cattuton

(a) RESIDENCE. No. 432 E. Cross St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 27 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	7	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Boots Calvert Co.

PARENTS

10 NAME OF FATHER James Catterton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co. Md.

12 MAIDEN NAME OF MOTHER Victoria Asbury

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co. Md.

14 Informant Mrs V. Catterton

(Address) 432 E. Cross

15 Filed MAY 10 1925 ROBERT S. KRAUTER, Registrar

Burial Permit (illegible)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 1925

17

I HEREBY CERTIFY, That I attended deceased from April 1, 1925, to May 9, 1925, that I last saw him alive on May 7, 1925, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) Indefinate yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. B. L. Campbell, M. D.

May 9, 1925 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Chapel Calvert Co. Md	May 11 1925
20 UNDERTAKER	ADDRESS
John F. Denny	715 Light St

Spec.—1-10-21—M&T—1500 Blks.

D 98294

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98294

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1638-N. Calvert ST., 12-6 WARD)

REGISTERED NO. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Mills Doyle

(a) RESIDENCE NO. 1638-N-Calvert ST., WARD Resident

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. 3 mos. 9 ds. How long in U. S., if of foreign birth? 69 yrs. 3 mos. 9 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles J. Doyle

6 DATE OF BIRTH (month, day, and year) Jany-30-1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm. D. Mills

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lenora Byrne

13 BIRTHPLACE OF MOTHER (city or town) St Mary Co. (State or country) Missouri.

14 Informant Mr. Chas. J. Doyle-Husband

(Address) 1638-N-Calvert St.

MAY 11 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/9 1925

17 I HEREBY CERTIFY, That I attended deceased from — 1922 to 5/8 1925

that I last saw her alive on 5/8 1925

and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus

(duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) General Carcinosis (duration) Gradual yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) W. B. Stephenson, M. D.

5/9, 1925 (Address) 1403 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL May-11-1925.

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor) — ADDRESS 108 W. NORTH AVE

FROM B very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98295

1-PLACE OF DEATH

Registered No. 159-001

City of BALTIMORE: (No. Union Memorial Hospital St., 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Lee Barnett

(a) Residence No. 3720 Falls Rd St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	white	single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Oct 3, 1924

7-AGE,	If LESS than 1 day,
0 yrs. 7 mos. 2 ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Lawrence Barnett

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Edna Garmen

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Edna Barrett

(Address) 3726 Falls Road

15- Filed 192 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MAY 11 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 9/25

17- I HEREBY CERTIFY, That I attended deceased from April 3, 19 25, to May 9, 19 25,

that I last saw her alive on May 9, 19 25,

and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus

congenital (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tumor of brain

congenital (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of April 17, 1925

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Clewell Howell M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
St Mary's Hanover	May 11, 19 25
20-UNDERTAKER.	ADDRESS.
Ebenezer H. Lee	3417 Chestnut Ave

D 98296

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98296

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2425 Mt Holly St., 15-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie S. Herring

(Residence in Baltimore: No. 2125 Mt Holly St.; yrs., 25 mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
F	N	Widow

6-DATE OF BIRTH, Jan. (Month) 30 (Day) 1860 (Year)

7-AGE, 64 yrs. 4 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... Work at Home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Thomas Jones

11-BIRTHPLACE OF FATHER, (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Susan Dorsey

13-BIRTHPLACE OF MOTHER, (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Walter Brown

(Address) 2125 Mt Holly

15-

Filed ..... 192.. MITCH R. KRAUTER, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7 (Month) (Day) 192.5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
no other history

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Found dead in bath tub.

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. T. Hennessy, M. D.
(Coroner.)

May 9 1925 (Address) 2102 Edmondson Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loraine Cemetery	May 11, 1925
20-UNDERTAKER, W. M. Rowlson	ADDRESS 2238 W Pratt

Spec.—1-10-21—M&T—1500 Bks.

98297.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16 V D 98297

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital WARD) 15-12

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Palmer

(a) RESIDENCE NO. 2021 W. North Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5/8/25

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country)

PARENTS

10 NAME OF FATHER Frederick A Palmer

11 BIRTHPLACE OF FATHER (city or town) Pennsylvania
(State or country)

12 MAIDEN NAME OF MOTHER Dolores Broyden

13 BIRTHPLACE OF MOTHER (city or town) Phila, Pa.
(State or country)

14 Informant Dolores Palmer
(Address) 2021 W North Ave

15 MAY 11 1925 MILTON R. KRAUTER Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/9/25 19

17 I HEREBY CERTIFY, That I attended deceased from 5/8/25, 19..., to 5/9/25, 19...,

that I last saw him alive on 5/9/25, 19...,

and that death occurred, on the date stated above, at 3.50 A m.

The CAUSE OF DEATH* was as follows:

Atelectasis (congenital)

From birth (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Asphyxia (duration) yrs. mos 12 hrs

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Thos Spaulding M. D.

, 19 (Address) 111 E Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

DATE OF BURIAL May 11 1925

20 UNDERTAKER W M Rowson

ADDRESS 2238 N Monto

Spec.—1-10-21—M&T—1500 Blks.

D 98298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 98298

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 Park ave ST., 11-2 WARD)

2-FULL NAME Thomas Bell

(a) RESIDENCE NO. 1125 Park ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L. Bell

6 DATE OF BIRTH (month, day, and year) Sept. 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sexton

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Prince George Co Prince George Co.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Prince George Co.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Prince George Co

14 Informant Mrs Mildred Bell

(Address) 1125 Park Ave

15 MAY 11 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 - 1925

17

I HEREBY CERTIFY, That I attended deceased from March 23, 1925, to May 9, 1925, that I last saw him alive on May 8, 1925, and that death occurred, on the date stated above, at 2a. m.

The CAUSE OF DEATH* was as follows:

myocarditis 5 years

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) arterio-sclerosis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted If not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical signs & symptoms

(Signed) John E. Lanier, M. D.

5/9, 1925 (Address) 14 a N. Mount

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL May 11 1925

20 UNDERTAKER Samuel T Hemsley — ADDRESS 578 N Dakota

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98299

CERTIFICATE OF DEATH.

90 ✓

D 98299

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 W. Hoffman ST., 11-1 WARD)

2-FULL NAME Charles O. Lawson

(a) RESIDENCE No. 132 W. Hoffman ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Whole life mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5/1/1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Park Theatre

9 BIRTHPLACE (city or town) (State or country) Easton Md

PARENTS

10 NAME OF FATHER Chas O Lawson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Winkelmeyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Chas O Lawson Jr 11
(Address) 132 W Hoffman

15 MAY 11 1925 19 ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8, 1925

17 I HEREBY CERTIFY, That I attended deceased from May 1 1920, 19..., to May 8th 1925, that I last saw him alive on May 6th 1925, and that death occurred, on the date stated above, at 7.15 A, m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hard work

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L. D. Lightner, M. D.

5.8. 1925 (Address) 711 N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL May 11 1925

20 UNDERTAKER Samuel P Kemsley

ADDRESS 578 Biddle

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98300

CERTIFICATE OF DEATH.

13-5 90

REGISTERED NO. D 98300

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., or WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nancy Smith

(a) RESIDENCE NO. 2430 McCollough ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE: Years 60yr. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ga.

PARENTS

10 NAME OF FATHER Jim Hamilton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga

12 MAIDEN NAME OF MOTHER Ruth Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga

14 Informant Municipal Hospital Records (Address)

MAY 11 1925 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8 1925

17 I HEREBY CERTIFY, That I attended deceased from April 25, 1925, to May 8, 1925, that I last saw her alive on May 8, 1925 and that death occurred, on the date stated above, at 2:30P m.

The CAUSE OF DEATH* was as follows:

Hypertension, Chronic myocarditis (degenerative) myocardial failure

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Peritonitis - general

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory & autopsy

(Signed) W. Lindsay Miller, M. D.

5/9, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: May 11 1925

20 UNDERTAKER: Wm. H. Slade Son — ADDRESS: 1400 Mosher

Spec.—1-10-21—M&T—1500 Bks.

D 98301

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98301

CERTIFICATE OF DEATH.

15-4 — 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3112 Oakfield ave ST., 15 WARD)

2-FULL NAME Eugene Lawrence Mann

(a) RESIDENCE No. 3112 Oakfield ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Claudia Conn Mann

6 DATE OF BIRTH (month, day, and year) Aug 15. 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Consolidated Gas Co Baltimore

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER William Mann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Unknown Md

12 MAIDEN NAME OF MOTHER Mary J Cooney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) San Balto Md

14 Informant Mrs Claudia Conn Mann

(Address) 3112 Oakfield ave.

15 Filed ..... 19 ..... ROBERT R. KRAUTER Registrar

MAY 11 1925 Current Female Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 12 1925 to May 9 1925 that I last saw h alive on May 8 1925 and that death occurred, on the date stated above, at 8.30 a m.

The CAUSE OF DEATH* was as follows:

Aortic insufficiency - Chronic interstitial Nephritis - Heart took Acute -

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Irving Medinger, M. D.

May 9. 1925 (Address) 10 E. North ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	May 12 1925

20 UNDERTAKER ADDRESS

John B Spence 1325 N Caroline St

FROM REVERSE SIDE OF CERTIFICATE. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98302

D 98302

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2408 E Fayette ST., 6-37 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Balthasar E. Bentz

(a) RESIDENCE NO. 2408 E Fayette ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 30/1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Hahn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothy Lauhsen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs A C Buckhorn

(Address) 2408 E Fayette St

Filed MAY 11 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8 1925

17 I HEREBY CERTIFY, That I attended deceased from May 2, 1925, to May 8, 1925, that I last saw h alive on May 7, 1925, and that death occurred, on the date stated above, at 4-20 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam B Leuman M. D.

5/11, 1925 (Address) 7187 Pulaski Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	May 12 1925
20 UNDERTAKER	ADDRESS
George J Smith	1534 Hollins

FROM the very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 98303 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98303

CERTIFICATE OF DEATH.

1-PLACE OF DEATH [redacted]

CITY OF BALTIMORE: (No. 3220 Piedmont ST., 15-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John L. Schreyer

(a) RESIDENCE NO. 3220 Piedmont ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Mch	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Schreyer

6 DATE OF BIRTH (month, day, and year) June 14-1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	10	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Iron

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Washington, D.C.
(State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Conrad Schreyer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Von Wiegner

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs Sophie Schreyer
(Address) 3220 Piedmont St.

15 Filed MAY 11 1925 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10 1925

17

I HEREBY CERTIFY, That I attended deceased from April 29, 1925, to May 10, 1925, that I last saw him alive on May 9, 1925, and that death occurred, on the date stated above, at 12:40 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage - apoplexy.

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs and symptoms

(Signed) L. T. Shemwell, M. D.

May 10, 1925 (Address) 2226 Madison Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL May 12th 1925

20 UNDERTAKER F. A. Krause & Son.

ADDRESS 703 Hanover

TION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK

Cor.—1-12-23—M&T—100 Bks.

D. 98304 HEALTH DEPARTMENT—CITY OF BALTIMORE D. 98304

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Hunton

(a) RESIDENCE NO. 166 East St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hunton

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
46 to 48	yrs		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Barber
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9 BIRTHPLACE (city or town) N. C.
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Mrs. Mary Hunton
(Address) 166 East Street

15 Filed May 20 1925, 192 Robert P. Harrison, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Nephritis

Duration Rheumatism

CONTRIBUTORY (Secondary) Pneumonia, (duration) yrs. mos. ds.

(Signed) H. H. Kerr, M. D.
(Coroner.)
May 18 1925 (Address) 1429 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Southern Pines N.C.	May 20 1925
20 UNDERTAKER	ADDRESS
J. Mac R. G. Elliott	1125 Eutaw

Spec.—1-10-21—M&T—1500 Blks.

1906 62

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98305

D 98305

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 26-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Flynn

(a) RESIDENCE No. Oldgate Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 18-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Albert Flynn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Gonnetheme

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

MAY 11 1925 HUBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 1925

17

I HEREBY CERTIFY, That I attended deceased from April 25, 1925, to May 9, 1925, that I last saw ~~be alive~~ on May 9, 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(duration) yrs. 1 mos. 21 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? None

(Signed) C J Scott, M. D.

5-10-25 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cem.

DATE OF BURIAL May 11 1925

20 UNDERTAKER Lilly and Zeiler

ADDRESS 403 S. Wolfe St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98306

CERTIFICATE OF DEATH.

101 001

D 98306

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 Stiles ST., 3-1 WARD)

2-FULL NAME Frank Del Grosso

(a) RESIDENCE No. 1011 Stiles ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) January 19 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	3	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) plo

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Nicholas Del Grosso

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Josephine Richie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt

14 Informant Nicholas Del Grosso
(Address) 1011 Stiles

15 MAY 11 1925 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10 1925

17 I HEREBY CERTIFY, That I attended deceased from April 26, 1925, to May 10, 1925, that I last saw h. living alive on May 10, 1925 and that death occurred, on the date stated above, at 4:00 m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia -

(duration) ..... yrs. ..... mos 14 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) ..... yrs. ..... mos. 14 ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) S. Damaco, M. D.

5-11 1925 (Address) 1614 Lindenave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL May 12 1925

20 UNDERTAKER Wendell Diffel & Son — ADDRESS 378 Linn

Spec.—1-10-21—M&T—1500 Blks.

D 98307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98307

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3847 Garrison Ave 15-1 WARD)

REGISTERED NO. 161-09

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eldridge Graff Keedy

(a) RESIDENCE No. 3847 Garrison Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) April 24-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	✓	✓	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER E. Eldridge Keedy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Kathryn B. Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Katherine B. Keedy

(Address) 3847 Garrison Ave

MAY 11 1925 MIDDLETON R. ADAMS Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10 1925

17

I HEREBY CERTIFY, That I attended deceased from April 24, 1925, to May 10, 1925, that I last saw him alive on May 10, 1925, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) ✓ yrs. ✓ mos. 16 ds.

CONTRIBUTORY (Secondary) Premature birth. 7th Month

(duration) ✓ yrs. ✓ mos. 16 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No What test confirmed diagnosis? Physical Examination

(Signed) James C. Ohler, M.D.

May 10 1925 (Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet DATE OF BURIAL May 11 1925

20 UNDERTAKER John C. Mitchell ADDRESS 1210 W. Fayette St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 98308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98308

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4207 Maine Ave. ST., 28-2 WARD)

REGISTERED NO. 57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Louise Roloson

(a) RESIDENCE NO. 4207 Maine ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Olis Roloson

6 DATE OF BIRTH (month, day, and year) Aug. 15 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home duties

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John A Codling

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Jane Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Helen R. Wilcoxon (Address) 4207 Maine ave

15 MAY 11 1925 ROBERT R. ADAMS Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10 1925

17

I HEREBY CERTIFY, That I attended deceased from May 1 1925, to May 10 1925,

that I last saw h alive on May 10 1925,

and that death occurred, on the date stated above, at 9P m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis – Diabetes —

myocarditis – B

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. about mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Physical + Laboratory

(Signed) Walter Abbott, M. D.

May 11 1925 (Address) 2220 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	May 13 1925

20 UNDERTAKER John O Mitchell ADDRESS 1201 W. Fayette

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98309

CERTIFICATE OF DEATH.

D 98309

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1117 Eutaw St. (St.) (10-2 Ward)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Harrington

(a) RESIDENCE NO. 1117 Eutaw ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a If married, widowed, or divorced (or) WIFE of Thos. Harrington

6 DATE OF BIRTH (month, day, and year) Feb. 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	3		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md May 10 1870

PARENTS

10 NAME OF FATHER John Otto

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Pennypitt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Milton Harrington 1117 E Eutaw St.

15 Filed ..... 1925 ROBERT P. KRAMER Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broken Compensation

(duration) yrs. mos. 1 ds.

(Signed) Geo Edmonds Bates M. D. (Coroner.)

192 (Address) 143 N Paca

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	5/11/1925

20 UNDERTAKER J. A. Moran ADDRESS 3000 E. Baltimore

Spec.—1-10-2i—M&T—1500 Blks.

98310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 98310

1-PLACE OF DEATH Univ. of Md. Hospital

CITY OF BALTIMORE: (No. Lombard & Greene ST., 16 WARD)

REGISTERED NO. 117

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Oscar Wirtberg

(a) RESIDENCE NO. 3004 Grayson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Wirtberg

6 DATE OF BIRTH (month, day, and year) Aug 9 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	39	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Florida

PARENTS

10 NAME OF FATHER Olaf Wirtberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sweden

12 MAIDEN NAME OF MOTHER Mary Lawless

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Georgia

14 Informant Hospital (Address)

15 MAY 11 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-10 1925

17

I HEREBY CERTIFY, That I attended deceased from 5-1, 1925 to 5-10, 1925, that I last saw h[illegible] alive on 5-10, 1925, and that death occurred, on the date stated above, at 12.05 A. m.

The CAUSE OF DEATH* was as follows:

Subacute appendicitis (appendectomy 5-3-25)

Cachexia + necrosis of base of cecum

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Peritonitis (generalized)

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 5-3-25

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) G. L. Anderson, M. D.

1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	May 11 1925

20 UNDERTAKER E. LeRoy Stiffler

ADDRESS 1725 E North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98311

CERTIFICATE OF DEATH.

D 98311

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 25-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph McAlleter

(Residence in Baltimore: No. Fairfield - Balto. Md St. /yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Cold

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-DATE OF BIRTH, Unknown ..... 1.....
(Month) (Day) (Year)

7-AGE, about 35 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) F. S. Royster Fertilizer Works

9-BIRTHPLACE, (State or Country), R C

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country) Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Major Jones

(Address) Fairfield Md

MAY 11 1925 ROBERT R. KRAUTER
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 7th 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, Autopsy or inquiry.) thereon and from the evidence obtained by Autopsy (Inquest, Autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Dilatation Heart

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thos. E. Horton M. D.
(Coroner)

May 11 1925 (Address) Curtis Bay Balto. Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, M.T. auburn cemetery

DATE OF BURIAL, may 11 1925

20-UNDERTAKER, Edward Bryan

ADDRESS 1631 orleans st

D 98312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98312

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 309 W. Preston St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Wm. H. Jackson

(Residence in Baltimore: No. 309 W. Preston St. St.; yrs. 9 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	married

6-DATE OF BIRTH. About 1875
(Month) (Day) (Year)

7-AGE, 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Janitor
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country),

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER, (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Wm. H. Jackson

(Address) 309 W. Preston St.

15-

Filed ..... 192 ROBERT R. PRENTISS, Registrar.

Burial Permit (illegible)

MAY 11 1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 8, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Alcoholism

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

May 9, 1925 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, May 12, 1925

20-UNDERTAKER, Charles Alexander — ADDRESS 1706 Edmondson Ave

Spec.—1-10-21—M&T—1500 Blks.

D 98313 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

111-00

D 98313

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Md Gen Hosp ST., 21 WARD 3

2-FULL NAME William Paul

(a) RESIDENCE NO. 153 Dorchester Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Paul

6 DATE OF BIRTH (month, day, and year): Jan 7, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk 023

(b) General nature of industry, business, or establishment in which employed (or employer): Laundry

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: John Paul

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balt, Md.

12 MAIDEN NAME OF MOTHER: M. Imhoff

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. William Paul

(Address) 153 Dorchester Ave.

15 MAY 11 1925 Burial Permit Issued ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 11 1925

17 I HEREBY CERTIFY, That I attended deceased from April 26, 1925, to May 11, 1925, that I last saw him alive on May 11, 1925 and that death occurred, on the date stated above, at 5.35 P. m.

The CAUSE OF DEATH* was as follows:

Tertiary Lues

(duration) 15 yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion from Diarrhea (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 5/7/25

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Jno A Compton M. D.

, 19 (Address) 2nd Sub Dept

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	May 14 1925
20 UNDERTAKER	ADDRESS
William Cook	572 E. Fayette Ave

PRINT in very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

Dr Tibbett 2220 Garrison Ave

D 98314

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98314

CERTIFICATE OF DEATH.

11-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 Clifton Ave ST., 15-11 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Karoline Belz

(a) RESIDENCE No. 1819 Clifton Ave ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Belz

6 DATE OF BIRTH (month, day, and year) Sept 26, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Henry Mihm

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary A. Belz

(Address) 1819 Clifton Ave.

15 Filed ..... 19 ..... HUBERT R. KRAUTER, Registrar

MAY 11 1925 Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10 1925

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to May 10, 1925, that I last saw h[illegible] alive on May 9, 1925, and that death occurred, on the date stated above, at 3 25 a. m.

The CAUSE OF DEATH* was as follows:

Influenza infection — Bronchitis

(duration) ..... yrs. ..... mos 10 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Walter Tibbett, M. D.

May 14 25, 19 (Address) 2220 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL May 12 1925

20 UNDERTAKER Wm. Cook

ADDRESS 502 E. North Ave

Spec.—1-10-21—M&T—1500 Bks.

D 98315

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98315

CERTIFICATE OF DEATH.

41

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. Mercy Hospital ST., 27-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Ethel Stone

(a) RESIDENCE NO. 7 Ailsa Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a If married, widowed, or divorced (or) WIFE of Howard Stone

6 DATE OF BIRTH (month, day, and year) June 27, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	34.	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 37

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Michael Hunton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Annie Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Howard R. Stone

(Address) 7 Ailsa Ave

15 MAY 11 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10, 1925

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1925, to May 10, 1925, that I last saw her alive on May 10, 1925, and that death occurred, on the date stated above, at 6.40 P. m.

The CAUSE OF DEATH* was as follows:

Multiple Abscess

(duration) yrs. mos 29 ds.

CONTRIBUTORY (Secondary) Endocarditis, septicemia

(duration) yrs. mos. 25 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of April 27, 25

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) K. W. Kelly, M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park DATE OF BURIAL May 13 1925

20 UNDERTAKER J. H. Cook ADDRESS 502 E. Fayette Ave.

Fold back of certificates. Very important. See instructions on back.

Spec.—1-10-21—M&T—1500 Bks.

Dr Gustave Johns 3014 St Paul St.

D 98316 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

D 98316

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 406 Louden Lane ST., 20-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Phelps Wise

(a) RESIDENCE No. 406 Louden Lane ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry W Wise

6 DATE OF BIRTH (month, day, and year) July 21, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	9	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Delaware

PARENTS

10 NAME OF FATHER James A. Bates

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Margt Cavenaugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant Henry G Wise

(Address) 406 Louden Lane

15 MAY 11 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan. 19 25. to May 10 19 25.

that I last saw her alive on May 9th 19 25.

and that death occurred, on the date stated above, at 10 45 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Endarteritis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Gustave C. Johns, M. D.

5/11/1925 (Address) 3014 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Nicholas, St Marys & DATE OF BURIAL May 12 1925

20 UNDERTAKER Wm Cook ADDRESS 502 E North Ave

D 98317 HOLTON

HEALTH DEPARTMENT—CITY OF BALTIMORE D 98317

CERTIFICATE OF DEATH.

28-4 90

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. 4400 Walnut Avenue St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... David P. Holton .....

(Residence in Baltimore: No. 4400 Walnut Avenue St.; yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. ..... May 12th 1845
(Month) (Day) (Year)

7-AGE. 81 yrs. 11 mos. 26 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... Dukers Sash Factory

9-BIRTHPLACE. (State or Country). Baltimore, Maryland

PARENTS.

10-NAME OF FATHER. Holton

11-BIRTHPLACE OF FATHER. (State or Country). England

12-MAIDEN NAME OF MOTHER. Mary McGuigan

13-BIRTHPLACE OF MOTHER. (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Mrs. Elizabeth Holton

(Address)..... 4400 Walnut Avenue

15- MAY 11 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. ..... May 8th 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Org. cardiac disease

..... (Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)

5-9 ..... 192 5 (Address) 2802 Edmondson Ave.

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Harlem	May 11 1925
20-UNDERTAKER. Fox & Cook	ADDRESS 1003 N Bond St

Spec.—1-10-21—M&T—1500 Bks.

D 98318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-901 D 98318

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 W Biddle ST., 11-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georga Tyler —

(a) RESIDENCE No. 107 W. Biddle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? ~~yrs.~~ ~~mos.~~ ~~ds.~~

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Georgia Tyler.

6 DATE OF BIRTH (month, day, and year): Dec 10- 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75 years	4	29	

8 OCCUPATION OF DECEASED: Formerly Waiter — Late Present None

(a) Trade, profession or particular kind of work: Waiter — None

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Maryland —

PARENTS

10 NAME OF FATHER: London Tyler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland —

12 MAIDEN NAME OF MOTHER: Priscilla Primrose

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Georgia Tyler Wife

(Address): 107 W Biddle

Filed . 19

HUBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 8th 1925

17 I HEREBY CERTIFY, That I attended deceased from April 23 , 1925 , to May 8th , 1925.

That I last saw him alive on May 7th , 1925.

And that death occurred, on the date stated above, at 1-P m.

The CAUSE OF DEATH* was as follows:

Senile Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

about (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Samuel A Bain , M. D.

, 19 (Address) 937 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: May 11 1925

20 UNDERTAKER: Arch R Hemsley ADDRESS: 1078 W Baltimore St

Spec.—1-10-21—M&T—1500 Bks.

D 98319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98319

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) JOHNS HOPKINS HOSPITAL ST., 18-2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Klein

(a) RESIDENCE NO. 944 N. Baltimore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 26 - 1919

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	5	6	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Joseph Klein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Maria Scheraus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant (Address) Records JOHNS HOPKINS HOSPITAL.

15 MAY 11 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10 19 25

17

I HEREBY CERTIFY, That I attended deceased from April 24, 1925, to May 10, 1925.

that I last saw him alive on May 10, 1925

and that death occurred, on the date stated above, at 7 30 P. m.

The CAUSE OF DEATH* was as follows:

Lymphosarcoma, Cervical & mediastinal glands.

(duration) yrs. mos. ? ds.

CONTRIBUTORY (Secondary) Metastases to lungs.

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A W Jacobson M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rosedale	5-11 19 25
20 UNDERTAKER	ADDRESS
Jack Lewis	1434 E Baltimore

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98320

CERTIFICATE OF DEATH.

90 D 98320

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 572½ N. Gay St., 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary L. Sullivan

(a) Residence No. 572½ N. Gay St., ... Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, ~~Married~~, Widowed, ~~or Divorced~~, (Write the word.) widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Thomas Sullivan

6-DATE OF BIRTH (month, day and year) Aug 1843

7-AGE, 81 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Hairdresser

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, James Courtney

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mat Green

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), "

14- (Informant) Miss May Thompson

(Address) 572½ N. Gay St

MAY 11 1925

Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 9 1925

17- I HEREBY CERTIFY, That I attended deceased from March 19, 1925 to May 9 1925

that I last saw h[illegible] alive on May 9 1925

and that death occurred, on the date stated above, at 9 P. ....m.

The CAUSE OF DEATH* was as follows:

Chronic Palmar Head Disease

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Aortic Insufficiency

(Duration) 10 yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) John D. Fell M. D.

May 11, 1925 (Address) 9369 Monument St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
New Cathedral	May 12, 1925
20-UNDERTAKER,	ADDRESS
Geo M Smith & Son	811 N Howard

Spec.—1-12-23—M&T—500 Bks.

D 98321 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98321

CERTIFICATE OF DEATH. 6-37-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Wolty

(a) RESIDENCE NO. 428 N Rose ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER ? Eckhardt

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Municipal Hospital Records (Address)

15 Filed MAY 11 1925 T. A. W. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 1925

17 I HEREBY CERTIFY, That I attended deceased from May 7, 1925, to May 9, 1925, that I last saw her alive on May 9, 1925 and that death occurred, on the date stated above, at 9:10 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Rt Hemiplegia (cerebral hemorrhage)

(duration) 1 yrs. (History) mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W. Lindsay Miller, M. D.

5/10/ 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cem	May 12 1925
20 UNDERTAKER	ADDRESS
Peter Nicolaus Zoco	Eastern Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98322

CERTIFICATE OF DEATH.

31

D 98322

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2209 St Paul ST., 12-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Franklin Turner

(a) RESIDENCE No 2209 St Paul ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a If married, ~~widowed~~, or ~~divorced~~
HUSBAND of
(or) ~~WIFE of~~ Mrs J. F. Turner

6 DATE OF BIRTH (month, day, and year) July 29th 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	59	9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Groceries & Provisions

(b) General nature of industry, business, or establishment in which ~~employed~~ (or employer) 045

(c) Name of employer J Frank Turner

9 BIRTHPLACE (city or town) Charles Co
(State or country) Md

PARENTS

10 NAME OF FATHER John R Turner

11 BIRTHPLACE OF FATHER (city or town) Charles Co
(State or country) Md

12 MAIDEN NAME OF MOTHER Mary H. Hall

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14 Informant Mrs. J Frank Turner
(Address) 2209 St Paul St

15 MAY 11 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Filed.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10th 1925

17

I HEREBY CERTIFY, That I attended deceased from January 12, 1925, to May 10, 1925, that I last saw h~~e~~ alive on May 7, 1925, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis: Uraemia

Symptoms:
(duration) — yrs. — mos 16 ds.

CONTRIBUTORY (Secondary) Tuberculosis pulm.
(duration) 13 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Louis P. Hamburger, M. D.

May 11, 1925 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem — DATE OF BURIAL May 12th 1925

20 UNDERTAKER Henry W Jenkins & Son — ADDRESS Edmondson Ave & College Pl

Spec.—1-10-21. M&T 1500 Bks.

D 98323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

D 98323

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 316 Gittings Ave ST., 27-7 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Clifford Smith

(a) RESIDENCE NO. 316 Gittings Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of late Robert A. Smith

6 DATE OF BIRTH (month, day, and year) August 25th 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Samuel H Clifford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Conn

12 MAIDEN NAME OF MOTHER Mary Folger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Mrs Walton

(Address) 316 Gittings Ave Baltimore

15 MAY 11 1925 ROBERT R. KRAUTER

Filed ....., by ..... Burial Permit Clerk (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9th 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr 12, 1925, to May 9, 1925, that I last saw h[illegible] alive on May 9, 1925, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Generalized Arteriosclerosis

Chr. Arterial Hypertension.

About 4 (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (duration) yrs. mos 2 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Carroll Lockard, M. D.

May 11 1925 (Address) 42 Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	May 12th 1925
UNDERTAKER	ADDRESS
Henry W Jenkins & Son Inc	Orchard & Caldcleugh St

PART B TO BE FILLED IN BY REGISTRAR. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

HEALTH DEPARTMENT—CITY OF BALTIMORE

98324

CERTIFICATE OF DEATH.

66 May 2 D 98324

1-PLACE OF DEATH
CITY OF BALTIMORE (No. City Jail St.; 1 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward A. Beaton.

(Residence in Baltimore: No. 1015 S. Linwood St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Wid

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Mariner do
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Malcom Beaton

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Mary Marrin

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ethel Beaton

(Address) 1015 S. Linwood

15-

Filed ..... 191.....

MAY 11 1925 HUBERT R. ....

Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 9, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Colitis

Duration ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

Duration ..... yrs. ..... mos. ..... ds.

(Signed) W. T. Riley (Coroner.) M. D.

May 9, 1925 (Address) 2 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cemetery	May 12, 1925
20-UNDERTAKER Lilly & Zeiler	ADDRESS 403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

D 98325

Dr Patt
Hudson St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 98325

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Patapsco Ave. Bet. Hudson & Wait ave. ST., 26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Schmidt.

(a) RESIDENCE NO. Patapsco Ave Bet Hudson and Wait ave. ST., 26 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late John D. Schmidt

6 DATE OF BIRTH (month, day, and year) April 5th 1843

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Fred Kinetter.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant George Snyder

(Address) Patapsco Ave Bet. Wait & Hudson Sts

15 MAY 11 1925 HUBERT R. KRAUTH. Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10th 1925

17

I HEREBY CERTIFY, That I attended deceased from March 19 25, to May 9 19 25

that I last saw her alive on April 9 19 25

and that death occurred, on the date stated above, at 1.10 P m.

The CAUSE OF DEATH* was as follows:

Senile Bronchitis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) W. L Burke, M. D.

May 12 1925 (Address) 3042 Hudson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Forest Lawn. Little Country	May 12 1925
20 UNDERTAKER Lilly & Zeiler	ADDRESS 4038 Wolfe St.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98326

CERTIFICATE OF DEATH.

D 98326

1-PLACE OF DEATH Christ Institutional Hospital 704 Druid Hill Ave

City of BALTIMORE: (No. 1238 Central ave Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Conser

(a) Residence No. 125 S. Central ave Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of G. W. Conser

6-DATE OF BIRTH (month, day and year) Aug 10-1847

7-AGE, 78 yrs. 8 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), South Carolina

PARENTS.

10-NAME OF FATHER Simon Doperell

11-BIRTHPLACE OF FATHER (city or town) (State or Country), South Carolina

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14-INFORMANT Simon Doperell

(Address) Aberdeen Md.

15-FILED MAY 11 1925 ROBERT R. ROUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 10-25.

17- I HEREBY CERTIFY, That I attended deceased from May 8 1925 to May 10 1925 that I last saw her alive on May 10 1925 and that death occurred, on the date stated above, at 12.30 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy & Chronic Bright's Disease and Complication.

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Bright's Disease

(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W W Kennard M. D

4-10. 1925 (Address) 28 Enoch St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Aberdeen — DATE OF BURIAL, May 12 1925

20-UNDERTAKER Henry Harrington Sons — ADDRESS Aberdeen Md

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98327

1-PLACE OF DEATH

City of BALTIMORE: (No. 813 S. Ellwood ave St., 1 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Blischke

(a) Residence No. 813 S. Ellwood ave St., 1 Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (Write the word) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Blischke

6-DATE OF BIRTH (month, day and year) Jan. 11-1850

7-AGE. 75 yrs. 4 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Balto. Md

PARENTS.

10-NAME OF FATHER Anton Hefpler

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Not known

14- (Informant) Emma M. Nelson

(Address) 813 S. Ellwood ave

15- Filed MAY 11 1925 ROBERT J. KRAUTH Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 10-1925

17- I HEREBY CERTIFY, That I attended deceased from May 9, 1925 to May 10, 1925

that I last saw h alive on May 9, 1925

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis not known (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of no

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Wm J McAvoy M. D.

May 11, 1925 (Address) 839 S. Ellwood ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem DATE OF BURIAL May 13 1925

20-UNDERTAKER Funkler Funkler ADDRESS 1739 Eager

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98328 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. D 98328

1-PLACE OF DEATH St. Josephs Hospital 1-3 Registered No. 98328

City of BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry J. Kues

(a) Residence No. 813 South Eastwood St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
M	W	Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Katie Kues

6-DATE OF BIRTH (month, day and year) Oct. 17. 1886

7-AGE. 38 yrs. 7 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Fireman
(b) General nature of industry, business, or establishment in which employed (or employer) O&B
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, August Kues

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto, Md.

12-MAIDEN NAME OF MOTHER, Ella M. Weitzel

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Penna.

14- (Informant) Hospital Records

(Address)

15- MAY 11 1925 ROBERT R. KRAUTER Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 10- 1925

17- I HEREBY CERTIFY, That I attended deceased from May 9 1925 to May 10 1925

that I last saw him alive on May 10 1925

and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Perforated Gastric Ulcer

(Duration) yrs. 6 mos. 7 ds.

CONTRIBUTORY (Secondary) Gen. Peritonitis

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of May 9/25

Was there an autopsy? no

What test confirmed diagnosis? Laparotomy of

(Signed) Geo B Gilbert M. D.

, 19 (Address) St. Josephs Hosp

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt. Carmel Cem — DATE OF BURIAL, May 13 1925

20-UNDERTAKER, Forkler & Forkler — ADDRESS 1739 Eager

Spec. 1-10-21 M&T 1500 Nbs.

D 98329 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98329

CERTIFICATE OF DEATH.

24-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St., or, WARD) 1022

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick Gunning.

(a) RESIDENCE NO. Preston & Valley Sts. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Mariann Byrne.

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ireland
(State or country)

PARENTS

10 NAME OF FATHER Patrick Gunning

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Kate Kelly.

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant Sister Florence
(Address) Public Home

15 Filed ~~MAY~~ 19 ~~1925~~ ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 1925

17

I HEREBY CERTIFY, That I attended deceased from No record, 19..., to ..., 19...,

that I last saw h. alive on May 3, 1925,

and that death occurred, on the date stated above, at 3.15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) T. A. Warren, M. D.

May 10, 1925 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross — DATE OF BURIAL May 11, 1925

20 UNDERTAKER R. C. Niedfeld — ADDRESS 914 Gremmb Pl

Spec.—1-10-21 M&T 1500 Blks.

D 98330

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98330

CERTIFICATE OF DEATH.

160

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 N. Central ST., 5 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Ross

(a) RESIDENCE NO. 622 N. Central ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ——

6 DATE OF BIRTH (month, day, and year) May 9. '25

7 AGE	Years	Months	Days	If LESS than 1 day, ~~2~~ hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ——

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer ——

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Andrew Ross

11 BIRTHPLACE OF FATHER (city or town) Warwick Co. Va.
(State or country)

12 MAIDEN NAME OF MOTHER Viola Hutchinson

13 BIRTHPLACE OF MOTHER (city or town) Mt. Airy Md.
(State or country)

14 Informant Viola Ross
(Address) 622 N. Central Ave

15 1925 Robert P. Harrison, ..., 19 ..... Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 1925

17 I HEREBY CERTIFY, That I attended deceased from May 9, 1925, to May 9, 1925, that I last saw h.. alive on May 9, 1925, and that death occurred, on the date stated above, at 4:10 A. m.

The CAUSE OF DEATH* was as follows:

Malnutrition

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) W. L. Berry, M. D.

, 19 (Address) 1500 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
HOPKINS HOSPITAL	MAY 11 1925
20 UNDERTAKER [redacted] Home	ADDRESS
[redacted]	

Spec.—1-10-21—M&T—1500 Bks.

D 98331 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98331

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 W. North ave ST., 13-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cecelia Regina Reilly

(a) RESIDENCE NO. 804 W. North ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 12-1873

7 AGE: Years 52 | Months 2 | Days 26 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer): 968

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Wm P. Reilly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Mary F. Byrne

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Jas Reilly

(Address) 804 W. North ave

15 1 1925 Robert F. Garriner

Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 10 1925

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1925, to May 10, 1925, that I last saw h alive on May 10, 1925, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Pyloric Obstruction

(duration) yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? + Roy —

(Signed) Harvey S. Beach, M. D.

, 19 (Address) 20 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 5/13 1925

20 UNDERTAKER: Chas R Pramberton — ADDRESS: 1181 W Royal ave

Spec.—1-10-21—M&T—1500 Blks.

D 98332

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98332

CERTIFICATE OF DEATH.

X 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) Mrs. Hope Retreat ST. 28-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John C Gemmell

(a) RESIDENCE: NO. Mt. Pleasant Pa. ST., 28 WARD Mt. Pleasant, Pa.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 2 ds. How long in U. S., if of foreign birth? 77 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) July-1847

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	unknown		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Pittsburg (State or country) Pa.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country)

14 Informant Mrs. Hope Reeves (Address) Bolts. Md

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11 1925

17 I HEREBY CERTIFY, That I attended deceased from April 17, 1925, to May 11, 1925, that I last saw him alive on May 10, 1925, and that death occurred, on the date stated above, at 6.15 a. m.

The CAUSE OF DEATH* was as follows:

Uremia - Acidosis.

(Acute Mania) Chr. Interstitial Nephritis. — unknown

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Exhaustion + Senility

unknown (duration) — yrs. + mos. — ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Steel, M. D.

, 19 (Address) Wylie A. Resolutions Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Pleasant - Pa. DATE OF BURIAL May 11 1925

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

D 98333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 65

D 98333

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 4-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John S Shreve

(a) RESIDENCE NO. Trenton N. J. ST., WARD Trenton N.J.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 7 ds. How long in U. S., if of foreign birth? 30 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk 009

(b) General nature of industry, business, or establishment in which employed (or employer) Hospital Clerk

(c) Name of employer State Hospital

9 BIRTHPLACE (city or town) (State or country) Canada

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mercy Hospital

(Address) Female

Registered May 1925, 19 Adolph F. Herrmann, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-11-1925

17

I HEREBY CERTIFY, That I attended deceased from 5-4-1925, 19 ..... to 5-11-1925, 19 .....

that I last saw h— alive on 5-11-1925, 19 .....

and that death occurred, on the date stated above, at 4:10 a. m.

The CAUSE OF DEATH* was as follows:

Hodgkins Disease

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Removal of Gland for diag. Date of 5-6-25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) N. W. Worthington, M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trenton N.J. DATE OF BURIAL May-11-1925

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Blks.

(Tarlton)

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98334

D 98334

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 432 E Clement ST., 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James P Tarleton

(a) RESIDENCE NO. 432 E Clement ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2/5/1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer (40

(b) General nature of Industry, business, or establishment in which employed (or employer) Chemical

(c) Name of employer Plant.

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER James P Tarleton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary C Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs M Carbeau (Address) 432 E Clement.

15 Filed 1 1925, 19 Robert P. Harrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/9 1925

17 I HEREBY CERTIFY, That I attended deceased from 10/24, 1924, to 5/9, 1925, that I last saw h[illegible] alive on 5/8, 1925, and that death occurred, on the date stated above, at 3:40 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no What test confirmed diagnosis? Physical findings

(Signed) James Brown M. D.

19 (Address) 1319 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	5/12/25
20 UNDERTAKER	ADDRESS
J J Foley & Sons	318 Light

Spec.—1-10-21—M&T—1500 Bks.

D 98335

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 98335

D 98335

CERTIFICATE OF DEATH.

1-PLACE OF DEATH (Hamilton)

CITY OF BALTIMORE: (No. 109 E. White Ave ST., 27 WARD) REGISTERED NO. 11

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edwin Langley

(a) RESIDENCE No. 109 E. White Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Drucilla E. Langley

6 DATE OF BIRTH (month, day, and year) Feb. 26-1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self 050

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Wm. B. Langley.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland.

12 MAIDEN NAME OF MOTHER Margaret Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland.

14 Informant Drucilla E. Langley.

(Address) 109 E. White Ave (Hamilton)

15 1925 19 Robert F. Harrison Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May-10 1925

17

I HEREBY CERTIFY, That I attended deceased from Mar 20, 1924, to May 10, 1925.

that I last saw him alive on May 9th, 1925,

and that death occurred, on the date stated above, at 4.45 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? - Date of -

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Fred A. Schaefer, M. D.

19 (Address) 1103 Woodbourne Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	May-12, 1925

20 UNDERTAKER H. E. Hughes ADDRESS 421 N. Broadway

FROM A very important. See instructions on back of certificates.

D 98336 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98336

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Brewington

(Residence in Baltimore: No. 715 N. Curley St St., 78 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	white	Widow

6-DATE OF BIRTH. Oct. 21 1846 (Month) (Day) (Year)

7-AGE. 78 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At home
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Michael Jarrett

11-BIRTHPLACE OF FATHER. (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Charlotte -----

13-BIRTHPLACE OF MOTHER. (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hopkins Hospital

(Address)

15- FILED 1 1 1925 192 Robert T. Harrison, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 8-25 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Terminal)

(Struck by automobile)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fractured neck of left femur Apr 25-25

(Duration) yrs. mos. ds.

(Signed) (Coroner.) M. D.

5-9-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Ebenezer Cemetery Chase, Maryland

DATE OF BURIAL. May 11 1925

20-UNDERTAKER. W. E. Hughes

ADDRESS 1st & Broadway

Spec.—1-10-21—M&T—1500 Blks.

(Slebioda)

D 98337

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98337

CERTIFICATE OF DEATH.

99

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor 10-12 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Slebioda

(a) RESIDENCE NO. Preston & Valley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a ~~Married~~, widowed, ~~or divorced~~

~~HUSBAND of~~

(or) WIFE of Michael Slebioda

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About 64 yrs.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Poland

(State or country)

PARENTS

10 NAME OF FATHER Thomas Jaworski

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Mary X +

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14

Informant Sister Florence

(Address) Preston & Valley

15 MAY 1925, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10 1925

17

I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....,

that I last saw h.. alive on May 3, 1925,

and that death occurred, on the date stated above, at 4:30 a. m.

The CAUSE OF DEATH* was as follows:

Acute bronchitis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Asthma

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

M. D. (Signed) F A Warner, M. D.

10, 1925 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary — DATE OF BURIAL May 11, 1925

20 UNDERTAKER Stephen J. Fialkowski — ADDRESS 1008 S. Kenwood

Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Bks.

98338

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98338

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 N Chapel ST., 7-2 WARD) 101-08

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter Slyfka

(a) RESIDENCE NO. 920 N Chapel ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Slyfka

6 DATE OF BIRTH (month, day, and year) Not known

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Joseph Slyfka

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Emma Slyfka

(Address) 920 N Chapel St

15 Filed 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10 1925

17 I HEREBY CERTIFY, That I attended deceased from May 7, 1925, to May 10, 1925, that I last saw him alive on May 10, 1925, and that death occurred, on the date stated above, at 3:15 P m.

The CAUSE OF DEATH* was as follows:

Colo Adenocarcinoma

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Death

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Microscopic

(Signed) Wm. H. Wilmer, M. D.

(Address) Phy. M.D. 501 N Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arbington Md — DATE OF BURIAL May 13 1925

20 UNDERTAKER Funk Eroc Son — ADDRESS 1900 Eden

Spec.—1-10-21—M&T—1500 Bks.

D 98339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-09 D 98339

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 N. Durham ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry E. Jones

(a) RESIDENCE No. 809 N. Durham ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Jones

6 DATE OF BIRTH (month, day, and year) June 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 66

(b) General nature of industry, business, or establishment in which employed (or employer) Cut Corsage

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER James Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Mc Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ant Town

14 Informant Rose Jones

(Address) 809 N. Durham St

15 Filed 5-11 1925 19 Robert P. Harrison, Registrar

Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 1925

17 I HEREBY CERTIFY, That I attended deceased from May 1- 1925 to May 9 1925

that I last saw him alive on May 9 1925

and that death occurred, on the date stated above at 6 A m.

The CAUSE OF DEATH* was as follows:

Pa Cirrhosis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchi-Pneumonia

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E. [illegible] M. D.

5-10 1925 (Address) 806 N. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Sepulchre — DATE OF BURIAL May 12 1925

20 UNDERTAKER Frank E. Groat Son — ADDRESS 1966 Eastern Ave

Keep in very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

(Bowens)

D 98340

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98340

CERTIFICATE OF DEATH

1-PLACE OF DEATH 416 N. Biddle-Catholic Mission Asylum. Registered No.

City of BALTIMORE: (No. ..... St., 11-V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J Bowens

(a) Residence No. Holy Comforter Church Mount Pl St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? 37 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) July 10 1887

7-AGE. 38 yrs. 3 mos. ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ..... Catholic Priest
(b) General nature of industry, business, or establishment in which employed (or employer) 065
(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country). Ireland

PARENTS.

10-NAME OF FATHER John Bowens

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Anne Keehely

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland

14- (Informant) Miss Sarah Bowens
(Address) 416 N. Biddle St.

15. Filed ..... 19.. Robert F. Harrison Registrar.

1-1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 10. 1925

17. I HEREBY CERTIFY, That I attended deceased from July 3, 19 25, to May 10, 19 25, that I last saw h.. alive on May 10, 19 25 and that death occurred, on the date stated above, at 5.10 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis-Acute dilatation heart-Chronic parenchymatous Edema Lungs (Duration) yrs. 01 mos. ds.

CONTRIBUTORY (Secondary) ..... (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Washington DC

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Usual ones

(Signed) F J Kirby M. D.

May 11. 19 25 (Address) 110 E Northern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cathedral Cem. DATE OF BURIAL. May 13 19 25

20-UNDERTAKER. Margaret L. Flynn ADDRESS. 1422 Light St.

D 9834R

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 9834R

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 931 Somerset St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Joseph Wooden

(Residence in Baltimore: No. 931 Somerset St.; yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. May 11 1845
(Month) (Day) (Year)

7-AGE. 10 mos. If LESS than 1 day, ...hrs. or.....min.?
.....yrs.....mos.....ds.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Steven Wooden

11-BIRTHPLACE OF FATHER, (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER. Loretta Wallen

13-BIRTHPLACE OF MOTHER, (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Steven Wooden

(Address) 931 Somerset St

15- MAY 12 1925 ROBERT R. KRAUTER, Burial Permit Officer.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 11, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry.
thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Partobly Congenital Heart

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....(Duration).....yrs.....mos.....ds.

(Signed) J. S. Cullen M. D.
(Coroner.)
5-1-1925 (Address) 1 S. E. Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New Cathedral Cemetery	May 12 1925

20-UNDERTAKER.	ADDRESS
Henry Hoede Son	1301 E Eager St.

D 98342 HEALTH DEPARTMENT—CITY OF BALTIMORE 001

CERTIFICATE OF DEATH. 25 98342

1-PLACE OF DEATH

City of BALTIMORE: (No. 309 Albert St. 21-3 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Lena Bailey

(Residence in Baltimore: No. 309 Albert St.; yrs. 63 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

6-DATE OF BIRTH. ~~May~~ (Month) ~~8~~ (Day) ~~1862~~ (Year)

7-AGE. 63 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Work
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Robt Gardiner

11-BIRTHPLACE OF FATHER, (State or Country). Md

12-MAIDEN NAME OF MOTHER. Mary Wilson

13-BIRTHPLACE OF MOTHER, (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Brasure

(Address) 309 Albert St

MAY 12 1925 192 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May (Month) 9 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~(Inquest, autopsy or inquiry.)~~ thereon and from the evidence obtained by said ~~(Inquest, autopsy or inquiry.)~~ find that said deceased came to ~~her~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

a few hours
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) yrs. mos. ds.

(Signed) W. R. Donnelly M. D.
(Coroner.)

5-11 192 5. (Address) 117 W. Saratoga St

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death. yrs. mos. ds. In the State. yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn	May 12 1925
20-UNDERTAKER. John H. Jordan	ADDRESS 1021 Hanover

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98343

CERTIFICATE OF DEATH.

3D 98343

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 S. Carlton ST., 18-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa H. Hines.

(a) RESIDENCE NO. 10 S. Carlton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of no.

6 DATE OF BIRTH (month, day, and year) July 9-1899

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	26	10	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress at home

(b) General nature of industry, business, or establishment in which employed (or employer) 041

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Henry Hines

11 BIRTHPLACE OF FATHER (city or town) (State or country) V.A. Va. Md

12 MAIDEN NAME OF MOTHER Isabella Eaton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Lillian Polk

(Address) 10 S. Carlton St

MAY 12 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9th 1925

17 I HEREBY CERTIFY, That I attended deceased from Mar 15th, 1924, to May 9th, 1925, that I last saw her alive on May 9, 1925 and that death occurred, on the date stated above, at 9.10 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(duration) one yrs. one mos 24 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Regular

(Signed) F. C. Lynch, M. D.

May 9th 1925 (Address) North Ave + Division St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	5/13/1925
20 UNDERTAKER Daniel Easton	ADDRESS 916 Penna ave

Spec.—1-10-21—M&T—1500 Bks.

D 98344 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH. 32D 98344

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Av. nr. Fippler St. Raspberry 16 WARD) 1

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Doris In. Senf

(a) RESIDENCE No. Franklin Ave. nr. Fippler St., Ave - WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. 11 mos. 16 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 25/24

7 AGE — Years: — Months: 11 — Days: 16 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Earl G. Senf

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Anna Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Earl G. Senf (Address) Franklin Ave. nr. Fippler St.

15 Filed MAY 12 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11th 1925

17 I HEREBY CERTIFY, That I attended deceased from April 28 1925 to May 11th 1925 that I last saw h alive on May 10th 1925 and that death occurred, on the date stated above, at 10.20 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Meningitis

(duration) ..... yrs ..... mos. 13 ds.

CONTRIBUTORY (Secondary) Asthenia

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ..... M. D.

May 12 1925 (Address) 1504 E. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem. — DATE OF BURIAL: May 13 1925

20 UNDERTAKER: Philip Hering — ADDRESS 2046 Orleans St.

FOR INSTRUCTIONS SEE OTHER SIDE OF CERTIFICATE.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 98345

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

CERTIFICATE OF DEATH.

D 98345

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 N Chester St.; WARD 6-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Fritch

(a) RESIDENCE. No. 411 N Chester St., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 10, 1925

7 AGE	Years	Months	Days	If LESS than 1 day 5 hrs. or 55 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Eli Fritch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mildred Stickel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Elizabeth Stickel

(Address) 411 N Chester St

15 MAY 12 1925

16 [illegible] Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10 1925

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1925, to May 10, 1925, that I last saw h[illegible] alive on May 10, 1925, and that death occurred, on the date stated above, at 12.40 p. m.

The CAUSE OF DEATH* was as follows:

Premature birth of 7 months

5 hours + 35 minutes (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

5 hours + 05 minutes (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Inspection

(Signed) Adolph C. Eisenberg M. D.

May 11, 1925 (Address) 2201-03 Orleans St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Backman's Cem.

DATE OF BURIAL May 12 1925

20 UNDERTAKER Philip Henry

ADDRESS 2016 Orleans st

Spec.—1-12-23—M&T—500 Bks.

D 98346 HEALTH DEPARTMENT—CITY OF BALTIMORE

65-601

D 98346

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 Hollins ST. 18-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James H. Loving

(a) RESIDENCE NO. 906 Hollins ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lise A. Loving

6 DATE OF BIRTH (month, day, and year) Nov 8 1872

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	6	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Roofer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B. Clapp

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Roderick J. Loving

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Lise Ragland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs. J.H. Loving

(Address) 906 Hollins St.

15 MAY 12 1925 ROBERT R. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10 1925

17 I HEREBY CERTIFY, That I attended deceased from 4/9, 1925, to 5/10, 1925, that I last saw h— alive on 5/10/1925, and that death occurred, on the date stated above, at 12.30 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy Hosp. findings

(Signed) Bernard J. Feng, M. D.

5/10 1925 (Address) 910 W. Lombard St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

DATE OF BURIAL May 12 1925

UNDERTAKER Joseph B. Cook

ADDRESS 1003 N. Balto St

Spec.—1-12-23—M&T—500 Blks.

D 98347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98347

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2008 East 31st. Street ST., 9-3 WARD)

2-FULL NAME Emma C. Myers

(a) RESIDENCE NO. 2008 East 31st ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Myers

6 DATE OF BIRTH (month, day, and year) May 16th 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	11	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Otto Everhardt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Karmrodt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Prussia

14 Informant Otto P. Myers

(Address) 2008 E. 31st. St

15 MAY 12 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May, 10th 1925

17

I HEREBY CERTIFY, That I attended deceased from May 1st, 1925, to May 10, 1925, that I last saw h[illegible] alive on May 9, 1925, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH was as follows:

Mitral Regurgitation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Pending

(Signed) J. Fred Rugstead M. D.

5/10, 1925 (Address) 800 N. Patterson Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	May 13 1925
20 UNDERTAKER Joseph B. Cook	ADDRESS 1003 N. Eutaw St

Spec.—1-10-21—M&T—1500 Bks.

D 98348

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98348

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 Lamont ave ST., 9-6 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alphonso Chalk

(a) RESIDENCE NO. 1610 Lamont ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed,~~ or ~~Divorced~~, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 30/1850

7 AGE: Years 75 Months Days 8 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bay Maker

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer Canton Bay Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Alphonso Chalk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Laurel - Howard County

12 MAIDEN NAME OF MOTHER Mary A. Stadburn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt. Co.

14 Informant Joseph T. Chalk.

(Address) 1610 Lamont ave ~~INFORMER~~

15 Filed MAY 12 1925 Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1924 to May 8, 1925, that I last saw him alive on May 6, 1925, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Cardiac & Mitral Regurgitation

(duration) 9 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) J. T. Bruenbach M.D.

(Address) 1531 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore County. DATE OF BURIAL: May 12 1925

20 UNDERTAKER: Geo. F. Ruth ADDRESS 1736 Hayford Ave

FOR IS very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec—12-23-21—E.B.R.S.—400 Eks.

98349 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 98349

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH 2103 East North ave — Registered No.....

City of BALTIMORE: (No. 2103 East North Ave St. 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary Christina Luhn

(a) Residence No. 2103 E. North ave St. 8 Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~Single~~, Married, ~~Widowed, or Divorced,~~ (Write the word.) Married

5a-If married, ~~widowed~~, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of George E Luhn

6-DATE OF BIRTH (month, day and year) Aug 24 1850

7-AGE, 74 yrs. 8 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore Co

PARENTS.

10-NAME OF FATHER, M — Brehm

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) George E Luhn (Husband)
(Address) 2103 E. North Ave

15- FILED MAY 12 1925 BURT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 9, 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 19 1925 to May 9 1925 that I last saw her alive on May 9 1925 and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos One ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Mitral Insufficiency Unknown (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual clinical tests

(Signed) C. L. C. Mackenzie, M. D.

May 9, 1925 (Address) 1540 N. Broadway

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Oak Lawn Cem — DATE OF BURIAL, 5 11 1925

20-UNDERTAKER George & Ruth — ADDRESS 1735 Harford Av

Spec.—1-10-21—M&T—1500 Bks.

D 98350

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98350

CERTIFICATE OF DEATH.

66

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1734 Castle ST., 8-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles R Fredrich

(a) RESIDENCE NO. 1739 N. Castle ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed, or Divorced~~, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 11 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron Worker.

(b) General nature of industry, business, or establishment in which employed (or employer) 079

(c) Name of employer Chicago Iron Bridge Co

9 BIRTHPLACE (city or town) (State or country) Balt: md

PARENTS

10 NAME OF FATHER Charles - R. Fredrick.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt - Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Mary E. Jakel.
(Address) 1739 Castle St

15 Filed MAY 12 1925 BUELL R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11 1925

17

I HEREBY CERTIFY, That I attended deceased from May 8, 1925, to May 11, 1925, that I last saw h- alive on May 9, 1925, and that death occurred, on the date stated above, at 11:10 A.M.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism
with gastric hemorrhage.

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Cardiac insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Roscoe R Cross M. D.

May 12 1925 (Address) 2438 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	May 14 1925

20 UNDERTAKER ADDRESS

Geo. J. Ruth 1735 Hanford Ave

FROM EVERY important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 98351 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98351

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 840 N. 34th. (ST.,) (13 WARD) 7

2-FULL NAME William A. Blucher

(a) RESIDENCE NO. 840 N. 34th. ST., 13 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. — mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha L. Blucher

6 DATE OF BIRTH (month, day, and year) April 15-1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	—	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER George H. Blucher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Amelia Horn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Mrs Bertha L. Blucher 840 N. 34th St

15 MAY 12 1925 RUDOLPH R. KRAUTER, Registrar Vital Records Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1924, to May 9, 1925; that I last saw him alive on May 9, 1925; and that death occurred, on the date stated above, at 11 50 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Dsmd.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L. Rivant, M. D.

1925 (Address) 865 N. 36th

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL May 12 1925

20 UNDERTAKER Horace H. Burgee — ADDRESS 3631 Falls Rd

FOR IS very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 98352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

88 D 98352

REGISTERED NO. 13-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1316 Morling Ave. St. 13 WARD)

2-FULL NAME Mildred F. Caltrider

(a) RESIDENCE No. 1316 Morling Ave. St. 13 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. 5 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Howard M. Caltrider

6 DATE OF BIRTH (month, day, and year) Nov 16-1898

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
26	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER George A. Belchner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ella R. McCarthy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Howard M. Caltrider (Address) 1316 Morling Ave.

15 MAY 12 1925 HENRY R. HEALTH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1925 to May 10, 1925

that I last saw h[illegible] alive on May 9, 1925

and that death occurred, on the date stated above, at 3:20 A. m.

The CAUSE OF DEATH* was as follows:

Septic Endocarditis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Gastric Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Pathologic

(Signed) C. Hinkle M. D.

1925 (Address) 3701 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL May 13 1925

20 UNDERTAKER Horace M. Burgee — ADDRESS 363 Hollins St.

Spec—12-23-21—E.B.R.S.—400 Blks.

98353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98353

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 841 E. Eager St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Walters

(a) Residence No. 841 E. Eager St., 10 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. — mos. — ds. How long in U. S., if of foreign birth? 57 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of the late Charles P. Walters

6-DATE OF BIRTH (month, day and year) Not known

7-AGE. 56 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country) Ireland

PARENTS.

10-NAME OF FATHER, Martin Gavin

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland

12-MAIDEN NAME OF MOTHER, Mary Welsh

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Ireland

14- (Informant) Mrs Eleanor Healy

(Address) 841 E. Eager St

15- MAY 12 1925 RUEL R. REAMER, Registrar. Public Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 10th 1925

17- I HEREBY CERTIFY, That I attended deceased from April 8th 25 to May 10th 25

that I last saw h... alive on May 8th 25

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Coma

(Duration) yrs. 2 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm F Kinsey M. D

May 11th 1925 (Address) 1501 E. Eager St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	May 14 1925
20-UNDERTAKER,	**ADDRESS**
Henry Hoerch Son	1301 E Eager St

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98354

CERTIFICATE OF DEATH.

D 98354

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 1725 W. Lombard St., 19 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert M. Smith

(Residence in Baltimore: No. 1725 W. Lombard St.; yrs., 55 mos..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	white	Married

6-DATE OF BIRTH. March 9th 1863
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
62 yrs. 2 mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dealer in
(b) General nature of industry, business, or establishment in which employed (or employer): Wall paper

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Asa A. Smith

11-BIRTHPLACE OF FATHER, (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Nettie V. Smith

(Address) 1725 W. Lombard St

15- MAY 12 1925 ADELE R. KRAUTER, Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 10th 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry
(Inquest, autopsy or inquiry.) find that said deceased came to.....death
on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) 4 hrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Thos. D. Horton M. D.
(Coroner.)

May 11th 1925. (Address) Curtis Bay, Md.

State the Disease Causing Death, Or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Forraine Cemetery	May 12 1925
20-UNDERTAKER.	ADDRESS
George J. Smith	1532 Hollins St

Spec.—1-10-21—M&T—1500 Rls.

98355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 D 98355

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 Darley Ave. ST., 8-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Claude T.Burns

(a) RESIDENCE NO. 1712 Darley Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida B.Burns

6 DATE OF BIRTH (month, day, and year) Nov.9 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	42	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ass't Freight Agent

(b) General nature of industry, business, or establishment in which employed (or employer) B.& O.R.R. 073

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Elkridge Md.

PARENTS

10 NAME OF FATHER Samuel H.Burns

11 BIRTHPLACE OF FATHER (city or town) Elkridge (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lucy A.Hill

13 BIRTHPLACE OF MOTHER (city or town) Ellicott City Md. (State or country)

14 Informant Lucy A.Burns (Address) 1712 Darley Ave.

15 Filed MAY 12 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10 1925

17

I HEREBY CERTIFY, That I attended deceased from Mar. 15th, 1925, to May 10th, 1925, that I last saw h live on May 9th, 1925, and that death occurred, on the date stated above, at 2.15 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J.E.Poulton, M. D.

5/11/1925 (Address) 3909 Lawson Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	May 13, 1925
20 UNDERTAKER John F. Denny	ADDRESS 715 Light St

Spec.—1-19-21—M&T—1500 Bks.

D 98356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 118-08 D 98356

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St., 7-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Dora S Rubin

(a) RESIDENCE NO. 900 E. Gwinnette St., Ward Savannah Ga.
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 1 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Ryben

6 DATE OF BIRTH (month, day, and year) Jan 6 1891

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
34	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Savannah Ga

PARENTS

10 NAME OF FATHER David Silverstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Esmen Cooley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14

Informant Louis Ryben
(Address) Savannah Ga

MAY 12 1925

ROBERT H. KRAUTER,
Official Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11. 1925

17

I HEREBY CERTIFY, That I attended deceased from 4-16, 19 25, to 5-11, 19 25,

that I last saw h[illegible] alive on 5-11, 19 25

and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

Pan Myocarditis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Pastral intestinal obstruction

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? Savannah Ga.

Did an operation precede death? Yes Date of 5/11/25.

Was there an autopsy?

What test confirmed diagnosis? Operation

(Signed) Jos. M. Friedenwald, M. D.

5/11, 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Savannah Ga DATE OF BURIAL May 12 1925

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Baltimore

IION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 93357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57 D 98357

1-PLACE OF DEATH Hebrew Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. 4 & Exeter St. ST. 3-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Rabb.

(a) RESIDENCE No. Balto & Exeter Sts. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	~~Single~~

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 71	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Attorney & Counselor

(b) General nature of industry, business, or establishment in which employed (or employer) Justice of the Peace

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mr. S. Blum

(Address) 913 Chauncey Ave

15 MAY 12 1923 HERBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/10/ 1925

17

I HEREBY CERTIFY, That I attended deceased from May 3, 1925, to May 10, 1925, that I last saw him alive on May 10, 1925 and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Coronary Embolus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) 1-Arteriosclerosis 2-Nephritis 3-Enlarged Prostate

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) M. Adler Sondheimer, M.D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional apace.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem

DATE OF BURIAL 5/12/ 1925

20 UNDERTAKER David Sondheim

ADDRESS 118 W. Mt. Royal Ave

Spec.—1-10-21—M&T—1500 Blks.

Bloom St. near MADISON Ave.

D 98358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-0B 98358

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Manchester Apts ST., 3rd WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Schenthal

(a) RESIDENCE No. Manchester Apts ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 60 yrs. ... mos. ... ds.

Madison Ave + Bloom

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Josph Schenthal

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Wm. Schenthal
(Address) Manchester Apts

15 Filed MAY 12 1925 HUBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/10/1925

17 I HEREBY CERTIFY, That I attended deceased from January, 1925, to May 10, 1925, that I last saw her alive on May 10, 1925, and that death occurred, on the date stated above, at 10 15 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 5 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Frederick Lentz, M. D.

5-11, 1925 (Address) 2020 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Hebrew Cem.	5/13/1925

20 UNDERTAKER David Londheim

ADDRESS 118 W. Mt. Royal Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98359

CERTIFICATE OF DEATH.

D 98359

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 N. Gilmor ST.: 19-1 WARD)

2-FULL NAME William J Washington

(a) RESIDENCE. No. 513 N. Gilmor ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. 3 mos. 14 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Washington

6 DATE OF BIRTH (month, day, and year) Jan 27 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter 070

(b) General nature of Industry, business, or establishment in which employed (or employer) Book Binders

(c) Name of employer Ames Bros. Book Binders

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER George Washington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Julia A Commodore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Bertha Commodore
(Address) 513 Gilmor St.

15 Filed ..... 19.....

MAY 12 1925 ..... Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11 1925

17

I HEREBY CERTIFY, That I attended deceased from March 4, 1925, to May 11, 1925, that I last saw h— alive on May 9, 1925, and that death occurred, on the date stated above, at 6.30 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis 2 mos. 3 ds. (duration)

CONTRIBUTORY (Secondary) Influenza (duration) ..... yrs. ..... mos. 15 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? T.B. in Sputum.

(Signed) Wm H Wright M. D.

May 11, 1925 (Address) 1209 Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	May 14 1925
20 UNDERTAKER	ADDRESS
Sam'l N. Chase & Son	1300 Madison

Spec.—1-10-21—M&T—1500 Bks.

D 98360

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98360

CERTIFICATE OF DEATH.

22 - 129

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 E Montgomery St. 22 WARD)

2-FULL NAME William H Hardy

(a) RESIDENCE NO. 10 E Montgomery St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha A Hardy

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	6	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mechanic 059

(b) General nature of industry, business, or establishment in which employed (or employer) Plumbing

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER George Hardy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Elizabeth Stewart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Ida Adams

(Address) 10 E Montgomery St

15 Filed MAY 12 1925 ROBERT R. KRAUSER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May. 11 1925

17 I HEREBY CERTIFY, That I attended deceased from May 7 1925, to May - 11, 1925, that I last saw him alive on May 10, 1925, and that death occurred, on the date stated above, at 1:15 a m.

The CAUSE OF DEATH* was as follows:

Uraemia

(duration) yrs. mos 3 ds. about

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) G E Brayton, M. D.

5/11, 1925 (Address) 201 E Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvert Cemetery	May 14th 1925
20 UNDERTAKER	ADDRESS
Fred. A. Krause & Son	703 S Howard

Spec.—1-10-21—M&T—1500 Blks.

D 98361

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98361

CERTIFICATE OF DEATH.

74-09

16-V

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3624 Edmondson Ave. St., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Jane Thompson

(a) RESIDENCE No. 3624 Edmondson Ave. St., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew R. Thompson

6 DATE OF BIRTH (month, day, and year): Mar 8, 1848

7 AGE — Years: 77 — Months: 2 — Days: 2 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dry Goods Store

(b) General nature of industry, business, or establishment in which employed (or employer): 045

(c) Name of employer: Self.

9 BIRTHPLACE (city or town) (State or country): Lankseud England

PARENTS

10 NAME OF FATHER: John Matthews

11 BIRTHPLACE OF FATHER (city or town) (State or country): England.

12 MAIDEN NAME OF MOTHER: Judith Newton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Eng.

14 Informant: Miss Bessie S. Thompson

(Address): 3624 Edmondson Ave.

Filed MAY 12 1925 19

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May. 10 1925

17

I HEREBY CERTIFY, That I attended deceased from Apr 5, 1925, to May 10, 1925,

that I last saw her alive on May 9, 1925,

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) — yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy.

(duration) 2½ yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) M Bernard Strauss, M. D.

5/11, 1925 (Address) 626 N. Gilmor St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminster Cem. — DATE OF BURIAL: May 13 25

20 UNDERTAKER: Wm. Pickuer Sons — ADDRESS: North & Pa

Spec.—1-10-21—M&T—1500 Bks.

D 98362

HEALTH DEPARTMENT—CITY OF BALTIMORE

31 D 98362

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Municipal Hospital at Bay View — REGISTERED NO. .....

CITY OF BALTIMORE: (No. Bay View Hospital St., 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Fisher

(a) RESIDENCE NO. 121½ Mulberry St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12/21/1909

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	16			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Penn.
(State or country)

PARENTS

10 NAME OF FATHER Oron Fisher

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Dover Del

12 MAIDEN NAME OF MOTHER Margaret Robinson

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Smyrna Del

14 Informant Bay View Hospital Records
(Address) 193 W Preston St Phila Pa

Filed MAY 12 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-10-1925

17 I HEREBY CERTIFY, That I attended deceased from 4-27, 1925, to 5-10, 1925,
that I last saw her alive on 5-10, 1925,
and that death occurred, on the date stated above, at 4 10 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Tuberculosis Peritonitis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of 5-7-25

Was there an autopsy? no

What test confirmed diagnosis? Clinical History

(Signed) Francis L Jennings M.D.

5/11, 1925 (Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	May 13 1925
20 UNDERTAKER	ADDRESS
Samuel T Hemsley	578 N Bridle

FOR IS very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 98363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 D 98363

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 763 Pine ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Johnson

(a) RESIDENCE NO. 763 Pine ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Johnson

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Geo Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emma

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Harriet Harwood

(Address) 763 Pine St

MAY 12 1925 ROBERT R. CRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 1925

17

I HEREBY CERTIFY, That I attended deceased from May 2, 1925, to May 9, 1925,

that I last saw h[illegible]alive on May 8, 1925,

and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilitation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Glassman, M. D.

May 11, 1925 (Address) 2607 Wrexham Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL May 12 1925

20 UNDERTAKER Samuel D Kennedy

ADDRESS 578 N Bridle

ITEM 25 very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98364

CERTIFICATE OF DEATH.

161-002 D 98364

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 N. Washington ST.; 8-2 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Doris May McGuire

(Residence in Baltimore: No. 1819 N. Washington St.; ..... yrs., ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, May 11, 1925
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or 15 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Balto. Md.

PARENTS.

10-NAME OF FATHER. Morris Reed McGuire

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md.

12-MAIDEN NAME OF MOTHER Mildred May Hofstetter

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lawrence E. Hofstetter

(Address) 1819 N. Washington St

15- MAY 12 1925 HUELAT H. GAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 11, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 11 1925, to May 11 1925, that I saw h.. alive on May 11 1925, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Suffication

Accidental

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia with undetermined Lung Injury

Complications for my Private (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Wm. J. Pillsbury, M. D.

May 11, 1925 (Address) 415 Cedarcroft Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore Cemetery	5/17, 1925
20-UNDERTAKER	ADDRESS
E. D. Fanning & Son - 1938	8 Lafayette Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98365

CERTIFICATE OF DEATH.

16-B 98365

1-PLACE OF DEATH

City of BALTIMORE: (No. 330 Dover St., 22-1 Ward) Registered No.

2-FULL NAME Baby Pennington

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 330 Dover St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, black

5-Single, Married, Widowed, or Divorced, (Write the word.) infant

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) May 5, 1925

7-AGE, ... yrs. ..... mos. 5 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto., Md

PARENTS.

10-NAME OF FATHER, John Aron

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Lena Pennington

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto., Md

14-

(Informant) Lena Pennington

(Address) 330 Dover St.

MAY 12 1925 Rec'd

HUELAT K. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 5-10-25

17- I HEREBY CERTIFY, That I attended deceased from 5-5-, 19 25 to 5-10, 19 25 that I last saw h alive on 5-10, 19 25 and that death occurred, on the date stated above, at 10-15 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) M. Alexander Novey M. D.

5/11, 19 25 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL? Bet Zion Cem. DATE OF BURIAL, May 13, 1925

20-UNDERTAKER, Geo. Doerfler Hafer ADDRESS 406 W. Conway St.

Hoaldy Latham

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98366

CERTIFICATE OF DEATH.

24 D 98366

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 444 W. Conway St., 22 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hoaldy Latham

(Residence in Baltimore: No. 444 W. Conway St.; 50 yrs., ...mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	Col	Sgle

6-DATE OF BIRTH. unknown (Month) (Day) 1855 (Year)

7-AGE. 70 yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Alabama

PARENTS.

10-NAME OF FATHER. Jack Parke

11-BIRTHPLACE OF FATHER. (State or Country). Alabama

12-MAIDEN NAME OF MOTHER. Mary Parke

13-BIRTHPLACE OF MOTHER. (State or Country). Alabama

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Son Charlie Latham

(Address) 444 W. Conway St

15- MAY 12 1925 19.. ROBERT R. KRAUTER, Burial Permit Clerk-rar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May (Month) 6 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ....(Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ....(Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral cerebrospinal a few days

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Don't Know

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. Regan Gale M. D. (Coroner.)

5-11 1925 (Address) 117 W. Saratoga St

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cemetery	May 12 19 25

20-UNDERTAKER.	ADDRESS
Wm H. Hoffa	406 W. Conway St

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 98367.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98367

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp ST.: 9-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Berry

(a) RESIDENCE. NO. St. Johns Cemetary Road Ellicott City ST., WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 19, 1912

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	12	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co.

PARENTS

10 NAME OF FATHER William Berry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co.

12 MAIDEN NAME OF MOTHER Emma Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co.

14 Informant Mrs. William Berry

(Address) Ellicott City

15 MAY 12 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11 1925

17

I HEREBY CERTIFY, That I attended deceased from May 9, 1925, to May 11, 1925, that I last saw her alive on May 11, 1925, and that death occurred, on the date stated above, at 3.25 a.m.

The CAUSE OF DEATH* was as follows:

Meningitis (Meningococcic)

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Spinal puncture

(Signed) Magnus G. Tull, M. D.

5/12, 1925 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additionni space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
White Rock Cemetery Carroll Co Md	May 12 1925
20 UNDERTAKER	ADDRESS
Scott M. Stars	Ellicott City Md

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98368 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98368

CERTIFICATE OF DEATH.

8 × 101-001 — 2

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. St. Joseph's Hosp St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anthony Ingram

(a) Residence No. 1618 N. Bellis St., Ward 9.6.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan 20, 1902

7-AGE, 22 yrs. 3 mos. 20 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), S. Carolina

PARENTS.

10-NAME OF FATHER, Simmon Ingram

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Camden S.C.

12-MAIDEN NAME OF MOTHER, Susie Porter

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Camden S.C.

14- (Informant) Geo. Porter

(Address) 1618 N. Fallas

15- MAY 12 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 11, 1925

17- I HEREBY CERTIFY, That I attended deceased from May 4, 1925, to May 11, 1925, that I last saw him alive on May 11, 1925, and that death occurred, on the date stated above, at 6.15 A. m. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) S. O. Dysert M. D.

5-11, 1925 (Address) St. Joseph's Hosp

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Camden S.C.	May 12, 1925
20-UNDERTAKER.	ADDRESS.
Mrs R.G. Elliott	1325 Eichlandon

Spec.—1-10-21—M&T—1500 Rks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

~~18 D 98369~~ 38 D 98369

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. JOHNS HOPKINS HOSPITAL. ST., 12 WARD) 6

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Boykin

(a) RESIDENCE NO. 430 Federal ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child of Hezekiah Boykin

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Hezekiah Boykin

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Louise Jones

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Reeds
(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAY 12 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11 1925

17

I HEREBY CERTIFY, That I attended deceased from May 8, 1925, to May 11, 1925, that I last saw her alive on May 11, 1925, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Early Hereditary Syphilis

(duration) yrs. mos. 35 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? None

(Signed) W. Scott M. D.

5-11, 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	May 12 1925
20 UNDERTAKER Mrs R. C. Elliott	ADDRESS 1725 Ashland Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98370

CERTIFICATE OF DEATH.

D 98370

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 S Fremont Ave ST., 22 - 1 WARD)

REGISTERED NO. 100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John. Edw. Alcock.

(a) RESIDENCE NO. 615 S Fremont Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 9 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) July 17-1923

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	9	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md:

PARENTS

10 NAME OF FATHER John. Edw Alcock.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Indiana

12 MAIDEN NAME OF MOTHER Mary Mennion

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs. John Edw Alcock

(Address) 615 S Fremont Ave

Filed MAY 12 1925 ADELAI R. BAUTER, Registrar

Bureau of Records

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-10 1925

17 I HEREBY CERTIFY, That I attended deceased from May 5 1925 to May 10 1925.

that I last saw h live on May 10 1925

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? - Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John E Delworth Berry M. D.

(Address) 11 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL 5-12 1925

20 UNDERTAKER James Dignan & Son

ADDRESS 1000 S Paca St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1925 D 98371

CERTIFICATE OF DEATH. × 129 D 98371

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL St., 11 (WARD) REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Dyson

(a) RESIDENCE No. 926 Linden Ave ST. WARD Uguni
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced (or) WIFE of James Dyson

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Henry Mosby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Jamie Robeson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL.

MAY 12 1925

Filed .19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10 1925

17 I HEREBY CERTIFY, That I attended deceased from April 24, 1925, to May 10, 1925, that I last saw h e alive on May 10, 1925, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Uraemia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy findings

(Signed) Louis E. Martin, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pemberton Va	May 12 1925

20 UNDERTAKER ADDRESS

Robert E Millikin 1515 McCulloh st

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98372

CERTIFICATE OF DEATH.

180-003 D 98372

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital. ST., 9-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Sutton

(a) RESIDENCE No. 1124 E. 20th. St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 7, 1925

7 AGE Years Months Days: Three

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Thomas Sutton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Loretta Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14

Informant

(Address) Johns Hopkins Hospital.

MAY 12 1925

ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10 1925

17

I HEREBY CERTIFY, That I attended deceased from May 7, 1925, to 5-10, 1925, that I last saw h alive on 5-10, 1925, and that death occurred, on the date stated above, at 1.30 a.m.

The CAUSE OF DEATH* was as follows:

Accidental asphyxia (?)

Child's respirations ceased while nursing mother.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E L Stone, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — DATE OF BURIAL

20 UNDERTAKER: Commissioner of Health, — ADDRESS MAY 12 1925

Spec.—I-10-21—M&T—1500 Bks.

D 98373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

D 98373

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2238 Cambridge ST., 1-1 WARD)

2-FULL NAME Mrs. Jadwiga Puchnicka

(a) RESIDENCE NO. 2238 Cambridge ST., Balto. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Puchnicki

6 DATE OF BIRTH (month, day, and year) April 18- 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73		21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Walenty Kotwicz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Zyga

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Thomas Puchnicki.

(Address) 2238 Cambridge St.

15 Filed MAY 12 1925 ROBERT R. [illegible] Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 1925

17

I HEREBY CERTIFY, That I attended deceased from March 23, 1925, to May 9, 1925, that I last saw he alive on May 9, 1925, and that death occurred, on the date stated above, at 10.40 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Cachexia. - Enteroptosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edward A. Kulawski M. D.

, 19 (Address) 421 S. Ellwood ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus	May 13-1925
20 UNDERTAKER M. F. Sadowski	ADDRESS 705 Aliceanna

HOW IS VERY important. See instructions for [illegible]

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98374

Registered No.....

1-PLACE OF DEATH Church Home + Infirmary

City of BALTIMORE: (No. 1538 E. Clement St., 24-71 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Agnes Budney

(a) Residence No. 1538 E. Clement St. City Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, ~~married~~ Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Stephen Budney

6-DATE OF BIRTH (month, day and year) Dec—1878.

7-AGE. 47 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Poland

PARENTS.

10-NAME OF FATHER. — Gorski

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Poland

12-MAIDEN NAME OF MOTHER. Katherina —

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Poland

11- (Informant) Stephen Budney.

(Address) 1538 E. Clement St.

MAY 12 1925 HUGO R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 5/11/25

17- I HEREBY CERTIFY, That I attended deceased from May 8 1925 to May 11 1925

that I last saw h.. alive on May 11 1925

and that death occurred, on the date stated above, at 6.45 A.m.

The CAUSE OF DEATH* was as follows:

Coma (Diabetes)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-*Where was disease contracted* if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinal Test

(Signed) Keith C. Rice, M. D.

, 19 (Address) Church Home - Inf.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St. Hedwig's. DATE OF BURIAL. May 14 1925

20-UNDERTAKER. M. J. Sadowski. ADDRESS 705 S. Ann St.

Spec.—1-10-21—M&T—1500 Bks.

D 98375 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98375

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 W. York ST., 22-N WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Chandler

(a) RESIDENCE NO. 114 W. York ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Chandler

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
42	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Georgia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Rosa Chandler (Address) 114 W. York St.

15 Filed MAY 12 1925 ROBERT R. KRAUTER, Burial Permit Clerk, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 1925

17

I HEREBY CERTIFY, That I attended deceased from May 9, 1925, to May 9, 1925,

that I last saw alive on May 9, 1925,

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Visual

(Signed) W. D. Smith, M. D.

(Address) 109 W. Lee St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Ct.	May 13, 1925
20 UNDERTAKER	ADDRESS
D. L. Brown & Sons.	1024 W. Mad

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98376

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 905 W Lombard St St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... John L. Conway

(a) Residence No. 905 W Lombard St St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Apr 5-1925.

7-AGE, ...yrs. 1 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Richard J. Conway

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Mary Peacock.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore.

14- (Informant) Mr Richard J Conway

(Address) 905 Lombard St.

MAY 12 1925

ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 5/11/25

17- I HEREBY CERTIFY, That I attended deceased from 5/8/25, 19..., to 5/11/25, 19..., that I last saw h... alive on 5/..., 19..., and that death occurred, on the date stated above, at 4 0 ...m.

The CAUSE OF DEATH* was as follows:

Acute gastro enteritis

(Duration) Hours 3 yrs. ...mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

5/11, 1925 (Signed) Burnett Tenny, M. D. (Address) 905 W Lombard

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, 5 May 12, 1925.
New Cathedral Cem.	
20-UNDERTAKER	ADDRESS
Per H J Conway	901 Hollins St.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98377 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 98377

49

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home and Infirmary 20-3 Registered No.....

City of BALTIMORE: (No. Broadway St., Ward 2)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Elizabeth Schwalm

(a) Residence No. 14 N. Pulaski St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE Henry Schwalm

6-DATE OF BIRTH (month, day and year) June 25, 1855

7-AGE, 69 yrs. 10 mos. 15 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER Frederick Michel

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12-MAIDEN NAME OF MOTHER Christina Michel

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14-Informant Henry Schwalm

(Address) 14 N. Pulaski St

15-Filed Robert P. Harrison, Registrar.

12 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 10 - 25

17- I HEREBY CERTIFY, That I attended deceased from April 26, 19 25 to May 10, 19 25

that I last saw h. alive on May 10, 19 25

and that death occurred, on the date stated above, at 5:20 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Head & Neck.

Contributory - Senile Debility

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Debility Chronic

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of May 5, 1925

Was there an autopsy? No

What test confirmed diagnosis? Findings at operation

(Signed) Geo. E. Norment, M. D

, 19 (Address) Church Home & Inf

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Western Cemetery	May 13, 1925
20-UNDERTAKER. Harry H Wetzler	ADDRESS 1531 W Lombard St

Spec.—1-10-21—M&T—1500 Blks.

(Harris)

Adams 23 Coulter

D 98378

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98378

CERTIFICATE OF DEATH.

101-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2809 West North Ave ST., 15-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret E. W. Harris

(a) RESIDENCE NO. 2809 West North Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mayer G. Harris

6 DATE OF BIRTH (month, day, and year) 3-3-1849

7 AGE Years 76 Months 3 Days 7 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John E. Walker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Margaret Stephens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mayer G. Harris (Address) 2809 W. North

15 FILED 12 1925, 19 Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10 - 1925

17

I HEREBY CERTIFY, That I attended deceased from May 3rd, 1925, to May 10th, 1925, that I last saw h alive on May 10th, 1925, and that death occurred, on the date stated above, at 11:30 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Right)

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical findings

(Signed) Michael A. Abrams, M. D.

5/14, 1925 (Address) 1360 Entaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Md

DATE OF BURIAL May 14 1925

20 UNDERTAKER William Cook

ADDRESS 502 E North

Spec.—1-10-21—M&T—1500 Bks.

D 98379

HEALTH DEPARTMENT—CITY OF BALTIMORE D 98379

CERTIFICATE OF DEATH.

74-001-

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Vol American Hospital ST., 17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George H. Gray

(a) RESIDENCE No. 659 W. Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen M. Gray

6 DATE OF BIRTH (month, day, and year) May 26- 856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Attendant 886

(b) General nature of industry, business, or establishment in which employed (or employer) Stafford Pratt

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Nicholas Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Dixon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Ellen M Gray

(Address) 659 W. Franklin

15 Filed 12 1925, 19 Robert P. [illegible] Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12 1925

17

I HEREBY CERTIFY, That I attended deceased from Apr 30, 1925, to May 11, 1925, that I last saw h. alive on May 12, 1925, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) strong, elated Remus

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death? Vol Hospital

Did an operation precede death? yes Date of Apr 30

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. J. Comey M. D.

, 19 (Address) Vol. American Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount — DATE OF BURIAL May 14 1925

20 UNDERTAKER W M Cook — ADDRESS 501 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

D 98380 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98380

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1226 Hull ST. 24-3 WARD 118

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte R. Nagle.

(a) RESIDENCE No. 1226 Hull ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female,	White,	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emanuel Nagle.

6 DATE OF BIRTH (month, day, and year) Dec 1, 1845.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79,	5,	10.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Harford Co. Md. (State or country)

PARENTS

10 NAME OF FATHER George R. Cloman.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cecil Co. Md.

12 MAIDEN NAME OF MOTHER Eliza Nagle.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Emanuel Nagle, Jr.
(Address) 1226 Hull St.

15 MAY 1925, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11 1925

17

I HEREBY CERTIFY, That I attended deceased from May 6, 1925, to May 11, 1925, that I last saw her alive on May 11, 1925, and that death occurred, on the date stated above, at 5 30 P m.

The CAUSE OF DEATH* was as follows:

Obstruction of Bowels.

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Femoral Hernia unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes.

Did an operation precede death? yes. Date of Operation refused

Was there an autopsy? yes.

What test confirmed diagnosis? none.

(Signed) Thos L. Stevens, M. D.

5/12, 1925 (Address) 2878 Hanford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem | DATE OF BURIAL May 14 1925

20 UNDERTAKER A. Howard Evans | ADDRESS 38 E Fort Ave

Spec– 12-23-21—E.B.R.S.—400 Bks.

D 98381

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98381

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home + Infirmary — Registered No. 111-001

City of BALTIMORE (No. ..... St. ..... Ward 7 | 16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John D. Reynolds, Jr.

(a) Residence No. 303 Oakdale Rd St., City Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widower

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Rosa Berger

6-DATE OF BIRTH (month, day and year): Nov 7, 1847

7-AGE: 77 yrs. 6 mos. 4 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Jeweler
(b) General nature of industry, business, or establishment in which employed (or employer): Retired
(c) Name of employer: .....

9-BIRTHPLACE (city or town) (State or Country): Md

PARENTS.

10-NAME OF FATHER: Henry K. Reynolds

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Anne Davidson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Maryland

14- (Informant) Harry A. Reynolds Jr
(Address) 303 Oakdale Rd City

15- Filed 12 1925 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): May 11 1925

17- I HEREBY CERTIFY, That I attended deceased from May 6 1925 to May 11 1925

that I last saw him alive on May 11 1925

and that death occurred, on the date stated above, at 11.15 P.M.

The CAUSE OF DEATH* was as follows:

Fracture ulna & Secondary Lymphangitis

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostasis + Cl. Nephritis

(Duration) ? yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy + Clin findings

(Signed) L. W. Saunders M. D

19 (Address) Church Home + Inf

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: May 14 1925

20-UNDERTAKER: Chas O. Stitchell — ADDRESS: 1201 W. Fayette St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98382

D 98382

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3210 Foster Ave ST., 76-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ole M. Larsen

(a) RESIDENCE NO. 3210 Foster Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Larsen

6 DATE OF BIRTH (month, day, and year) July 2, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Rigger

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer City

9 BIRTHPLACE (city or town) (State or country) Norway

PARENTS

10 NAME OF FATHER Lars Mathiesen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Norway

12 MAIDEN NAME OF MOTHER Helene Marlensen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Norway

14 Informant Lavina Larsen

(Address) 3210 Foster Ave

15 Filed MAY 13 1925 HOWLAT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12, 1925

17 I HEREBY CERTIFY, That I attended deceased from May 11-25, 19... to May 12-25, 19...

that I last saw h[illegible]ive on May 11-25, 19...

and that death occurred, on the date stated above, at 5-30 [illegible] m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Asthma

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) 2912 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery

DATE OF BURIAL May 14 1925

20 UNDERTAKER Henry Sander Sons Inc.

ADDRESS 710 Kent St

Spec.—1-10-21—M&T—1500 Blks.

D 98383 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 98383

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 S. Third St ST., Highlandtown 176-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Knieriem

(a) RESIDENCE NO. 514 S. Third ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad Knieriem

6 DATE OF BIRTH (month, day, and year) April 2, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Philip Diller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Lewis Lemming (Address) 514 S. 3rd St

15 Filed MAY 13 1925 HUBERT R. STAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11, 1925

17 I HEREBY CERTIFY, That I attended deceased from May 1-1925 to May 11-1925, that I last saw her alive on May 10-1925, 19..., and that death occurred, on the date stated above, at 5.15 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) + atty Degeneration of heart (duration) 30 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) + Frederick W. Herrmann M. D.

Major M.C. (Address) 7936 Battery

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery DATE OF BURIAL May 13 1925

20 UNDERTAKER Henry Lander Son Inc ADDRESS 1711 Eight St

Spec.—1-10-21—M&T—1500 Mks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98384

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

D 98384

REGISTERED NO. 90

CITY OF BALTIMORE: (No. 17 S. East Ave ST., N WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Euler

(a) RESIDENCE NO. 17 S. East Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Euler

6 DATE OF BIRTH (month, day, and year) Aug 21, 1835

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	89	8	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Ludwig Uhland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Mary A. Harvey

(Address) 17 S. East Ave

15 MAY 13 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11, 1925

17 I HEREBY CERTIFY, That I attended deceased from May 1 '25 to May 11 '25

that I last saw him alive on May 9 '25

and that death occurred, on the date stated above, at 3:15 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

7 (duration) yrs. 4 mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? By Coroner

What test confirmed diagnosis?

(Signed) Wm. G. Clader, M. D.

19 (Address) 143 N. Bureau

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery

DATE OF BURIAL May 13 1925

20 UNDERTAKER Henry Sander Sons Inc

ADDRESS 1710 Reed

Spec.—1-10-21—M&T—1500 Bks.

D 98385 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

60-001

CERTIFICATE OF DEATH. D 98385

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 S. Ellwood Ave ST., 1-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Sapp

(a) RESIDENCE NO. 111 S. Ellwood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Sapp

6 DATE OF BIRTH (month, day, and year) May 24. 1839

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	11	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Robert Harris

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary E. Meade

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Viola E. Simmons

(Address) 111 S. East ave

15 Filed MAY 13 1925 HUBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11. 1925

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to May 11, 1925, that I last saw her alive on May 11, 1925, and that death occurred, on the date stated above, at 4.15 P. m.

The CAUSE OF DEATH* was as follows:

Basedows Disease

(duration) 40 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B Tilson M. D.

5/12, 1925 (Address) 315 S. Highland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cemetery	May 16, 1925
20 UNDERTAKER	ADDRESS
Henry Sander Sons Inc	1710 Eutaw

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98386

CERTIFICATE OF DEATH.

90 D 98386

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1353 Carroll ST., 21-W WARD

2-FULL NAME Nelam Berg

(a) RESIDENCE No. 1353 Edmore ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lenderman

6 DATE OF BIRTH (month, day, and year) Feb 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Essex County Va

PARENTS

10 NAME OF FATHER Lenderman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lenderman

12 MAIDEN NAME OF MOTHER Lenderman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lenderman

14 Informant Mary Buffin (Address) 1353 Caroll st.

15 MAY 13 1925 HUBERT F. PRENTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1924, to May 10, 1925.

that I last saw him alive on May 10, 1925,

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. Whitridge Hoag, M. D.

May 12 1925 (Address) 729 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion	May 13 1925

20 UNDERTAKER Mrs R. G. Ellicott ADDRESS 1745 Eutaw

FOR IF very important. See instructions on back of certificate.

Spec.—1-19-21—M&T—1500 Blks.

D 98387. HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ 31 D 98387

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 S. Belnord Ave 1-3 WARD) REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew E. Brown.

(a) RESIDENCE NO. 813 S. Belnord Ave 1 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose A. Brown

6 DATE OF BIRTH (month, day, and year) Dec 16th 1892

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
32	4	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Die Setter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER George Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Amelia Finn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Rose A. Brown
(Address) 813 S. Belnord Ave.

15 Filed MAY 13 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May. 11th 1925

17 I HEREBY CERTIFY, That I attended deceased from May 5th 1925, to May 11th 1925, that I last saw living alive on May 10th 1925, and that death occurred, on the date stated above, at 3.15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
Contributory Hay Fever Asthma
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Asthma 9
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. H. Power, M. D.

May 12th 1925 (Address) 1000 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem.	May 15th 1925
20 UNDERTAKER Kelly & Geelan	ADDRESS 4032 E. Hoffman

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98388

D 98388

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

101-00

14-1

Registered No. C.....

City of BALTIMORE: (No. 1419 Penna Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Millard Hewson

(Residence in Baltimore: No. 1419 Penna Ave St.; 42 yrs., 7 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	Single

6-DATE OF BIRTH. Sept. 10, 1883
(Month) (Day) (Year)

7-AGE, 42 yrs. 7 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... (General)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John W. Hewson

11-BIRTHPLACE OF FATHER, (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Lauretta White

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lauretta Hewson

(Address) 1419 Penna Ave.

15- MAY 13 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 9, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration).....yrs.....mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Jas. T. Hennessy M. D.
(Coroner.)

May 10, 1925 (Address) 480 Lanvale St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Auburn Conn.	May 13" 1925
20-UNDERTAKER. J. W. M. Johnson	ADDRESS 1309 Druid Hill Ave.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 55

D 98389 Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 223 S Bond St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Simon Rosenberg

(a) Residence No. 223 S Bond St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? 30 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6-DATE OF BIRTH (month, day and year) 1870

7-AGE. 55 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Tailoring

(b) General nature of Industry, business, or establishment in which employed (or employer). 080

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Poland

PARENTS.

10-NAME OF FATHER. Jacob Rosenberg

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Poland

12-MAIDEN NAME OF MOTHER. Hinda Zelditch

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Poland

14- (Informant) Jacob L. Rosenberg

(Address) 223 S. Bond st

15- FILED MAY 13 1925 RUSSELL R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 12/25

17- I HEREBY CERTIFY, That I attended deceased from May 12 1925 to May 12 1925

that I last saw him alive on May 12 1925

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy Patient

died 3 hr. after onset.

(Duration) yrs. mos. 1/4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Fred A. Rees, M. D.

5/13, 1925 (Address) 24 S. Broadway.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Hebrew Rosedale

DATE OF BURIAL. 5/13 1925

20-UNDERTAKER. Sol Levinson Bro

ADDRESS 1727 E Balto st

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98390

CERTIFICATE OF DEATH.

3 D 98390

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3823 Eastern Ave ST., 76-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Estella Berkenkamper

(a) RESIDENCE NO. 3823 Eastern Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 3-1909

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	15	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Carrie Berkenkamper

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant Carrie Berkenkamper

(Address) 3823 Eastern Ave.

Filed MAY 13 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11- 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1925 to May 11 1925

that I last saw h[illegible] alive on May 9, 1925

and that death occurred, on the date stated above, at 2. 30 p.m.

The CAUSE OF DEATH* was as follows: Pulmonary tuberculosis

(duration) 4 yrs. 4 mos ds.

CONTRIBUTOR (Secondary) Acute Edema of Lungs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) [illegible] M. D.

May 12, 19 25 (Address) 2000 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Pauls Reformed Cem

DATE OF BURIAL May 13 1925

20 UNDERTAKER John Welch

ADDRESS 2008 Orleans

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98391 HEALTH DEPARTMENT—CITY OF BALTIMORE 129 D 98391

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 859 S. Dallas St., 3-4 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Thomas Carson

(a) Residence No. 859 S Dallas st St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Carson

6-DATE OF BIRTH (month, day and year) May 27th 1865

7-AGE. 59 yrs. 11 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Rigger
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer. Bethlehem Steel Co

9-BIRTHPLACE (city or town) (State or Country). Gottenberg Sweden

PARENTS.

10-NAME OF FATHER. Thomas Carson

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Sweden

12-MAIDEN NAME OF MOTHER. Anne Janson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Sweden

14- (Informant) Harry W Dimeth
(Address) 859 S. Dallas st

15- (Filed) MAY 13 1925 AUGUST H. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 12th 1925

17- I HEREBY CERTIFY, That I attended deceased from April 1, 19 25 to May 12, 19 25
that I last saw h.. alive on May 12, 19 25
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. 11 mos. ds.

CONTRIBUTORY (Secondary) Albuminuria

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. J. Kenny M. D
, 19 (Address) 1400 E Baltimore

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ballo Cemetery	May 15th 1925
20-UNDERTAKER.	**ADDRESS**
Frank V Peterson	1800 E. 32nd st

Spec.—1-10-21—M&T—1500 Blks.

D 98392 HEALTH DEPARTMENT—CITY OF BALTIMORE 001

CERTIFICATE OF DEATH. D 98392

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 63 & 8 Dexter ST., 24-1 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William D. Sunderland

(a) RESIDENCE NO. 63 & 8 Dexter ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary Sunderland

6 DATE OF BIRTH (month, day, and year) 4/2/1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Policeman

(b) General nature of industry, business, or establishment in which employed (or employer) 62

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Wm B. Sunderland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Robert D. Sunderland

(Address) 63 & 8 Dexter

15 MAY 13 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12 1925

17 I HEREBY CERTIFY, That I attended deceased from April, 1925, to May 12, 1925, that I last saw him alive on May 9, 1925, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows: Cerebral Hem

(duration) yrs. 3 mos 0 ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm H. Faulkner M. D.

(Address) 16 Randall

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dulaney Cemetery Co Md — DATE OF BURIAL 5/13/1925

20 UNDERTAKER J J Bokey & Sons — ADDRESS 318 Light

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98393

CERTIFICATE OF DEATH.

D 98393

1-PLACE OF DEATH

City of BALTIMORE: (No. 3211 E. McElderry St., Ward 76-3)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Agnes Burkey

(a) Residence No. 3211 E. McElderry St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, ~~Married~~, Widowed, ~~or Divorced~~, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Late Ernst Burkey

6-DATE OF BIRTH (month, day and year) Jan 9 1839

7-AGE. 86 yrs. 1 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... House Wife

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Julius Klein

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Loretta Blaum

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Germany

14-(Informant)..... (Address) 3211 E. McElderry St.

15- MAY 13 1925 [illegible] Registrar, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 11-1925

17- I HEREBY CERTIFY, That I attended deceased from Feb. 18—, 1925 to May 11—, 1925, that I last saw h.i.v. alive on May 10—, 1925, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

No bleeding

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Dementia

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fenby, M. D.

5/12/1925 (Address) 1223 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Baltimore County	May 13, 1925
20-UNDERTAKER	ADDRESS
Jas. C. Pulla & Son	2334 Jeff

D 98394 HEALTH DEPARTMENT—CITY OF BALTIMORE 114 D 98394

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1125 Madison Ave. St., 11-1 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Estella G. Crawford

(Residence in Baltimore: No. 1125 Madison Ave. St.; yrs., 38 mos., 11 ds., 26)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	colored	married

6-DATE OF BIRTH, May (Month) 15, (Day) 1886 (Year)

7-AGE, 38 yrs. 11 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Md.

PARENTS.

10-NAME OF FATHER, Thomas Crawford.

11-BIRTHPLACE OF FATHER, (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mary Clarke.

13-BIRTHPLACE OF MOTHER, (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosetta Green

(Address) 1125 Madison Ave.

15-

MAY 13 1925 ROBERT R. KRAUTER, Registrar.

Special Facility

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 11 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

ac. Gastro Enteritis

(Indigestion of diet) 2 hrs.

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) ac. Dilatation of Heart 5 minutes

(Duration) ....yrs....mos....ds.

(Signed) J. T. Hennessy M. D. (Coroner.)

May 11, 1925 (Address) 2802 Eutaw Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery DATE OF BURIAL, May 14, 1925

20-UNDERTAKER, Mrs Jas H Dennis ADDRESS 1303 Presstman St.

per T. E. Kelson

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98395

CERTIFICATE OF DEATH.

D 98395

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4703 Hennetta Ave ST.; 27-12 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia Brauer

(Residence in Baltimore: No. 4703 ~~Lisk~~ Henrietta Ave St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widow

6-DATE OF BIRTH. May (Month) 26 (Day), 1844 (Year)

7-AGE. 75 yrs. 11 mos. 15 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House work
(b) General nature of industry, business, or establishment in which employed (or employer)..... At home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Charles Bernasco

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Cecilia Bernasco

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence Brandeller

(Address) 2715 W. Lanvale

15- MAY 13 1925 Burial Permit

CLAUDE H. PRAUTH, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 11 (Day), 1925 (Year).

17- I HEREBY CERTIFY, That I attended deceased from May 6 1925, to May 11 1925, that I saw h.. alive on May 11 1925, and that death occurred, on the date stated above, at 4.35 P.M.

The CAUSE OF DEATH* was as follows:

(a).....

(b) Exhaustion

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 10 yrs. ....mos. ....ds.

(Signed) Louis H. Gold M. D.

May 12, 1925. (Address) 2600 W. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, May 13, 1925.

20-UNDERTAKER George J. Ruth

ADDRESS 1730 Hartford Ave

Spec.—1-10-21—M&T—1500 Bks.

D 98396 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 98396

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Balto General Hospital

CITY OF BALTIMORE: (No. Baltimore Md ST., 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgianna Palmer.

(a) RESIDENCE No. 1423 W. Mulberry ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Palmer

6 DATE OF BIRTH (month, day, and year) [illegible] 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Geo Hutton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ellen Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14

Informant Frank Palmer

(Address) 1423 W Mulberry St

15 Filed MAY 13 1925 ROBERT R. PRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/10 1925

17

I HEREBY CERTIFY, That I attended deceased from Apr 27, 1925, to May 10, 1925, that I last saw her alive on May 10, 1925, and that death occurred, on the date stated above, at 12:20 P m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

Chronic Myocarditis

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Acute cardiac Dilatation

(duration) yrs. mos. 6 Hrs

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical + autopsy

(Signed) Clement P. Monroe, M. D.

, 19 (Address) West Balto Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL May 13, 1925

20 UNDERTAKER John H Toadvine — ADDRESS 1027 Amended

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

98397

CERTIFICATE OF DEATH.

X 38 D 98397

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (ST.) 4-3 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Dorsey

(a) RESIDENCE NO. Sykesville (ST.) (WARD)
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

6 DATE OF BIRTH (month, day, and year): Sept 5th 1840

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer): Farmer

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Augustus Dorsey,

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Martha Thomas,

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Da.

14 Informant: Frank Dorsey,
(Address): Sykesville, Maryland

15 Filed MAY 13 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 13th 1925

17 I HEREBY CERTIFY, That I attended deceased from May 1st 1925, to May 13th 1925; that I last saw h alive on May 13th 1925; and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.
Tobes Dorsalis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia - Bronchial

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) H. W. Dolby, M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Carroll Co., Md. Messiah Lutheran Cemetery.

DATE OF BURIAL: May 15 1925

20 UNDERTAKER: C. M. Waltz,

ADDRESS: Hampstead Md.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98398 CERTIFICATE OF DEATH. 74 D 98398

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital 16-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Waters

(a) RESIDENCE NO. Bay View Asylum, WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	colored	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Robert Waters

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Anna ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Municipal Hospital Records (Address)

15 Filed MAY 13 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924 to May 10 1925, that I last saw him alive on May 10, 1925, and that death occurred, on the date stated above, at 5:45 p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Hypertension

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos 4 hrs.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller, M. D.

5/12, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND. DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health. ADDRESS MAY 13 1925

Per. Wm E. WOODALL

HOW IS very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98399

CERTIFICATE OF DEATH.

D ~~98399~~ 100-00 DEATH

Registered No.....

City of BALTIMORE: (No. 157 W. Hamburg St., 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Lewis James Matthis

(a) Residence No. 157 W. Hamburg St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) May-5-1890

7-AGE. 35 yrs. — mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Window Washer
(b) General nature of industry, business, or establishment in which employed (or employer). Pullman Car Co
(c) Name of employer.....

9-BIRTHPLACE (city or town). Clinton
(State or Country). N. Carolina

PARENTS.

10-NAME OF FATHER, James Matthis

11-BIRTHPLACE OF FATHER (city or town). Clinton
(State or Country), N. Carolina

12-MAIDEN NAME OF MOTHER, Olivia Spruden

13-BIRTHPLACE OF MOTHER (city or town). Clinton
(State or Country), N. Carolina

14- (Informant) Theodore Green
(Address) 1122 Peach Al.

15- Filed MAY 13 1925 KUPLAT R. KRAUTH, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May-12-1925

17- I HEREBY CERTIFY, That I attended deceased from May-6, 1925, to May-12, 1925, that I last saw him alive on May-11, 1925, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:
Acute Lobar Pneumonia

(Duration) yrs. — mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) David Strauchen, M. D.
May 13 1925 (Address) 1222 W Lee St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Greenmount Cem. (Cash)	May 13, 1925
20-UNDERTAKER.	ADDRESS
R. L. Parham	706 Leadenhall

Spec.—1-10-21—M&T—1500 Bks.

D 98400 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98400

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 17-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Wills.

(a) RESIDENCE NO. 3 f o Ellamston Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5/13/25

7 AGE Years Months Days If LESS than 1 day, 2 hrs. or 10 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Geo Wills

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Barbara Bryman

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Next Friend
(Address)

15 Filed MAY 13 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/13/25

17 I HEREBY CERTIFY, That I attended deceased from 5/13/25 to 5/13/25, that I last saw h alive on 5/13/25, and that death occurred, on the date stated above, at 3:30 p.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No Chem.

What test confirmed diagnosis?

(Signed) N. W. Dilley, M. D.

19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL 5/13/25

20 UNDERTAKER Geo W Stanley Luther & Fayette

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

D 98401 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98401

CERTIFICATE OF DEATH.

52

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mount Hope Retreat ST., 28 WARD) 28-1

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary B. Davis -

(a) RESIDENCE NO. Mt Hope Retreat ST. 28 WARD Resident

(Usual place of abode) Since 1922 (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? Unknown yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow -

5a If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND of~~
(or) WIFE of Mr Davis -

6 DATE OF BIRTH (month, day, and year) Mch 22 - 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (?)
(State or country) Ireland

PARENTS

10 NAME OF FATHER John Moran

11 BIRTHPLACE OF FATHER (city or town) (?)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (?)
(State or country) Ireland.

14 Informant Records of Mt Hope Retreat
(Address) Mt Hope Md.

15 Filed MAY 13 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr 23, 1922, to May 13th, 1925, that I last saw her alive on May 12th, 1925, and that death occurred, on the date stated above, at 6.30 A. m.

The CAUSE OF DEATH* was as follows:

Chr. Rheumatism
with Cardiac Complications -

abt (duration) 3 yrs. 0 mos 0 ds.

CONTRIBUTORY (Secondary) Gen. Depr. Bycholosis -
abt (duration) 3 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery, M. D.

May 13, 1925 (Address) Mt Hope Retreat -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL May 15 1925.

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS 108 W. NORTH AVE.

FROM A VERY important. See INSTRUCTION ON BACK OF Certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 98402

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98402

129

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2509 N. Calvert ST., 12 WARD 3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Thomas Jenkins

(a) RESIDENCE NO. 2509 N. Calvert ST., 12 WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 76 yrs. 2 mos. 12 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza L. Jenkins

6 DATE OF BIRTH (month, day, and year) March-1-1849

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Charles Co. Maryland.

PARENTS

10 NAME OF FATHER John W. Jenkins

11 BIRTHPLACE OF FATHER (city or town) Charles Co. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Emily Gardner

13 BIRTHPLACE OF MOTHER (city or town) Charles Co. (State or country) Maryland.

14 Informant Mrs. W. P. Griffith (daughter)

(Address) 2509 N. Calvert St.

15 Filed MAY 13 1925 ROBERT F. McKNEW COMPANY Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May-12-1925

17 I HEREBY CERTIFY, That I attended deceased from Feby 1, 1925, to May 12, 1925, that I last saw him alive on May 12, 1925, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Myocarditis

Edema Lungs (duration) yrs. 3 1/2 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual ones

(Signed) F. J. Kirby, M. D.

May 14 1925 (Address) 1106 N. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery — DATE OF BURIAL May 14 1925

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS 108 W. NORTH AVE.

PLEASE READ CAREFULLY. See INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98403 90 D 98403

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-21 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth McDonald

(a) RESIDENCE NO. Preston Valley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed,~~ or ~~Divorced,~~ (write the word)
Female	White	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	1	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER David McDonald

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Cecelia Gallagher

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Sister Florence
(Address) Preston & Valley

MAY 13 1925 ROBERT R. KRAUTER,
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12 1925

17

I HEREBY CERTIFY, That I attended deceased from ~~Nov 7~~ 1924, to , 19 ,

that I last saw her alive on May 5 , 1925,

and that death occurred, on the date stated above, at 12 30 a.m.

The CAUSE OF DEATH* was as follows:

Tabular disease of heart

unknown (duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warner, M. D.

5/12, 1925 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	May 13 1925

20 UNDERTAKER ADDRESS

J. C. Wadefield 914 Grand Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98404 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98404

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1818 W. Lombard St., 19-2 38 Ward) Registered No.

2-FULL NAME Michael Luh

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1818 W. Lombard St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 7 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Leslie Luh

6-DATE OF BIRTH (month, day and year) Sept. 14, 1884

7-AGE. 40 yrs. 7 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Foreman

(b) General nature of industry, business, or establishment in which employed (or employer). R.R. 0/2

(c) Name of employer. B. & O. R. R.

9-BIRTHPLACE (city or town) (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Ludwig Luh

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Kunigunda Kestler

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Oshia Luh (Address) 1818 W. Lombard

15- Filed 3 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 11 1925

17- I HEREBY CERTIFY, That I attended deceased from May 8, 19 25, to May 11, 19 25, that I last saw h.. alive on May 10, 19 25, and that death occurred, on the date stated above at 7.35 a. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) 18 yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs & Symptoms

(Signed) James H. Lee M. D.

5/12, 19 25 (Address) 1729 E. Lombard St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park — DATE OF BURIAL, May 14, 1925

20-UNDERTAKER, William G. Schaeffer — ADDRESS 1816 Monument

Spec.—1-10-21—M&T—1500 Bks.

D 98405

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98405

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Genl Hospital ST. 15-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Louise Gerstmeyer

(a) RESIDENCE No. 2706 Baker ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Frank Gerstmeyer

6 DATE OF BIRTH (month, day, and year) June 7 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	11	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Louis Deiner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Anna Kennedy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Louise Gerstmeyer (Address)

15 3 1925 .19 Robert F. Carmen, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 1925

17 I HEREBY CERTIFY, That I attended deceased from April 25, 1925, to May 13, 1925, that I last saw her alive on May 13, 1925, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
(acute exacerbation)

(duration) 1 yrs. 1 mos 14 ds.

CONTRIBUTORY (Secondary) Toxemia, Uraemia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) F. W. Krats, M. D.

.19 (Address) md. Genl Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL May 15 1925

20 UNDERTAKER William Cook — ADDRESS 501 E North

IMPORTANT. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 98406 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98406

31

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 N. Exeter St., 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Mahoney

(a) RESIDENCE NO. 307 N Exeter ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John M Mahoney

6 DATE OF BIRTH (month, day, and year): May 4 1887

7 AGE: Years 38; Months; Days 11; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Easton Md

PARENTS

10 NAME OF FATHER: Charles M Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Easton Md

12 MAIDEN NAME OF MOTHER: Mary Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Scotland

14 Informant: John M Mahoney

(Address): 1342 N Exeter

15 Filed May 13 1925, 19

Robert F. Garrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 12 1925

17

I HEREBY CERTIFY, That I attended deceased from April 26, 1925, to May 10, 1925,

that I last saw h alive on May 10, 1925,

and that death occurred, on the date stated above, at 7 25 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis (Pulmonary)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Uncertain

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) N N King, M. D.

5-13-1925 (Address) 625 N Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: May 15 1925

20 UNDERTAKER: William Carlson & Natta — ADDRESS

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 98407.

CERTIFICATE OF DEATH.

D 98407.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2710 Greenmount St.; 6/12-4 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Pauline L. S Shaner

(a) RESIDENCE. No. 2710 Greenmount St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred Life time yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Apr 16 1843

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dress Maker

(b) General nature of industry, business, or establishment in which employed (or employer) 19

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Co
(State or country)

PARENTS

10 NAME OF FATHER Geo Shaner

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Handel

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Miss Elizabeth C Shaner
(Address) 2710 Greenmount

15 Filed May 13 1925, 19 Robert F. Carrington Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 19 25

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 19 24, to May 13, 19 25

that I last saw her alive on May 12, 19 25

and that death occurred, on the date stated above, at 6.10 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Apoplexy

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. Thurshaus, M. D.

May 13 25 19 (Address) 3100 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Peters Cemetery	May 16 1925

20 UNDERTAKER William Cook

ADDRESS 501 C Ave

Spec.—1-10-21—M&T—1500 Blks.

D 98408

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98408

CERTIFICATE OF DEATH.

REGISTERED NO. 12-5 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST., 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Green

(a) RESIDENCE NO. 329 E. 23rd St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Widowed

5a If married, widowed, or divorced (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) Va (State or country)

PARENTS

10 NAME OF FATHER John Green

11 BIRTHPLACE OF FATHER (city or town) Va (State or country)

12 MAIDEN NAME OF MOTHER Mary Kinney

13 BIRTHPLACE OF MOTHER (city or town) Va (State or country)

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL,

15 MAY 13 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12 1925

17 I HEREBY CERTIFY, That I attended deceased from May 9. 1925. to May 12. 1925.

that I last saw her alive on May 12, 1925.

and that death occurred, on the date stated above, at 11 2/ P.m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia Type III

Septicaemia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Lymphadenosis, Chronic Lymphoid Leucaemia (duration) 4 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At Home.

Did an operation precede death? No Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy findings

(Signed) Louis E. Martin, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ashland County Va	May 13 1925
20 UNDERTAKER P. E. Elliott	ADDRESS Ashland

FROM is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 98409

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98409

CERTIFICATE OF DEATH.

1-PLACE OF DEATH General German Aged Home

CITY OF BALTIMORE: (No.) Baltimore Hayson ST. 70-5 WARD.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Höfler

(a) RESIDENCE. No. Baltimore Hayson ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 20 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Saxony
(State or country)

PARENTS

10 NAME OF FATHER Andreas Hesler

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Saxony

12 MAIDEN NAME OF MOTHER Louisa Medenbach

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Saxony

14 Informant Records of German Aged Home
(Address) Baltimore Hayson 16

15 3 1925 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12 1925

17

I HEREBY CERTIFY, That I attended deceased from May 6, 1925, to May 12, 1925, that I last saw her alive on 5/11/25, 19, and that death occurred, on the date stated above, at 11a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 2- yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) John Hauff, M. D.

5-13-25 (Address) 1543 W. Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem (Baltyr)	May. 14-25

20 UNDERTAKER Joseph. B Cook

ADDRESS 1003 W Balto St.

Spec.—1-12-25—MAT—500 Blks.

D 98410

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98410

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 Harlem ST., 16-7 WARD

2-FULL NAME Susan Clash

(a) RESIDENCE NO. 1213 Harlem ave ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Cambridge Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant J. H Clash
(Address) 1213 Harlem ave

15 Filed 3-1925, 19 Robert F. Garrison,
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/12/1925

17 I HEREBY CERTIFY, That I attended deceased from 4/28, 1925, to 5/12, 1925, that I last saw h.. alive on 5/12, 1925 and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. 1 mos 14 ds.

CONTRIBUTORY
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Joseph J Mackin, M. D.

4/12, 1925 (Address) 521 Pennsylvania ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge Md

DATE OF BURIAL 5/14/1925

20 UNDERTAKER Daniel Easton

ADDRESS 916 Pa ave

Spec.—1-10-21—M&T—1500 Rks.

D 98411

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98411

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 S. Second St. ST., 26 WARD) 8

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Elizabeth F. Amrhein.

(a) RESIDENCE No. 1110 S. Second St. ST., 26 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 30-1905

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	20			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sign 186

(b) General nature of industry, business, or establishment in which employed (or employer) Atlantic Brown

(c) Name of employer Manufacturing Co.

9 BIRTHPLACE (city or town) Balto. Co
(State or country) Md.

PARENTS

10 NAME OF FATHER Philip Amrhein.

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Lillian Christensen

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14

Informant Philip Amrhein
(Address) 1110 S. Second St.

15 FEB 13 1925, 19 Robert F. Garrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11th 1925

17

I HEREBY CERTIFY, That I attended deceased from April 20th, 1925, to May 12, 1925, that I last saw h alive on May 11, 1925, and that death occurred, on the date stated above, at 2.50 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) unknown yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? urinalysis

(Signed) W. J. McAvoy, M. D.

May 12, 1925 (Address) 839 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. DATE OF BURIAL May 14 1925

20 UNDERTAKER Lilly & Zeiler Co. ADDRESS S. Wolfe St.

Burial Permit Clerk

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

BALTIMORE CITY HOSPITALS

D 98412

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98412

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., V-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorsey Cook

(a) RESIDENCE No. 803 S. Broadway ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman 086

(b) General nature of industry, business, or establishment in which employed (or employer) Marine Fireman

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Richard Cook

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Municipal Hospital Records
(Address)

15 Filed MAY 13 1925, 19.. Robert P. Harrison, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10 1925

17 I HEREBY CERTIFY, That I attended deceased from May 6, 1925, to May 10, 1925, that I last saw him alive on May 9, 1925, and that death occurred, on the date stated above, at 1:15 a.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller, M. D.

5/13, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 5/14 1925

20 UNDERTAKER J. J. Salley & Sons

ADDRESS 131 Eighteenth St.

Spec.—1-12-23—M&T—500 Blks.

BALTIMORE CITY HOSPITALS

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98413

CERTIFICATE OF DEATH.

65-001

D 98413

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital St., 5-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Phillip McGrath

(a) RESIDENCE No. 101 Front St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Municipal Hospital Records (Address)

15 Filed 3-1925, 19 Robert F. Duffield Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11 1925

17

I HEREBY CERTIFY, That I attended deceased from April 29, 1925, to May 11, 1925, that I last saw him alive on May 11, 1925 and that death occurred, on the date stated above, at 2:15 P m.

The CAUSE OF DEATH* was as follows:

Lymphoid leucemia (Chronic)

(duration) 2 yrs. 3 mos (History) ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller, M. D.

5/13, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 5/14 1925

20 UNDERTAKER J. F. Tate & Sons

ADDRESS 1310 Eighteen

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98414

D 98414

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. L(19 W. Cross ST., 23-1 WARD

2-FULL NAME William F. Sederer,

(a) RESIDENCE No. 19 W. Cross ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Sederer

6 DATE OF BIRTH (month, day, and year) Oct. 15, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Clara Simmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14

Informant Anna Bransby

(Address) 19 W. Cross St.

15 Filed 13 1925, 19 Robert F. Barriben, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11, 1925

17

I HEREBY CERTIFY, That I attended deceased from April 25, 1925, to May 11, 1925,

that I last saw him alive on May 10, 1925,

and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical findings

(Signed) Harry Kleibel M. D.

5/12. 19 25 (Address) 1224-1226 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	May 14 1925
20 UNDERTAKER	ADDRESS
Fred A. Wenderoth	703-Ham

TION is very important. See instructions on back of certificates.

U.S.A. E

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98415

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 D 98415

1-PLACE OF DEATH

City of BALTIMORE: (No. 837 China St., 21-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Rayner

(a) Residence No. 837 China St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Rayner

6-DATE OF BIRTH (month, day and year) —— 1870

7-AGE. 55 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Oyster Shucker 049

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Annie Arundel Co.

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Henry Rayner

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Annie Arundel Co Maryland

12-MAIDEN NAME OF MOTHER, Lizzie Chamberlain

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Annie Arundel Co Maryland

14- (Informant) Amelia Rayner

(Address) 837 China

MAY 14 1925 BURIAL PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May-13-1925

17- I HEREBY CERTIFY, That I attended deceased from Mar-20, 19 25, to May-13, 19 25, that I last saw him alive on May-11, 19 25, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

+ Myocarditis -

(Duration) unknown ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) unknown yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Circumstances

(Signed) Dan Duncan, M. D.

5/12, 19 25 (Address) 122 N Eden St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt. Auburn — DATE OF BURIAL, May 15 19 25

20-UNDERTAKER, J. H. Brown & Son — ADDRESS 108 W Montgomery

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98416 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98416

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

City of BALTIMORE, (No. 211 W. Montgomery St., 37-1 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Brown

(a) Residence No. 211 W. Montgomery St., 22 Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 5/11/25

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, 28 hrs. or, ... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9-BIRTHPLACE (city or town)..... (State or Country), Md

PARENTS.

10-NAME OF FATHER, Hired Brown

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Md

12-MAIDEN NAME OF MOTHER, Maggie Parker

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Md

14- (Informant) Maggie Parker

(Address) 211 W. Montgomery

15- MAY 14 1925 HUBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 5/12/25

17- I HEREBY CERTIFY, That I attended deceased from 5/11 1925 to 5/12 1925, that I last saw h... alive on 5/12 1925 and that death occurred, on the date stated above, at 3:00 P.M.

The CAUSE OF DEATH* was as follows:

Hydrocephalus - Date

Congenital Dropsy

(Duration) unknown

CONTRIBUTORY (Secondary) S. J. Phillips - Notary

(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dan Morton, M. D.

5/11 1925 (Address) 105 Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt. Lorel — DATE OF BURIAL, May 14, 1925

20-UNDERTAKER, L. B. Broom & Son — ADDRESS 108 N. Monty St

D 98417. HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH. 179

1-PLACE OF DEATH

City of BALTIMORE: (No. 536 W. Franklin St., 17-3 Ward)

Registered No. C D 98417.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosario Amoroso

(Residence in Baltimore: No. 536 W. Franklin St.; yrs. 1 mos. 5 ds. 12)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	white	single

6-DATE OF BIRTH. Nov. 29 (Month) (Day) 1923 (Year)

7-AGE. 1 yrs. 5 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of Industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Dominick Amoroso

11-BIRTHPLACE OF FATHER, (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Rose Saraceno

13-BIRTHPLACE OF MOTHER, (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dominick Amoroso

(Address) 536 W. Franklin St.

15-

Filed MAY 14 1925, 192... ROBERT R. REAUTER, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 11 (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

1st. degree burns of body. (Accidental)

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Spinal shock

(Duration) ....yrs. ....mos. ....ds.

(Signed) D. J. Hennessy M. D. (Coroner.)

May 12 1925 (Address) 702 Edmondson Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL.

New Cathedral Cemetery May 14 1925

20-UNDERTAKER, ADDRESS

George J. Ruth 1735 Harford ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98418

CERTIFICATE OF DEATH.

52 D 98418

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2926 Mc Elderry ST., 7-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cora Sullens

(a) RESIDENCE NO. 2926 Mc Elderry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 7, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md.

PARENTS

10 NAME OF FATHER John R. Sullens

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Harriett E. Holt

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant William R. Sullens
(Address) 244 N. Linwood Ave

15 ROBERT R. KRAUTER,
MAY 14 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 20, 1924, to May 12, 1925,

that I last saw her alive on 5, 12, 1925;

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Arthritis deformans

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Chas. L. Nell, M. D.

5/13/25 (Address) 4085 Park Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cemetery	May 15 1925
20 UNDERTAKER	ADDRESS
Henry Sander Sons Inc.	1310 Fleet St

TION is very important. See instructions on back of certificates.

Spec– 12-23-21–E.B.R.S.–400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98419

CERTIFICATE OF DEATH.

129 D 98419

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hospital St., 1-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mamie J. Hecker

(a) Residence No. 2813 Eastern Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John C Hecker

6-DATE OF BIRTH (month, day and year) 1879

7-AGE. 46 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, do not know

11-BIRTHPLACE OF FATHER (city or town) (State or Country), " " "

12-MAIDEN NAME OF MOTHER, " " "

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). " " "

14- (Informant) John C. Hecker

(Address) 2813 Eastern Ave

15-

Filed 19 ROBERT R. KRAUTER, Registrar.

MAY 14 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 13th 1925

17- I HEREBY CERTIFY, That I attended deceased from May 12th 1925 to May 12th 1925

that I last saw her alive on May 12th 1925

and that death occurred, on the date stated above, at 5.30 p m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Phys. Exam.

(Signed) Paul Cowan M. D.

, 19 (Address) 26 E. Preston St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mount Carmel — DATE OF BURIAL. May 16 1925

20-UNDERTAKER, Peter Nicolaus 2060 — ADDRESS Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 98420

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

REGISTERED NO. C D 98420

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1264 E North Ave ST.; 9-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis S. Valentine

(Residence in Baltimore: No. 1264 E North Ave St.; 52 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Nov 13, 1872 (Month) (Day) (Year)

7-AGE. 52 yrs. 5 mos. 29 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Proprietor of
(b) General nature of industry, business, or establishment in which employed (or employer): Restaurant

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. John Valentine

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER. Anna Meyers

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Katherine Valentine

(Address) 1264 E North ave

15- MAY 14 1925 ROBERT R. KRAUTER, ..., 191.... Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 12th, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15th 1925, to May 12 1925, that I saw him alive on May 12 1925, and that death occurred, on the date stated above, at 7.15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 1 mos. 27 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Augustus Town M. D.

May 12, 1925 (Address) 2808 Calvert St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	May 15, 1925
20-UNDERTAKER	ADDRESS
John F Deming	715 Lig-ht St

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 9842F

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

D 9842F

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 1214 St Paul St. ST., 11-3 WARD)

2-FULL NAME. Edwin Burgess

(a) RESIDENCE. No. 1214 St Paul St ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug. 24 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer) 042

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Va. (Culpepper)

PARENTS

10 NAME OF FATHER Edward Burgess

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Eliz Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mrs Lorine Burgess (Address) 1214 St Paul St

15 Filed MAY 14 1925 16 EUGENE R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1924 to May 13 1925

that I last saw him alive on May 12 1925

and that death occurred, on the date stated above at 9 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) 2 hrs. mos. ds.

CONTRIBUTORY (Secondary) Arteritis

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. B. Gould M. D.

5-14 1925 (Address) 117 W. Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	5/15/1925

20 UNDERTAKER A. W. Meamber ADDRESS 805 N. Eden St

D 98422

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 98422

1-PLACE OF DEATH Pronounced Dead at Mb 185 Registered No. C.....

City of BALTIMORE: (No. Gayview Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Thorne jr

(Residence in Baltimore: No. 910 S. Clinton St.; 34 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Jan (Month) 16 (Day) 1891 (Year)

7-AGE. 34 yrs. 3 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer): on wagon

9-BIRTHPLACE, (State or Country). Balto City

PARENTS.

10-NAME OF FATHER. Wm Thorne sr

11-BIRTHPLACE OF FATHER, (State or Country). Balto City

12-MAIDEN NAME OF MOTHER. Louise Schuetta

13-BIRTHPLACE OF MOTHER, (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louise Thorne

(Address) 910 S Clinton

MAY 14 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 12 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Injy location by falling
out of Wagon Said Deat
by Accident

(Duration) ..... yrs. ..... mos. Instalan ds.

CONTRIBUTORY (Secondary) Fell from Chair
Head down (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Fenton M. D.
(Coroner.)

May 13 1925 (Address) 708 E Chase

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Carmel	May 16 1925
20-UNDERTAKER. Burkhardt & Birkhardt	ADDRESS 1739 Eager st

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98423

CERTIFICATE OF DEATH.

90 D 98423

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 N Chapel ST., 7-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Balthasar Hata

(a) RESIDENCE NO. 528 N. Chapel ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 40 yrs. ... mos. ... ds.

Print on back of certificates. See instructions on back of certificates. THIS IS very important.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Hata

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) 080

(c) Name of employer Home

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Matey Hato

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Barbara Hata (Address) 528 N. Chapel St

15 Filed ..... 19 ROBERT R. KRAUTER, MAY 14 1925 Clerk of Court Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12 1925

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to May 12, 1925, that I last saw him alive on May 11, 1925, and that death occurred, on the date stated above, at 7:30 P. M.

The CAUSE OF DEATH* was as follows: Mitral Regurgitation Probably Arteriosclerotic Hemiplegia

(duration) ... yrs. 2 mos. ... ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) E. Jordan M. D.

May 13, 1925 (Address) 1800 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	May 15 1925

20 UNDERTAKER Frank Ervin & Son ADDRESS 1916 Eastern Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98424

CERTIFICATE OF DEATH.

90 D 98424

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1112 N. Carey ST., 16-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachel Servant

(a) RESIDENCE NO. 1112 N. Carey ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Servant

6 DATE OF BIRTH (month, day, and year): April 1845

7 AGE: Years 79; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: David Richardson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Hannah Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Gertrude Fisher

(Address): 1202 Pinkney

15 Filed MAY 14 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 12 1925

17 I HEREBY CERTIFY, That I attended deceased from March 22. 1925 to May 12. 1925

that I last saw h[illegible] alive on May 12. 1925

and that death occurred, on the date stated above, at 8.45 p. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs & Symptoms

(Signed) John A. Lampen, M. D.

. 19 (Address) 1403 N. Mount

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel — DATE OF BURIAL: 5/14/25

20 UNDERTAKER: MRS. GEORGE H. HOLLAND

ADDRESS: 1631 DRUID HILL AVENUE

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 98425

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98425

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1236 E. Monument St., 10-2 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leah Stollof.

(a) Residence No. 1236 E. Monument St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, F.

4-COLOR OR RACE, W

5-~~Single~~, Married, Widowed, or ~~Divorced~~, (Write the word) M.

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Mathew Stollof

6-DATE OF BIRTH (month, day and year) April 26/1880

7-AGE 45 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Samuel Rosenberg

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Sara Rosenthal

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14-

(Informant) Mathew Stollof

(Address) 1236 E Monument St

15-

Filed MAY 14 1925, 192.. HUBERT F. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 12/25

17- I HEREBY CERTIFY, That I attended deceased from June, 1920 to May 13, 1925, that I last saw h.. alive on May 13, 1925, and that death occurred, on the date stated above, at 3.45 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Mitral Regurgitation

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation.

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Albert L. Levy, M. D.

5/12/25 19 (Address) 1202 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Hebrew Rest Rm | DATE OF BURIAL, 5/14 19 25

20-UNDERTAKER, Jack Lewis | ADDRESS 1409 E. Balt

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98426

CERTIFICATE OF DEATH.

D 98426

1-PLACE OF DEATH Church Home & Infirmary

City of BALTIMORE: (No. Fairmount & Broadway St., 15-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Hannah Cramer

(a) Residence No. 25 no Liberty Heights Ave, Ward Norfolk Va.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? 21 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of J. Cramer

6-DATE OF BIRTH (month, day and year)

7-AGE, 67 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.
10-NAME OF FATHER, Leib Snyder
11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia
12-MAIDEN NAME OF MOTHER, Unknown
13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) David Cramer
(Address) 459 N Gay St

15- MAY 14 1925 HUBERT R. KRAUTER, Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 14-25

17- I HEREBY CERTIFY, That I attended deceased from May 7 1925 to May 14 1925
that I last saw h er alive on May 14 1925
and that death occurred, on the date stated above, at 7:20 a m.
The CAUSE OF DEATH* was as follows:

Carcinomatosis
(Primary of Stomach)

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(Duration) yrs. mos. 14 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of May 17 1925

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) George B Brice M. D

5-14 1925 (Address) Church Home & Infirmary

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Norfolk Va — DATE OF BURIAL, May 14 1925

20-UNDERTAKER, Jack Lewis — ADDRESS 459 E Balto

Spec—12-26-21—E.B.R.S.—400 Bks.

D 98427 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98427

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. 2421

City of BALTIMORE: (No.) St. Joseph's Hospital St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Gordon

(a) Residence No. 1502 Jackson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female | 4-COLOR OR RACE: White | 5-Single, Married, Widowed, or Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 65 yrs. 7 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto., Md.

PARENTS.

10-NAME OF FATHER: James Gordon

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Curren

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Ireland

14- (Informant): Mrs. Cronin
(Address): 1502 Jackson St.

15- Filed MAY 14 1925 ROBERT N. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): May 14, 1925

17- I HEREBY CERTIFY, That I attended deceased from May 7, 1925, to May 14, 1925,
that I last saw her alive on May 14, 1925,
and that death occurred, on the date stated above, at 2.25 a.m.
The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) yrs. mos. 3 ds.
CONTRIBUTORY (Secondary) Cerebral Hemorrhage
Arteriosclerosis (Duration) yrs. mos. 15 ds.

18-Where was disease contracted if not at place of death? 1502 Jackson St.
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical Evidence
(Signed) Geo. B. Gilbert M. D.
, 19 (Address) St Joseph's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. | DATE OF BURIAL: May 16, 1925

20-UNDERTAKER: Margaret L. Flynn | ADDRESS: 1422 Light St.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98428

CERTIFICATE OF DEATH.

90 D 98428

1-PLACE OF DEATH

City of BALTIMORE: (No. 1205 N. Dallas St., 8-4 Ward) Registered No. 1

2-FULL NAME Leonard Kramer

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1205 N. Dallas St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. — mos. — ds. How long in U. S., if of foreign birth? 66 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of the late Annie M. Kramer

6-DATE OF BIRTH (month, day and year) July 7 1848

7-AGE. 76 yrs. 10 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Joseph Kramer

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (city or town) Not Known (State or Country),

14- (Informant) Miss. Mary Kramer
(Address) 1205 N. Dallas

15- MAY 14 1925 BURTON R. KRAUTER Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 12/25

17- I HEREBY CERTIFY, That I attended deceased from April 11 1925 to May 12 1925 that I last saw h[illegible] alive on May 12 1925 and that death occurred, on the date stated above, at 11.15 P. m. The CAUSE OF DEATH was as follows:

Paterfamilias Bureau of Health
(Mitral Regurgitation)

(Duration) yrs. 1 6 mos. ds.

CONTRIBUTORY (Secondary) Otherwise

(Duration) yrs. mos. 10 ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wallace Kramer M. D.

May 12 1925 (Address) 1401 Mt. Royal

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Holy Redeemer Cemetery	May 15, 1925
20-UNDERTAKER,	ADDRESS
Henry Hoeck Son	1341 E. Eager

INSTRUCTIONS ON BACK OF CERTIFICATE.

D 98429

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98429

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 906 (Pratt St., 24-1 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Barney

(Residence in Baltimore: No. 1229 River Side Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Mar'd

6-DATE OF BIRTH. Feb (Month) 24 (Day) 1877 (Year)

7-AGE. 48 yrs. 2 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Common

9-BIRTHPLACE. (State or Country) Bald City

PARENTS.

10-NAME OF FATHER. Frank Barney

11-BIRTHPLACE OF FATHER. (State or Country) Washington D C

12-MAIDEN NAME OF MOTHER. Catherine Rogan

13-BIRTHPLACE OF MOTHER. (State or Country) Bald City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Barney

(Address) 1229 River Side Ave

15- Filed MAY 14 1925 192 Robert P. Harrison, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May (Month) 11 (Day) 192 5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquest and that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Insanity

(Duration) yrs. mos. ds.

(Signed) James W Preston M. D. (Coroner)

5/14 1925 (Address) 700 E Chase St

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Cross Cem	5-16 1925

20-UNDERTAKER. E T B Hasle ADDRESS 115 E Lexington

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98430

CERTIFICATE OF DEATH.

D 98430

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 448 E. Cross ST., 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ivmir Walstrum.

(a) RESIDENCE NO. 448 E Cross ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Walstrum.

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer 037

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Wiley Philburn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Ellen Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant (Address) Samuel Walstrum 448 E Cross St

15 Filed ... 19 ... Registrar

Robert P. Harrison, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-13 1925

17

I HEREBY CERTIFY, That I attended deceased from Apl 7, 1925, to May 12, 1925, that I last saw h[illegible] alive on May 12, 1925, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(duration) yrs. 1 mos 5 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 1 mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) W. D. Smith M. D.

1925 (Address) 109 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem.

DATE OF BURIAL 5-15 1925

20 UNDERTAKER E & B Harle 115 E Mad St

ADDRESS

Spec—12-23-21—E.S.R.S.—400 Bks.

D 98431 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98431

CERTIFICATE OF DEATH

1-PLACE OF DEATH Church Home Infirmary Registered No.....

City of BALTIMORE: (No. ..... St., 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. George Pragel

(a) Residence No. 46 Poultney St. St., City Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 3 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Louise Pragel

6-DATE OF BIRTH (month, day and year) 1-14-1853

7-AGE.	If LESS than 1 day,
72 yrs. 3 mos. 28 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work manufacturer of fibre goods

(b) General natnre of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer.....

9-BIRTHPLACE (city or town) Balto.
(State or Country), md.

PARENTS.

10-NAME OF FATHER, John Pragel.

11-BIRTHPLACE OF FATHER (city or town) Germany
(State or Country), ~~Baltimore~~, md.

12-MAIDEN NAME OF MOTHER, Elizabeth Ihry.

13-BIRTHPLACE OF MOTHER (city or town)
(State or Country), Germany.

14-
(Informant) Mrs Louise Pragel
(Address) 46 Poultney St

15-
Filed Robert P. Harrison, Registrar.

1 4 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 5/12/25.

17- I HEREBY CERTIFY, That I attended deceased from April 22, 19 25, to May 12, 19 25, that I last saw him alive on May 12, 19 25, and that death occurred, on the date stated above, at 6.30 A.m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Test.

(Signed) A. W. Saunders M. D
, 19 (Address) Chas. Home Inf.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
London Park	5-15, 19 25

20-UNDERTAKER.	ADDRESS
Mrs Chas A J. Rohde	400 Montegue Ave

MISCRIPTIONS OR ERRORS OF CERTIFICATE.

Spec.—1-12-23—M&T—500 Blks.

BALTIMORE CITY HOSPITALS

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98432 D 98432

CERTIFICATE OF DEATH.

34

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Municipal Hospitals ST., 1 WARD) 1-2

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Carver

(a) RESIDENCE No. 530 W. Biddle ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min
30 yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Musician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 086

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER David Carver

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Cherry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Municipal Hospital Records
(Address)

15 Filed ....., 19.... Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12 1925

17 I HEREBY CERTIFY, That I attended deceased from April 18 1925 to May 12 1925 that I last saw him alive on May 12 1925 and that death occurred, on the date stated above, at 8:50 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of the Spine

(duration) yrs. 3 (History) mos ds.

CONTRIBUTORY (Secondary) Cystitis . Decubitus Ulcers

(duration) yrs. 2 (History) mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) W Lindsay Miller, M. D.

5/14, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Portsmouth Va	5/14/1925
20 UNDERTAKER David Easton	ADDRESS 916 Ca ave

D 98433

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98433

CERTIFICATE OF DEATH.

66

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hospital 7 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Chas. Lucas

(Residence in Baltimore: No. Pimlico Race Track St.; yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

6-DATE OF BIRTH, about (Month) (Day) 1880 (Year)

7-AGE, 45 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Stableman
(b) General nature of industry, business, or establishment in which employed (or employer) 024

9-BIRTHPLACE, (State or Country), Wash. D.C.

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER, (State or Country), Unknown

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER, (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. S. J. Edwards

(Address) Pimlico

15-

Filed MAY 14 1925 19.. Robert P. Harrison, Burial Permit Clerk Registrar.

10RC66

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 6 (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said jury (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

acute alcoholism

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D. (Coroner.)

May 14, 1925 (Address) 2302 Edmondson Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, May 15 19 25

20-UNDERTAKER, Samuel Wensley ADDRESS 1228 W

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98434

CERTIFICATE OF DEATH.

X 90 D 98434

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 574 Wilson ST., 14-1 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.) La Plata Md.

2-FULL NAME Albert Lee

(a) RESIDENCE No. 574 Wilson ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) 186

(c) Name of employer La Plata

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Wentworth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Stanley Lee

(Address)

15 Filed MAY 14 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 1925

17

I HEREBY CERTIFY, That I attended deceased from May 6 1925, to May 13 1925, that I last saw him alive on May 12 1925, and that death occurred, on the date stated above, at 7.20 P.M.

The CAUSE OF DEATH* was as follows: Valvular heart lesion

(duration) Unknown mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. T. Coleman M. D.

May 14 1925 (Address) 2039 W. Cold

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL La. Plata Md

DATE OF BURIAL May 15 1925

UNDERTAKER Samuel T. Wesley

ADDRESS La Plata

TION is very important. See instructions on back of certificates.

Body at city morgue - ✓

D 98435 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98435

CERTIFICATE OF DEATH. 190

1-PLACE OF DEATH Registered No. C.....

City of BALTIMORE: (No. In as much Morgue W. Saratoga St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME... Chas. Bandura.....

(Residence in Baltimore: No. In as much morgue W. Saratoga St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Don't Know

6-DATE OF BIRTH, Don't Know ....., 1..... (Month) (Day) (Year)

7-AGE, About 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Don't Know
(b) General nature of industry, business, or establishment in which employed (or employer)..... 0 8 7

9-BIRTHPLACE, (State or Country). Don't Know

PARENTS.

10-NAME OF FATHER, (/ /

11-BIRTHPLACE OF FATHER, (State or Country). / /

12-MAIDEN NAME OF MOTHER, (/ /

13-BIRTHPLACE OF MOTHER, (State or Country). (/

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... None.....

(Address).....

15- Filed MAY 14 1925, 19.. Robert P. Harrison, Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 8 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to F.D. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

(Duration) Don't Know yrs. mos. ds.

CONTRIBUTORY (Secondary) Don't Know

(Duration) yrs. mos. ds.

(Signed) H. H. Schmidt M. D. (Coroner.)

5-12 1925 (Address) 117 W. Saratoga St.

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
UNIVERSITY OF MARYLAND	....., 19....
20-UNDERTAKER, Commissioner Health	ADDRESS MAY 14 1925

MORGUE. Interred and buried in Holy Redeemer Cemetery 1925 H. Hoeckner

(Is very important. See instructions on back of certificate.)

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 98436

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98436

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Seville apt Lake Ave & Lake Ave) ST.: 13-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George R Gable Jr

(a) RESIDENCE. No. Seville apt ST., WARD.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Feb 25th 1915

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work nothing

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER George R Gable

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Florence Price

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Florence Price
(Address) Seville apt Lake & Lake Ave

15 Filed ..... 19 Robert P. Harrison, Registrar

14 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 1925

17

I HEREBY CERTIFY, That I attended deceased from May 10 1925, to May 13 1925, that I last saw him alive on May 13 1925, and that death occurred, on the date stated above, at 6A m.

The CAUSE OF DEATH* was as follows:

Septic infection (supplemental)

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) J Frederick Leitz, M. D.

May 14 1925 (Address) 2040 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loud Ridge	May 14 192

20 UNDERTAKER ADDRESS

Josiah Syper 1600 or northeast

HON is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

D 98437

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98437

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2115 Callow Avenue ST., 13 WARD) 24-6

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leonora W. Kaiser

(a) RESIDENCE NO. 2115 Callow Avenue ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of August F.Kaiser

6 DATE OF BIRTH (month, day, and year) Nov. 13,1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PARENTS

10 NAME OF FATHER Charles G.Wannenwetsch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Marie Flesse

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant August F.Kaiser

(Address) 2115 Callow Avenue

15 Filed 5-14, 19 25 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 1925

17

I HEREBY CERTIFY, That I attended deceased from May 6th, 1925, to May 14th, 1925, that I last saw h.r alive on May 14th, 1925, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Complicating - Purpura

Hemorrhagica

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Hemorrhagic Purpura

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Eugene Douglas, M. D.

5-14, 19 25 (Address) 830 W.North Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	May 16, 19 25
20 UNDERTAKER	ADDRESS
Joseph B. Cook	1003 N. Bond St

Mason

D 98438

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98438

CERTIFICATE OF DEATH.

15-12 90

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1710 N. Smallwood Str. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... William James Mason .....

(Residence in Baltimore: No. 1710 N. Smallwood Street .....St.; yrs., 11 mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. June 12th 1.899
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
34 yrs. 11 mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk 109
(b) General nature of industry, business, or establishment in which employed (or employer)..... O'Connor Waste Paper Company

9-BIRTHPLACE, (State or Country). Baltimore, Maryland

PARENTS.

10-NAME OF FATHER, Christian M. Mason

11-BIRTHPLACE OF FATHER, (State or Country). Baltimore Maryland

12-MAIDEN NAME OF MOTHER, Elizabeth Dowling

13-BIRTHPLACE OF MOTHER, (State or Country). Cleves, Ohio

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mrs. Elizabeth D. Mason

(Address)..... 1710 N. Smallwood Street

15-

Filed MAY 14 1925 19..

Robert F. Harrison,
Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 13th 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. J. Hennessy M. D.
(Coroner.)

5-14 1925 (Address) 2803 Edmondson Ave.

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Western Cem	May 16 1925
20-UNDERTAKER. Joseph B. Cook	ADDRESS 1003 N. Bethel St

Check of certificate. It is very important. See instructions on back of

Cor.—1-12-23—M&T—100 Blks.

D 98439 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98439

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 N. Luzerne Ave ST., 6-3 WARD) REGISTERED No. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Hartman

(a) RESIDENCE No. 421 N. Luzerne Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. — mos. — ds. How long in U. S., if of foreign birth? 63 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 ~~Single, Married, Widowed,~~ or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Hartman

6 DATE OF BIRTH (month, day, and year): Sept 28/44

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	7	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: John Lantz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: ~~Sand~~

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Anna C. Bartman
(Address): 421 N. Luzerne Ave

15 Filed ....., 192 .....
Robert P. Harrison,
Registrar
Burial Permit Clerk

TION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 12 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to ~~her~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:
~~Hypostatic~~ Broncho Pneumonia
Valvular Contains

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senility Rheumatism

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. H. Pollitt M. D.
(Coroner.)
5-14, 192 5 (Address) 508 E. North

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel — DATE OF BURIAL: 5/16 1925

20 UNDERTAKER: Philip Herrig — ADDRESS 2016 Orleans St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98440

CERTIFICATE OF DEATH.

D 98440

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 N. Milton Ave. St.; 7 WARD)

REGISTERED No. C 74 3

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Uhle

(Residence in Baltimore: No. 600 N. ~~Luzerne~~ Milton ave St.; 77 yrs., 9 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower.

6-DATE OF BIRTH, Aug. 15, 1847 (Month) (Day) (Year)

7-AGE, 77 yrs. 9 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John H. Uhle

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER [redacted]

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fred Raabe

(Address) 600 N. Milton ave

15-

Filed ...4... 1925, 191...

Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 11, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10 1925, to May 11 1925, that I saw h[illegible] alive on May 11 1925, and that death occurred, on the date stated above, at 10.45 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) 5 yrs. ...mos. ...ds.

(Signed) Lewis V. Ogle M. D.

5-15, 1925 (Address) 1601 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Trinity Cem. DATE OF BURIAL, 5/15, 1925

20-UNDERTAKER, Philip Herwig ADDRESS 2016 Orleans St

Spec.—1-10-21—M&T—1500 Blks.

D 98441

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98441

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3002 Clifton Pk. Ter. ST., 8-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna M. Freeman

(a) RESIDENCE NO. 3002 Clifton Pk. Ter. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 10 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of late Ed. B. Freeman

6 DATE OF BIRTH (month, day, and year) June 20/57

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Wm. Vogts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Marie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs John L. Parks

(Address) 3003 Clifton Pk Ter.

15 Filed ....., 19..... Robert F. ... Registrar

Y 14 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/12 1925

17

I HEREBY CERTIFY, That I attended deceased from April 9th, 1925, to May 12th, 1925, that I last saw her alive on May 12th, 1925, and that death occurred, on the date stated above, at 8.50 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexic Coma (duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) 5 yrs. mos. ds.

Arteriosclerosis

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Geo. Pfeiffer Jr. M. D.

5/13 1925 (Address) 401 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL 5/15 1925

20 UNDERTAKER Philip Herring — ADDRESS 2016 Orleans

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 98442 1807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. X 49

D 98442

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gus Lauman

(a) RESIDENCE No. 33 Rich Ave Deland, Fla WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 6 Weeks. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married ~~Germany~~

5a If married, widowed, or divorced, HUSBAND of ~~(or) WIFE of~~ Mercod Lauman

6 DATE OF BIRTH (month, day, and year) ? 1861

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
64	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 15

(b) General nature of industry, business, or establishment in which employed (or employer) —"—

(c) Name of employer —"—

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Clemens Lauman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Gertrude Kohan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL.

15 Filed ....., 19..... Registrar

14 1925 Robert P. Harrison, Asst. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14, 1925

17 I HEREBY CERTIFY, That I attended deceased from April 27, 1925, to May 14, 1925, that I last saw h— alive on May 14, 1925, and that death occurred, on the date stated above, at 4.15 a.m.

The CAUSE OF DEATH* was as follows:

Paralytic ileus

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary)

Cancer of bladder (duration) 3 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of May 6 1925

Was there an autopsy? yes

What test confirmed diagnosis? dilated stomach

(Signed) W. W. Speed M. D.

May 13. 1925 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL DeLand Fla — DATE OF BURIAL May 14 1925

20 UNDERTAKER John O Mitchell — ADDRESS 320 W Fayette

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 98443 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98443

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 N.Fulton Ave. ST., 20-5 WARD)

REGISTERED NO. 429

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena Price,

(a) RESIDENCE No. 204 N.Fulton Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? 64 yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Robert Price,

6 DATE OF BIRTH (month, day, and year) September 3, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	65	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) London England

PARENTS

10 NAME OF FATHER Isreal Poss,

11 BIRTHPLACE OF FATHER (city or town) (State or country) London England

12 MAIDEN NAME OF MOTHER Emlia Corack,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) London England

14 Informant Robert Price, (Address) 204 N.Fulton Ave.

15 MAY 14 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAY 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 19 25. to May 13 19 25.

that I last saw her alive on May 12 19 25;

and that death occurred, on the date stated above, at 8 m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Coronary Occlusion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Urine

(Signed) Chas H Bloke, M. D.

MAY 14 1925 19 (Address) 20 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Druid Ridge

DATE OF BURIAL MAY 16 1925 19

20 UNDERTAKER Geo W Little

ADDRESS 1700 EDMONDSON AVE.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98444

D 98444

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL St., 11 (Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Pappas

(a) RESIDENCE NO. 1212 Guilford Ave WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. Life ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	—

5a If married, widowed, or divorced
HUSBAND) of
(or) WIFE of -

6 DATE OF BIRTH (month, day, and year) April 28-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			15 5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) .....
(State or country) Md

PARENTS

10 NAME OF FATHER Nick Pappas

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Turkey

12 MAIDEN NAME OF MOTHER Martha Erwin

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Md.

14 Informant Recado
(Address) JOHNS HOPKINS HOSPITAL.

15 Robert P. Harrison,
. 19 ..... Registrar

14 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 19 25

17

I HEREBY CERTIFY, That I attended deceased from April 29. 1925. to May 13. 1925.

that I last saw him alive on May 13, 19 25

and that death occurred, on the date stated above, at 2.30 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (Secondary) Diarrhea (unexplained)

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) Walter B. Stewart, M. D.

. 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 5/15 1925

UNDERTAKER William Cook

ADDRESS 502 E Mt

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 98445

180 779

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98445

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) JOHNS HOPKINS HOSPITAL ST., 11-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Pappas

(a) RESIDENCE NO. 1218 Guilford Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 28, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —"—

(c) Name of employer —"—

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Nick Pappas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Turkey

12 MAIDEN NAME OF MOTHER Martha Irwin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Record

(Address) JOHNS HOPKINS HOSPITAL.

15 Filed MAY 14 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 19, 25

17

I HEREBY CERTIFY, That I attended deceased from April 29, 19 25 to May 13, 19 25

that I last saw h~~im~~alive on May 13, 19 25

and that death occurred, on the date stated above, at 10 25 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Diarrhea (unexplained)

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Walter B Stewart, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 5/15 1925

20 UNDERTAKER William Cook

ADDRESS 502 E. N. Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98446

CERTIFICATE OF DEATH.

101-001 D 98446

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Anns Convent 2209 Greenmount av. ST., 9-4 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sister Mary Dionysia Naughton

(a) RESIDENCE No. 2209 Greenmount Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct-18-1861

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	63	6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher 68

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Newport (State or country) Rhode Island

PARENTS

10 NAME OF FATHER Michael Naughton

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Mary Downy

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Sister Mary Dionysia (Address) Notre Dame Convent

15 FILED MAY 15 1925 ROBERT R. PRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 1925

17

I HEREBY CERTIFY, That I attended deceased from May 9th. 1925. to May 13th. 1925.

that I last saw h e alive on May 13th. 1925.

and that death occurred, on the date stated above at 11 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Heart Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Reginald J. Tovey, M. D.

. 19 (Address) 414 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Notch Cliff — DATE OF BURIAL May 16 1925

20 UNDERTAKER Frank A. Fink — ADDRESS 915 N. Eutaw

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA- ...ay be properly classified.

Spec.—1-10-21—M&T—1500 Bks.

D 98447

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 D 98447

1-PLACE OF DEATH Maryland Genl. Hosp 15-9

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Albert Roy Carter

(a) RESIDENCE No. 1640 Asburton st. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary K. Carter

6 DATE OF BIRTH (month, day, and year) Jan 18-1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Richmond (State or country) Va.

PARENTS

10 NAME OF FATHER John F. Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Mary K. Carter

(Address) 1640 Asburton st.

15 MAY 15 1925 ROBERT R. PRAUTER, Registrar

Bureau of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/13/1925

17 I HEREBY CERTIFY, That I attended deceased from 2/12/25, 19..., to 5/13/25, 19..., that I last saw him alive on 5/13/25, 19..., and that death occurred, on the date stated above, at 5:15 a. m.

The CAUSE OF DEATH* was as follows:

[redacted]

Chronic nephritis.

(duration) unknown yrs. mos. 0 ds.

CONTRIBUTORY (Secondary) Uremic Coma

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) John A. Hamilton, M. D.

, 19 (Address) Md. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 5/16 1925

20 UNDERTAKER Wm. J. Tichnor & Son — ADDRESS [illegible]

TION is very important. See instructions on back of certificates. ... may be properly classified. Exact statement of OCCUPA-

Spec. 1-19-21—M&T—1500 Bks.

98448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90D 98448

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. ..... ST., 5-2 WARD) REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Davis

(a) RESIDENCE NO. 1128 Orleans ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 5 8 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 55 yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander Davis

6 DATE OF BIRTH (month, day, and year) May 12 - 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Abel Lesser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Friess

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant David Davis
(Address) 2118 Greenmount Ave

15 Filed ..... 19 ..... ROBERT H. KRAUTER Registrar

MAY 15 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 1925

17

I HEREBY CERTIFY, That I attended deceased from May 11, 1925, to May 13, 1925, that I last saw h[illegible] alive on May 12, 1925, and that death occurred, on the date stated above, at 3.45 A. m.

The CAUSE OF DEATH* was as follows:

Bronchial asthma

(duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocard. insufficiency

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? .....

What test confirmed diagnosis? Clin. & Laboratory

(Signed) Isidor L. Fry M. D.

May 19 25 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ohel Sholom Cem — DATE OF BURIAL 5/15 1925

20 UNDERTAKER Jack Lewis 1409 E Balto St — ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 6-9-19 H. P. Co.—1000 Blks.

D 98449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98449

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 N. Broadway ST.; 6-90 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mollie Golden

(a) RESIDENCE. NO. 309 N. Broadway ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Golden

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Samuel Kogan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah Katz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Samuel Golden

(Address) 309 N. Broadway

MAY 15 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 1925

17 I HEREBY CERTIFY, That I attended deceased from March 17, 1925, to May 14, 1925, that I last saw h.er alive on May 14, 1925, and that death occurred, on the date stated above, at 8 p. m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

(duration) ... yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Involutional Psychosis

(duration) ... yrs. 2 mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B. M. Bergarth M. D.

5/15, 1925 (Address) 3451 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Circle Cem

DATE OF BURIAL: 5/15 1925

20 UNDERTAKER: Jack Lewis

ADDRESS: 1439 E. Balto St

TION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98450

CERTIFICATE OF DEATH.

7-001

D 98450

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 11-1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Towson

(Residence in Baltimore: No. 402 E. Preston St.: (yrs., 15 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, January 19, 1848
(Month) (Day) (Year)

7-AGE 77 yrs. 3 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Slater
(b) General nature of industry, business, or establishment in which employed (or employer) Roof

9-BIRTHPLACE, (State or Country), Penna.

PARENTS.

10-NAME OF FATHER Isaac W. Towson

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Elizabeth H Hess

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clayton A. Towson

(Address) Lancaster Pa.

15- MAY 15 1925 ROBERT R. KRAUTER, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 14, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract Femur due to Cerebral Sclerosis

Sudden / Cerebral Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. ? Riley M. D.
(Coroner.)

May 15, 1925 (Address) near Penn

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lancaster Pa | DATE OF BURIAL, May 15, 1925

20-UNDERTAKER Chas. P. Travis & Son | ADDRESS 118 W. Mt. Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

D 98451

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98451

CERTIFICATE OF DEATH.

25-129

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 10th Street, Brooklyn ST., 25 WARD)

2-FULL NAME Sophie Stoll

(a) RESIDENCE No. 10th Street, Brooklyn ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Stoll

6 DATE OF BIRTH (month, day, and year) May 23, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Constantinople, (State or country) Turkey

PARENTS

10 NAME OF FATHER Henry J. Stoll

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sophie Stoll

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Turkey

14 Informant Herman C. Stoll
(Address) 10th. St. Brooklyn

15

MAY 15 1925

Robert R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13, 1925

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to May 13, 1925,

that I last saw h— alive on May 13, 1925,

and that death occurred, on the date stated above, at 6.50 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. F. Brooke M. D.

May 14 1925 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	May 16 1925
20 UNDERTAKER	ADDRESS
John F. Denny	715 Light St

CAUSE OF DEATH is very important. See instructions on back of certificates. Certificate may be properly classified. Exact statement of OCCUPATION

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98452

CERTIFICATE OF DEATH.

31

D 98452

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 North Hilton ST., 20-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elanna Benson

(a) RESIDENCE No. 8 North Hilton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. 11 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles A. Benson

6 DATE OF BIRTH (month, day, and year) May 15th 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Harry Jeffries

11 BIRTHPLACE OF FATHER (city or town) Detroit (State or country) Canada

12 MAIDEN NAME OF MOTHER Elizabeth Litz

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Charles A. Benson

(Address) 8 North Hilton ave

Filed MAY 15 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13th 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 10, 1924, to May 13, 1925, that I last saw h alive on May 12th, 19, and that death occurred, on the date stated above, at 6.45 a. m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonary -

(duration) — yrs. 6 mos 4 ds.

CONTRIBUTORY (Secondary) Asthma

(duration) — yrs. — mos. 20 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) [illegible], M. D.

5/14, 1925 (Address) 51 Scott

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 5/15/1925

20 UNDERTAKER Geo. Weber & Son — ADDRESS 2503 Edmondson

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98453

CERTIFICATE OF DEATH.

129 D 98453

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2930 Winchester ST. 16-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Marion B. Riddlemoser

(a) RESIDENCE NO. 2930 Winchester ST., 15 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? 77 yrs. 3 mos. 4 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dr Joseph A Riddlemoser

6 DATE OF BIRTH (month, day, and year) Jan 22 48

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
77	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Heyday

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Bannerman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14

Informant G Eldridge Waesche

(Address) 2930 Winchester

15 Filed MAY 15 1925 ROBERT P. KRAUTH, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5.14. 1925

17

I HEREBY CERTIFY, That I attended deceased from 11.14.24, 1924, to 5.14, 1925,

that I last saw h[illegible] alive on May 13th, 1925,

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Hardening of Liver

(duration) / yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) J. D. Lobstart, M. D.

5.14. 1925 (Address) 211 N. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ridgeville Md.

DATE OF BURIAL May 16 1925

20 UNDERTAKER W M Rouzer

ADDRESS 223 N Smith

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98454

D 98454

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 809 Belgian ave St., 27-9 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence Theresa Vogle

(a) Residence No. 809 Belgian ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Will Vogle.

6-DATE OF BIRTH (month, day and year) Feb 19 1853

7-AGE, 72 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country) Balto Co Md.

PARENTS.

10-NAME OF FATHER Jno L. Gallagher.

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Pa.

12-MAIDEN NAME OF MOTHER Mary L Stevens.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14- (Informant) William Vogle

(Address) 809 Belgian Ave.

15- MAY 15 1925 ROBERT R. FRAUTER, Burial Permit Clerk.

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 13th 1925

17- I HEREBY CERTIFY, That I attended deceased from January 30th 1925 to May 13th 1925 that I last saw her alive on May 13th 1925 and that death occurred, on the date stated above, at 9.50 P. m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Personal observation

(Signed) Wm Conrad Bode, M. D

, 19 (Address) 1900 Maryland ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Lakewood — DATE OF BURIAL, May 16, 19 25

20-UNDERTAKER, E A Weidefeld — ADDRESS 501 E 22 St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98455

CERTIFICATE OF DEATH.

19-129 D 98455

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1700 W. Lexington St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances E. Wheeler

(a) Residence No. 1700 W. Lexington St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Michael Wheeler

6-DATE OF BIRTH (month, day and year) Dec 23 1839

7-AGE. 85 yrs. mos. ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Geo Ryder

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ga.

12-MAIDEN NAME OF MOTHER. Martha Wiser

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Not known

14- (Informant) Arnold Wheeler

(Address) 1700 W. Lexington

15- MAY 15 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 14/25

17- I HEREBY CERTIFY, That I attended deceased from April 20 1925 to May 14 1925 that I last saw h.. alive on May 14 1925 and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Intestinal Nephritis

(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Senility

(Duration) 2 yrs. — mos. — ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Brain analysis

(Signed) Thomas Dobson M. D

, 19 (Address) 1001 N Fulton ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Pet [illegible] DATE OF BURIAL, 19 25

20-UNDERTAKER. E. A. Wendfeld ADDRESS 501 E [illegible]

Spec.—1-10-21—M&T—1500 Blks.

D 98456 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 98456

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 3811 Garrison ST. 16-1 WARD)

2-FULL NAME Mary Sue Long

(a) RESIDENCE NO. 3811 Garrison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Capt Henry Long.

6 DATE OF BIRTH (month, day, and year): Jan - 15-1845

7 AGE: Years 80; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Missouri

PARENTS

10 NAME OF FATHER: Josh. Bolt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Missouri

12 MAIDEN NAME OF MOTHER: Harriet E Hough

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Missouri

14 Informant: D. David Long

(Address): 3811 Garrison Ave

15 MAY 15 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 14th 1925

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to May 14, 1925, that I last saw h alive on May 14, 1925, and that death occurred, on the date stated above, at 9.50 P m.

The CAUSE OF DEATH* was as follows:

1 Lobar Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Valvular Heart Dis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) William L Henry, M. D.

. 19 (Address) 3811 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn — DATE OF BURIAL: 5/16 1925

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E North

N. B.—Where it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 98457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

43 ✓ D 98457

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 427 E Lafayette Ave (Street) V-6 (WARD)

2-FULL NAME Robert A Courtney Jr.

(a) RESIDENCE No. 427 E Lafayette Ave (Street) WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sara E Courtney

6 DATE OF BIRTH (month, day, and year): Oct 10 1870

7 AGE — Years: 53 — Months: 7 — Days: 4 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Drug Mfr

(b) General nature of industry, business, or establishment in which employed (or employer): 45

(c) Name of employer: Own Self Va

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Robert A Courtney Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Sara E Courtney

(Address): 427 E Lafayette Ave

Filed MAY 15 1925 ROBERT R. KRAUTER, Registrar

Mourninger 418 E Preston Undertaking Co. (Clerk.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 14 1925

17 I HEREBY CERTIFY, That I attended deceased from May 4, 1925, to May 14, 1925, that I last saw him alive on May 14, 1925, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of tongue

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of — — —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Arthur C Mourninger M. D.

5/14, 1925 (Address) 418 E North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminster Cem't

DATE OF BURIAL: May 16 1925

20 UNDERTAKER: William Lackey

ADDRESS: 502 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

1925 D 98458

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98458

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-1 WARD)

2-FULL NAME Robert Lee Green

(a) RESIDENCE NO. Dundalk Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	White

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 14 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	—	—	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Maryland (State or country)

PARENTS

10 NAME OF FATHER George B Green

11 BIRTHPLACE OF FATHER (city or town) Ohio (State or country)

12 MAIDEN NAME OF MOTHER Ella Price

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed MAY 15 1925 HUBERT R. KRAUTH, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 - 1925

17 I HEREBY CERTIFY, That I attended deceased from May 6 - , 1925, to May 14 - , 1925, that I last saw him alive on May 14 - , 1925, and that death occurred, on the date stated above, at 6-45 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted: if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Arr Jacobson M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery — DATE OF BURIAL May 15 19 25

20 UNDERTAKER Henry Sander Co (ADDRESS) Mt Royal

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98459

CERTIFICATE OF DEATH.

161-002

D 98459

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Baby Girl Saunders

(a) Residence No..... St.,..... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, black

5-Single, Married, Widowed, or ~~Divorced~~ (Write the word.) Infant

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) May 6, 1925

7-AGE, ... yrs. ..... mos. 6 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer.....

9-BIRTHPLACE (city or town) Baltimore, Md
(State or Country),

PARENTS.

10-NAME OF FATHER, William Saunders

11-BIRTHPLACE OF FATHER (city or town) unknown
(State or Country),

12-MAIDEN NAME OF MOTHER, Marie Bowie

13-BIRTHPLACE OF MOTHER (city or town) Maryland
(State or Country),

14-

(Informant) Marie Saunders

(Address) Baltimore, Md

MAY 15 1925

ROBERT R. KRAUTER
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 12 1925

17- I HEREBY CERTIFY, That I attended deceased from May 6 1925 to May 12 1925

that I last saw h[illegible] alive on May 12 1925

and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) M. Alexander Morley, M. D.

5/13, 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, ...

DATE OF BURIAL, May 14 1925

20-UNDERTAKER, ...

ADDRESS .....

Commissioner of Health.

451

instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 98460

HEALTH DEPARTMENT—CITY OF BALTIMORE. D 98460

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 Glenwood ave ST., 27-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth A Warfield

(a) RESIDENCE No. 615 Glenwood ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of: James L Warfield

6 DATE OF BIRTH (month, day, and year): May 14. 1856

7 AGE: Years 69; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ohio.

PARENTS

10 NAME OF FATHER: John Mathews

11 BIRTHPLACE OF FATHER (city or town) (State or country): Don't know

12 MAIDEN NAME OF MOTHER: Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Don't know

14 Informant: Sarah E Wareheim (Address) 615 Glenwood.

15 Filed MAY 15 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 13th 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1925, to May 13, 1925.

that I last saw her alive on May 12, 1925

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cancer of Kidney

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray

(Signed) E. M. Duncan, M. D.

May 15 1925 (Address) 5106 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park. DATE OF BURIAL: 5/16 1925

20 UNDERTAKER: Robt J Turner Inc ADDRESS 1442 W Broadway.

Spec.—1-10-21—M&T—1500 Blks.

D 98461

HEALTH DEPARTMENT—CITY OF BALTIMORE D 98461

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Norwood Ave- ST., Norwood Heights- WARD) 25-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Mc Donnell

(a) RESIDENCE NO. Norwood Ave- ST., Norwood Heights WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza McDonnell

6 DATE OF BIRTH (month, day, and year) Nov 19th 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Thomas McDonnell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Emma Dorman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant John McDonnell

(Address) Norwood ave-Norwood Heights

15 Filed MAY 15 1925 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13th 1925

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1924, to May 13, 1925, that I last saw h- alive on May 13, 1925 and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Respiratory Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Henry J Hahn, M. D.

5/14. 1925 (Address) 220-N Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL May 16 1925

20 UNDERTAKER Robt J Turner Inc

ADDRESS 1442 Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 98462 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98462

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Inst of Clinton 182

City of BALTIMORE: (No. Pier 5 Canton St., 7-1 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Casimier Biernacki

(Residence in Baltimore: No. 730 S Ann St.; yrs., mos. ds.)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. ....., 1..... (Month) (Day) (Year)

7-AGE.	If LESS than 1 day.
42 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Shoeshine
(b) General nature of industry, business, or establishment in which employed (or employer) 074

9-BIRTHPLACE, (State or Country). Poland

PARENTS.

10-NAME OF FATHER. Paul Biernacki

11-BIRTHPLACE OF FATHER, (State or Country). Poland

12-MAIDEN NAME OF MOTHER. Mary Roman

13-BIRTHPLACE OF MOTHER, (State or Country). Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. Biernacki

(Address) 1516 Shakespeare St

MAY 15 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ~~Found in Harbor~~ May (Month) 15 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or Inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental drowning

missing 11 days

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) James M. Fenton M. D. (Coroner.)

May 15 1925 (Address) Tower Chas St

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St Stanislaus Cem. DATE OF BURIAL. May 15 1925

20-UNDERTAKER. John M Weber ADDRESS 1103 Bank St

D 98463

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

18

D 98463

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Foot Caroline St., 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill ont No. 18.)

2-FULL NAME John Krygowitt

(Residence in Baltimore: No. 933 Fell St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	Single

6-DATE OF BIRTH,

....., 1.....
(Month) (Day) (Year)

7-AGE,

39 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... foreman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Lug Boat

9-BIRTHPLACE, (State or Country), Austria Poland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country) Austria Poland

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country) Austria Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Rich Bonafon

(Address) 323 S. Ann St

15-

Filed MAY 15 1925, 19..... ROBERT R. KRAMER, Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, found in harbor May 6, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Immediate Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning
fell from tug boat
struck asleep on deck
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Fulton M. D.
(Coroner)

May 15 1925 (Address) 7 or 9 Clark

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Cross Harf	May 16, 1925
20-UNDERTAKER.	ADDRESS
John H Weber	1803 Bank St

Is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98464

CERTIFICATE OF DEATH.

D 98464

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1600 Carlton Ter ST., 12-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Smith

(a) RESIDENCE NO. 1600 Carlton Ter ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: no

6 DATE OF BIRTH (month, day, and year): May 13 1925

7 AGE: Years | Months | Days: 1 | If LESS than 1 day, 6 hrs. or 45 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: no

(b) General nature of industry, business, or establishment in which employed (or employer): no

(c) Name of employer: no

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: William Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): So Carolina

12 MAIDEN NAME OF MOTHER: Jemmie Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): So Carolina

14 Informant (Address): ROBERT R. KRAUTER

MAY 15 1925 Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 14 1925

17 I HEREBY CERTIFY, That I attended deceased from May 13, 1925, to May 14, 1925, that I last saw h~~im~~ alive on May 14, 1925, and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Physical Condition of Mother and premature Birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Physical condition of Mother (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) Geo L Adler M. D.

, 19 (Address) #2462 3-D St Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — DATE OF BURIAL: MAY 15 1925

20 UNDERTAKER: Commissioner Health — ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

79

D 98465

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98465

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Body found floating in the water 4-3 182 Registered No. C.....

City of BALTIMORE: (No. at Pier #5 Pratt Street. St., ward)

2-FULL NAME Unknown.(C).

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. Do not know. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male.	Colored.	Do not know.

6-DATE OF BIRTH. Do not know. (Month) (Day) (Year)

7-AGE. about 35 yrs. -- mos. -- ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. 087
(b) General nature of industry, business, or establishment in which employed (or employer). Do not know.

9-BIRTHPLACE, (State or Country). Do not know.

PARENTS.

10-NAME OF FATHER. Do not know.

11-BIRTHPLACE OF FATHER, (State or Country). Do not know.

12-MAIDEN NAME OF MOTHER. Do not know.

13-BIRTHPLACE OF MOTHER, (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Police Report.

(Address) Central District.

15- Filed MAY 15 1925 192 ROBERT R. KRAUTER, Burial Permit Clerk Registrar.

K MORGUE.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Found May 7th, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
Probably Accidental.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

May 14th, 192 5. (Address) 1014 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. PUBLIC CEMETERY. DATE OF BURIAL.

20-UNDERTAKER. Commissioner Health ADDRESS MAY 15 1925

MAY 15 1925

Use CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

1804 D 98466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 129 D 98466

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) JOHNS HOPKINS HOSPITAL ST., 7-1 WARD)

2-FULL NAME Ernest Crow

(a) RESIDENCE No. Boomer W Va ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? 1913

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
15	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West Virginia

PARENTS

10 NAME OF FATHER Jack Crow

11 BIRTHPLACE OF FATHER (city or town) (State or country) W Va.

12 MAIDEN NAME OF MOTHER Emma Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va.

14

Informant Friend

(Address) JOHNS HOPKINS HOSPITAL

MAY 5 1925 19

Burial Permit Clerk, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 1925

17

I HEREBY CERTIFY, That I attended deceased from May 10, 1925, to May 14, 1925,

that I last saw her alive on May 14, 1925,

and that death occurred, on the date stated above, at 8 00 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Trevor Thomas, M. D.

May 15, 1925 (Address) Johns Hopkins Hospital Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Montgomery W Va	5/15/24 19
20 UNDERTAKER	ADDRESS
Joseph Ahrens	221 Bway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—I-10-21—M&T—1500 Bks.

(Jaby)

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98467

CERTIFICATE OF DEATH.

99 - gal D 98467

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 Eastern Ave ST., 3 - 4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Angella Jaby

(a) RESIDENCE NO. 1563 Eastern Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mill Worker

(b) General nature of industry, business, or establishment in which employed (or employer): 046

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Laurens Co South Carolina

PARENTS

10 NAME OF FATHER: Will Beasley

11 BIRTHPLACE OF FATHER (city or town) (State or country): S.C.

12 MAIDEN NAME OF MOTHER: Minnie Little

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S.C.

14 Informant: Will Beasley

(Address) 1503 Eastern Ave

15 Filed ... Robert P. Harriger ... Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1925 to May 13, 1925 that I last saw h[illegible] alive on May 12, 1925 and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. 3 mos. 18 ds.

CONTRIBUTORY (Secondary) Influenza Working in Mill

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) B. Hatcher, M. D.

5/13, 1925 (Address) 1225 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel cemetery — DATE OF BURIAL: may 16 1925

20 UNDERTAKER: Edward Bryan — ADDRESS 1651 orleans st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98468 D 98468

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 Elmwood Road St., R.P. WARD) RP 7-6

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Hawkins Patterson

(a) RESIDENCE NO. 17 Elmwood Road R.P. St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Male~~

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, ~~widowed~~, or ~~divorced~~ HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 14th 1880

7 AGE: Years 44 | Months 9 | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Insurance Broker

(b) General nature of industry, business, or establishment in which employed (or employer): 645

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: William P. Patterson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER: Sophia Beck

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mary P. Bowan

(Address) 3307 Charles St

15 Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15th 1925

17

I HEREBY CERTIFY, That I attended deceased from May 11, 1925, to May 15, 1925, that I last saw him alive on May 15, 1925, and that death occurred, on the date stated above, at 5.25 a.m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis, Myocardial Failure

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) several yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Examination

(Signed) Dr. Lewis Brett, M. D.

, 19 (Address) 717 Park Ave Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: May 17 1925

20 UNDERTAKER: Henry H. Perkins, Inc. — ADDRESS: 60 McCulloh St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Burial Permit Clerk

D 98469

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98469

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1112 N. 40th St.

CITY OF BALTIMORE (No. 1112 N. 40 St. St.) 13-4 (Ward) 90

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jany Kennedy

(Residence in Baltimore: No. 1112 N. 40th St. St.; yrs. 50 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Jan 21, 1849 (Month) (Day) (Year)

7-AGE, 76 yrs. 3 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Fairland. md.

PARENTS.

10-NAME OF FATHER, Israel Morris

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER Catherine Palmer

13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs J. C. Tuttle

(Address) 4113 Falls Road.

15- Robert P. Harrison, Registrar.

Filed MAY 15 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 14, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inq (Inquest, autopsy of inquiry.) find that said deceased came to h... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Heart

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) ... Morrison M. D. (Coroner.)

May 15 1925. (Address) 863 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Marys Hampden | DATE OF BURIAL, May 16, 1925

20-UNDERTAKER: J. Walter Davis | ADDRESS 3307 Pa...

If important. See instructions on back of certificate.

D 98470

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98470

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St., V-3 Ward) 129 Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 16.)

2-FULL NAME John M Long

(Residence in Baltimore: No. 1729 Fleet St., 12 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Sept (Month) 15 (Day) 1870 (Year)

7-AGE. 49 yrs. 6 mos. 28 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer (Old)
(b) General natnre of industry, business, or establishment in which employed (or employer). Common

9-BIRTHPLACE, (State or Country). Philadelphia Pa

PARENTS.

10-NAME OF FATHER, John Long

11-BIRTHPLACE OF FATHER, (State or Country) Balto City

12-MAIDEN NAME OF MOTHER, Margaret Adams

13-BIRTHPLACE OF MOTHER, (State or Country) Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Doherty

(Address) 1729 Fleet St

15- May 15 1925

Robert P. Harrison, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 13 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Hanlon M. D. (Coroner.)

May 15 1925 (Address) 700 E Chase

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Trinity Cemetery	5/15/25 19....
20-UNDERTAKER. George J Ruth	ADDRESS 1735 Harford Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Y 15 1925

Spec.—1-10-21—M&T—1500 Bks.

D 98471

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98471

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward 6) REGISTERED NO. 21-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Neial

(a) RESIDENCE NO. 721 Pomeroy ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Marie Neial

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Turner

(b) General nature of industry, business, or establishment in which employed (or employer) 084

(c) Name of employer

9 BIRTHPLACE (city or town) Germany Balt
(State or country) Prussia Poltava

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Baltimore City Hosp Records
(Address)

15 Filed MAY 15 1925 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-14 1925

17

I HEREBY CERTIFY, That I attended deceased from 5-6, 1925, to 5-14, 1925, that I last saw him alive on 5-14, 1925, and that death occurred, on the date stated above, at 4 20 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia of stomach

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 5-14-25

Was there an autopsy? No

What test confirmed diagnosis? Clinical Pathology

(Signed) Arnold L Jensen, M. D.

5/15, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	5/18/25
20 UNDERTAKER Geo Lembach & Son	ADDRESS 611 W Pratt St

INFORMATION should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98472

CERTIFICATE OF DEATH.

D 98472

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5418 Maple Ave. ST., Arlington WARD)

2-FULL NAME Jno. Whitaker Atkinson

(a) RESIDENCE NO. 5418 Maple Av ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): May 9-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	—	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): 000
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): 5418 Maple Av Baltimore Md.

PARENTS

10 NAME OF FATHER: Jno. W. Atkinson Md

11 BIRTHPLACE OF FATHER (city or town) (State or country):

12 MAIDEN NAME OF MOTHER: Elsie J. Gesell Md

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Jno. W. Atkinson
(Address) 5418 Maple Av

Filed MAY 15 1925, 19 ... Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5. 14 19 25

17 I HEREBY CERTIFY, That I attended deceased from 5-9-25, 19..., to 5.14.25, 19...,
that I last saw h[illegible]alive on 5.14.25, 19...,
and that death occurred, on the date stated above, at 11. A. m.
The CAUSE OF DEATH* was as follows:

Hemorrhage of Intestines

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Philip R. Towles, M. D.

5-14-, 19 (Address) 1432 William St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Market M.P. (Balto Co) — DATE OF BURIAL: May 16 1925.

20 UNDERTAKER: Horace F. Burgee — ADDRESS: 3631 Falls Rd.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

D 98473

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98473

CERTIFICATE OF DEATH.

124

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1143 Riviera Ave (WARD) 24-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward J. Butler

(a) RESIDENCE NO. 1143 Riviera Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice M. Santmyer

6 DATE OF BIRTH (month, day, and year) — — 1877

7 AGE Years 48 Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paperhanger

(b) General nature of industry, business, or establishment in which employed (or employer) Maker 86

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Edward J. Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond Va

12 MAIDEN NAME OF MOTHER Emma Mueller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Gaston Butler

(Address) 1143 Riviera Ave

15 Filed ..... 19 ..... Robert P. Harrison, Registrar

MAY 15 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 1925

17 I HEREBY CERTIFY, That I attended deceased from May 11, 1925 to May 14, 1925 that I last saw him alive on May 14, 1925 and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis with Hypertension (duration) 9 yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) 9 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical signs

(Signed) Sidney H. Strett, M. D.

5/15 1925 (Address) 445 E. Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Edgewood

DATE OF BURIAL 5/16 1925

20 UNDERTAKER L. J. Schweyhaus

ADDRESS 1318 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98474

CERTIFICATE OF DEATH.

D 98474

1-PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. [illegible] Baltimore Co. (WARD) 19

REGISTERED NO. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sister Mary Frances DeSales

(a) RESIDENCE No. Good Shepherd Convent Mount St (WARD)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nun

(b) General nature of industry, business, or establishment in which employed (or employer) Convent

(c) Name of employer Good Shepherd

9 BIRTHPLACE (city or town) England

(State or country)

PARENTS

10 NAME OF FATHER — McGreevy

11 BIRTHPLACE OF FATHER (city or town) Ireland

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Ireland

(State or country)

14 Informant Sister Mary Shepherd

(Address) Mt St Gallin Sta

15 Filed ..... 19 ..... Robert P. Harrison, Registrar

MAY 15 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-14 1925

17 I HEREBY CERTIFY, That I attended deceased from 5-3, 1925, to 5-14, 1925, that I last saw h[illegible] alive on 5-14, 1925, and that death occurred, on the date stated above, at 6:30 P.m.

The CAUSE OF DEATH was as follows:

Apoplexy

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos 1½ wds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

Hepatic Neuralgia

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Nursing Home

Did an operation precede death? Yes Date of 5-5-25

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Edwards Bagley Jr., M. D.

, 19 (Address) Baltimore Apts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Grave of Sisters Cem. Mt St Gallin

DATE OF BURIAL 5/16 1925

20 UNDERTAKER J. J. Fahey Sons

ADDRESS 131 Light St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 98475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98475

1-PLACE OF DEATH

City of BALTIMORE: (No. 1002 N. Eutaw St., 11-2 Ward) Registered No.

2-FULL NAME. Benjamin DeRosa

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1002 E. Eutaw St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~Single~~, Married, ~~Widowed~~, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND ~~of (or) WIFE~~ of Christina DeRosa

6-DATE OF BIRTH (month, day and year) Jan 8th 1863

7-AGE. 62 yrs. 4 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Merchant

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Constantine DeRosa

11-BIRTHPLACE OF FATHER (city or town). (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Matilda Assanto

13-BIRTHPLACE OF MOTHER (city or town). (State or Country), Italy

14- (Informant) Peter DeFeo

(Address) 115 S. Chester

15- Filed 1925 Robert P. Harrison, 192 Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 13, 1925

17- I HEREBY CERTIFY, That I attended deceased from May 7, 1925 to May 13, 1925

that I last saw him alive on May 12 - 1925

and that death occurred, on the date stated above, at 2.30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. L. Cassano M. D

May 14, 1925 (Address) 514 Orony Lane

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
New Cathedral	May 16, 1925
20-UNDERTAKER.	ADDRESS
Frank V. Peters	1000 E. 32nd St.

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Give instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 98476

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98476

CERTIFICATE OF DEATH.

118-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 N. Mulberry ST., 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Logan

(a) RESIDENCE NO. 1121 N. Mulberry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. 1 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Logan

6 DATE OF BIRTH (month, day, and year) March 26 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John Conroy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Susan Belty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Joseph Rhodes (Address) 1121 W. Mulberry

15 MAY 16 1925 19 Robert P. Herrides, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 22, 1925, to May 14, 1925, that I last saw h[illegible] alive on May 13, 1925, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Acute intestinal Obstruction

(duration) yrs. mos 1½ ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H E Jones M. D.

5/15, 1925 (Address) 720 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto Cemetery	May 16 1925
20 UNDERTAKER	ADDRESS
W M Routson	2205 N. Mott

mation should be carefully supplied. AGE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 98477

178308

HEALTH DEPARTMENT—CITY OF BALTIMORE D 98477

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 3-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Epse

(a) RESIDENCE NO. 1305 Gough St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER Lizzie Epse

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

MAY 15 1925 Robert F. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5, 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 5, 1925 to May 5, 1925, that I last saw her alive on May 5, 1925, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Otitis media — Septicemia (streptococcus hemolyticus)

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Walter B. Stewart, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL MAY 15 1925

20 UNDERTAKER Consolidated Funeral Co.

Burial Permit Clerk

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Cor.—1-12-25—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98478

CERTIFICATE OF DEATH.

X57 D 98478

7-1

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., WARD)

2-FULL NAME Benjamin Hollyoak

(a) RESIDENCE NO. 705 E.St. Sparrows Pt. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 20 Hrs. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hollyoak

6 DATE OF BIRTH (month, day, and year) July 7 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	10	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Pusherman
(b) General nature of industry, business, or establishment in which employed (or employer) At Coke Ovens
(c) Name of employer Bethlehem Steel Co.

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Stephen Hollyoak

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mary Hollyoak (Wife)
(Address) 705 E.St. Sparrows Pt.

15 Filed ..... 192 [illegible] Registrar

MAY 16 1925 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes Mellites

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Diabetic Gangrene leg

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. H. Callen, M. D.
(Coroner.)

5-16-25. 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL May 18 1925

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

D 98479

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98479

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Municipal Hospital ST., 26-7 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul Proskow

(a) RESIDENCE NO. Bay View Asylum ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
50yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Adam Proskow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Anna Proskow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Municipal Hospital Records (Address)

15 Filed ....., 19 ..... Robert F. Harrison, Registrar

Y 16 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924, to May 13, 1925.

that I last saw him alive on May 13, 1925

and that death occurred, on the date stated above, at 10.45 a m.

The CAUSE OF DEATH* was as follows:

Emphysema, Chronic

Myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) W Lindsay Miller, M. D.

5/15, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem.	5/16/25
20 UNDERTAKER	ADDRESS
J. J. Bakes + Sons.	318 Light

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 98480 (1904) — D 98480 (1925)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Johns Hopkins Hospital — REGISTERED NO. 90-4

CITY OF BALTIMORE: (No. ..... ST., ... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward S. Rausch.

(a) RESIDENCE NO. 428 Smallwood St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 14-1907 ~~Unknown~~

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
18	11?	1?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Factory F 8

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry G. Rausch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Daisey Bulley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Records
(Address) Johns Hopkins Hospital

15 Filed ..... 19 ..... Registrar

MAY 16 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15, 1925

17 I HEREBY CERTIFY, That I attended deceased from May 6, 1925, to May 15, 1925, that I last saw h— alive on May 15, 1925, and that death occurred, on the date stated above, at 12 30 P m.

The CAUSE OF DEATH* was as follows:

Ch. rheumatic Endocarditis
Mitral stenosis

(duration) 4 yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Empyema left side - Acute bronchopneumonia (duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? — Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Henry A. Colvin, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	May 18 1925
20 UNDERTAKER George L. Schwab	ADDRESS 1 E. Fayette St.

mation should be carefully supplied. AGE should be given in YEARS, MONTHS and DAYS. PHYSICIAN should write it may be properly classified. Exact statement of OCCUPATION is necessary. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is necessary. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 98481

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98481

44

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 E. Eager ST., 10-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Wilson

(a) RESIDENCE NO. 624 E. Eager St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo W Wilson

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Michael Norton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Mary Kennedy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Anna Baetzer

(Address) 624 E. Eager St.

Filed MAY 16 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/14 1925

17 I HEREBY CERTIFY, That I attended deceased from 3/21, 1925, to 5/14, 1925, that I last saw h[illegible] alive on 5/13, 1925, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) about 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & Illness

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Dr Bernard Weiss M. D.

1925 (Address) 914 E Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL May 18 1925

20 UNDERTAKER W. C. Weidefeld — ADDRESS 914 Greenmt Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill out CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 98482 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98482

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hosp. St., 15-13 Ward) 170

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ines Thompson Legion

(Residence in Baltimore: No. 1435 N. Mount St. St.; yrs., 19 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	colored	married

6-DATE OF BIRTH, April 13, 1906
(Month) (Day) (Year)

7-AGE, 19 yrs. 1 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... 037

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Edward Thompson

11-BIRTHPLACE OF FATHER, (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Eliz. Townsend

13-BIRTHPLACE OF MOTHER, (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Thompson

(Address) 225 N. Schroeder St.

15- MAY 16 1925 H. Lamm Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 13, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to *her death on the day stated above.

The CAUSE OF DEATH* was as follows:

*Suicide by gun shot wound in Chest.

(Duration) 30 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. J. Heaney M. D.
(Coroner.)

May 14, 1925 (Address) 28 N. Eutaw

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, May 17, 1925.

20-UNDERTAKER, Mrs. Katie R. Williams — ADDRESS 322 N. Schroeder St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 98483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 98483

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 828 Rutland ST., 7-1 WARD)

2-FULL NAME Anna Wing

(a) RESIDENCE NO. 828 Rutland ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	married

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of George Wing

6 DATE OF BIRTH (month, day, and year) Feb. 6. 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	47	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Snow Hill
(State or country) Md.

PARENTS

10 NAME OF FATHER Rollie Mumford

11 BIRTHPLACE OF FATHER (city or town) (Snow) Hill
(State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Waters

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country) Maryland

14 Informant George Wing
(Address) 828 Rutland Ave

15 Filed ..... 19 Robert P. Harrison, Registrar

MAY 16 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 1925

17

I HEREBY CERTIFY, That I attended deceased from May 14, 1925, to May 14, 1925, that I last saw him alive on May 14, 1925, and that death occurred, on the date stated above, at 7:40 P.m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(duration) ..... yrs. ..... mos 1 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) ..... yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exa. &c.

(Signed) W. S. Bovey, M. D.

, 19 (Address) 1520 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenlawn Cemetery

DATE OF BURIAL May 18 1925

20 UNDERTAKER Mrs R G. Elliott

ADDRESS 1720 Eastlander

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS and
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

D.98484

HEALTH DEPARTMENT—CITY OF BALTIMORE

D.98484

CERTIFICATE OF DEATH.

REGISTERED NO. C 90-4

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 Patapsco St ST. 3rd WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eli Stipper.

(Residence in Baltimore: No. 211 Patapsco St, Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, May (Month) 9 (Day), 1860. (Year)

7-AGE, 65 yrs. 0 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boiler Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Gas & Elec Co

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Eli Stipper.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Sarah Fisher

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emory M Stipper

(Address) 215 Patapsco St.

15- MAY 16 1925 Robert F. Harrison, 131 Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 15 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 18 1925, to May 15 1925, that I saw him alive on May 14 1925, and that death occurred, on the date stated above, at 5.00 A.m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) yrs. 2 mos. 27 ds.

(Signed) H. Hammond Hearn M. D.

May 15, 1925 (Address) Kalorama, Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, May 18, 1925

20-UNDERTAKER Wm. Cook — ADDRESS 42 E North Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98485 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98485

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hospital 12 Ward) Registered No. 90 14

2-FULL NAME... Thomas E Hairslip

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 405 Henderson St., Ward...

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Mar

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Hairslip

6-DATE OF BIRTH (month, day and year) Sept 6, 1856

7-AGE, 68 yrs. 8 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Shop man

(b) General nature of industry, business, or establishment in which employed (or employer) Railway

(c) Name of employer United

9-BIRTHPLACE (city or town) (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Enoch Hairslip

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Mrs Rosa Hairslip

(Address) 525 Forsuch Ave

15- Filed ..... 192... Robert P. Harris Registr.

MAY 16 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 15/25

17- I HEREBY CERTIFY, That I attended deceased from May 6 1925 to May 15 1925 that I last saw him alive on May 15 1925 and that death occurred, on the date stated above, at 8.05 P.M. The CAUSE OF DEATH* was as follows:

Myocarditis - Chronic

(Duration) yrs. one mos. 14 ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. P. Siberts M. D.

May 15, 1925 (Address) St. Joseph's Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Holy Redeemer — DATE OF BURIAL, May 19, 1925

20-UNDERTAKER, W. Cook — ADDRESS, 532 E Monument

Should be carefully supplied. Age should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 98486 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98486

CERTIFICATE OF DEATH. 257

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna M. McLean

(a) RESIDENCE NO. 325 W. Preston WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: (Unknown) McLean

6 DATE OF BIRTH (month, day and year): (Unknown) 1845

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
80			

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Robert McDonald

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: F. S. Batty

(Address) 2697 Dulaney Pl

15 Filed ....., 19 ..... Robert F. Harrison

Registrar

MAY 16 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/15/25

17 I HEREBY CERTIFY, That I attended deceased from 4/1/25, 19..., to 5/15/25, 19..., that I last saw h— alive on 5/15/25, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Diabetic Gangrene

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of 4/30/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. W. Dolley, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Cathedral — DATE OF BURIAL: May 18 1925

20 UNDERTAKER: W. M. Cook — ADDRESS: 502 E. Fayette Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

D 98487

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98487

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST. 22-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarita Brown

(a) RESIDENCE NO. #16 Eisler ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1904

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	21 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Allen Brown

11 BIRTHPLACE OF FATHER (city or town) N. C.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Sprner

13 BIRTHPLACE OF MOTHER (city or town) N. C.
(State or country)

14 Informant Municipal Hospital Records
(Address) UNIV

15 Robert F. Harrison, 19

Registrar

MAY 16 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 1925

17

I HEREBY CERTIFY, That I attended deceased from April 29, 1925, to May 13, 1925.

that I last saw her alive on May 13, 1925

and that death occurred, on the date stated above, at 1:45 P.M.

The CAUSE OF DEATH* was as follows:

Tuberculous pneumonia

(duration) 4 (History) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted? if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller, M. D.

5/16, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

UNIVERSITY OF MARYLAND.

DATE OF BURIAL

1925

20 UNDERTAKER

Commissioner Health

MAY 16 1925

AGE should be stated EXACTLY. PHYSICIANS should see that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—I-12-23—M&T—500 Blks.

D 98488

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98488

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., WARD) W-4

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Monaghan Curry

(a) RESIDENCE NO. 408 E. 25th St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. 3 mos. 7 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~
HUSBAND of
(or) WIFE of William N. Curry

6 DATE OF BIRTH (month, day, and year) Feb 7 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	52 yr.	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland.

PARENTS

10 NAME OF FATHER John Monaghan

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Ann Mary Larkin

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant Joseph J. Kelly
(Address) 2826 N. Calvert St.

15 Filed MAY 16 1925, 19... Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 1925

17

I HEREBY CERTIFY, That I attended deceased from May 13, 1925, to May 14, 1925,

that I last saw her alive on May 14, 1925

and that death occurred, on the date stated above, at 10:50 P m.

The CAUSE OF DEATH* was as follows:

Myocardial failure - acute

(duration) ... yrs. ... mos 1 ds.

CONTRIBUTORY
(Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. Lindsay Miller, M. D.

5/14, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	5/18, 1925
20 UNDERTAKER	ADDRESS
Henry U. Mears & Son	805 N. Calvert

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 98489 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 98489

CERTIFICATE OF DEATH. X 40

1-PLACE OF DEATH University Hospital - 1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Nathan Goldberg

(a) RESIDENCE NO. 323 Sinai ST., WARD Brooklyn N.Y.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 1 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Goldberg

6 DATE OF BIRTH (month, day, and year) Mch - 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Merchant 14 5
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS
10 NAME OF FATHER Louis Goldberg
11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia
12 MAIDEN NAME OF MOTHER Maria Lubrowski
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Hospital Records
(Address)

MAY 16 1925 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/15 1925

17 I HEREBY CERTIFY, That I attended deceased from 4/6, 1925, to 5/15, 1925, that I last saw h.. alive on 5/15, 1925, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Bladder

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho pneumonia
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Dr. Edwards, M. D.
5/16, 1925 (Address) Lenox Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New York City — DATE OF BURIAL 5/16 1925

20 UNDERTAKER Joel Lewis — ADDRESS 1484 Eden

B.—WRITE PLAINLY, WITH ONE WORD IN EACH SPACE. All items should be stated EXACTLY. PHYSICIANS should state mations should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION CAUSE OF DEATH in plain terms, so that it may TION is very important. See instructions on back of certificates.

D 98490 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98490

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland General Hospital. Ward 17-6)

Registered No. C 185

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosalyn Landon.

(Residence in Baltimore: No. 1710 St Paul St. St.; yrs. 66 mos. ds.)

B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Married.

6-DATE OF BIRTH. November 6 1859. (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
66yrs 6 Mo. yrs. mos. ds.	hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer): Do.

9-BIRTHPLACE, (State or Country): Mathews County. Va.

PARENTS.

10-NAME OF FATHER. James Henry Marchant.

11-BIRTHPLACE OF FATHER. (State or Country): Gloucester Co. Va.

12-MAIDEN NAME OF MOTHER. Amanda Dolan.

13-BIRTHPLACE OF MOTHER. (State or Country): Glouster Co. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
Emory Landon.
(Informant)
1710 St Paul St.
(Address)

15- Robert P. Harrison, Registrar.
MAY 16 1925 Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 14th 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Concussion

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Fell down stairs

Accidental (Duration) yrs. mos. ds.

(Signed) J. T. Necarsulmer M. D.
(Coroner.)

May 14th 1925 (Address) 1 E Eutaw Place

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mathews County. Va.	May 18th. 1925

20-UNDERTAKER.	ADDRESS
J Ahrens Co.	3314 Penna Ave.

Spec.—6-2-19—H. P. Co.—1000 Blks.

D 98491

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98491

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4102 Dalrymple Ave. WARD 15-7)

2-FULL NAME Annie E. M. Krantz

(a) RESIDENCE. No. 4102 Dalrymple Ave. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept. 6-1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Straw hat manufactur — operator.

(b) General nature of industry, business, or establishment in which employed (or employer) Straw Hat Factory

(c) Name of employer Mr. Francis

9 BIRTHPLACE (city or town) (State or country) Manchester, Md.

PARENTS

10 NAME OF FATHER George S. Krantz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER R. Magdaline Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Suzzie Gillaspey
(Address) 4102 Dalrymple Ave

15 Filed MAY 16 1925, 19 Robert L. Garrison, Registrar
Burial Permit Clerk.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be careful in making their returns. All information should be stated EXACTLY, SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should be careful in making their returns. All information should be stated EXACTLY, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14, 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1924, to May 14, 1925, that I last saw her alive on May 14, 1925, and that death occurred, on the date stated above, at 9.15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis -

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) 2 yrs. — mos. ds.

18 Where was disease contracted if not at place of death? Don't know.

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms

(Signed) Wm. M. Pannebaker, M. D.

19 (Address) 1209 Madison ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	May 16 1925
20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)	ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98492

CERTIFICATE OF DEATH.

74-001

74 D 98492

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 607 Woodbourne ST., 27 WARD) 27-9

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothea Emma Seymour

(a) RESIDENCE No. 607 Woodbourne ST., 27 WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 83 yrs. 11 mos. 28 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H. Seymour

6 DATE OF BIRTH (month, day, and year) June-16-1841

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) Dorchester Co.
(State or country) Maryland

PARENTS

10 NAME OF FATHER Mr. Ballard

11 BIRTHPLACE OF FATHER (city or town) Dorchester Co.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Miss Insley

13 BIRTHPLACE OF MOTHER (city or town) Dorchester Co.
(State or country) Maryland

14 Informant Mrs Oliver Ditto (Daughter)
(Address) 607 Woodbourne Ave.

15 Filed MAY 16 1925 19 Robert P. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May-14-1925

17

I HEREBY CERTIFY, That I attended deceased from May 1 1925 to May 1925.

that I last saw him alive on May 13 1925.

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis -
High Blood Pressure
Chronic Interstitial Nephritis.

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of

Was there an autopsy? Clinical Findings No

What test confirmed diagnosis? Clinical findings

(Signed) D. N. Bisbey, M. D.

5-15, 1925 (Address) 501 Sheridan Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	May-16 1925
20 UNDERTAKER Stewart & Mowery Co.	ADDRESS 1818 N. Howard St.

Burial Permit Given

MAY 16 1925

AGE should be stated EXACTLY. PHYSICIANS should be careful that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98493

CERTIFICATE OF DEATH.

D 98493

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 S. Carey ST.: 21-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Mary Schadek

(a) RESIDENCE. No. 1118 S. Carey ST., WARD.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant.

6 DATE OF BIRTH (month, day, and year) July 30 - 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Peter Schadek

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Hungary Austria

12 MAIDEN NAME OF MOTHER Margaret Potyn

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Austria

14 Informant Mrs Margaret Potyn
(Address) 1118 S. Carey st

15 Filed . 19 Robert P. Harris, Registrar

MAY 16 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1925

17

I HEREBY CERTIFY, That I attended deceased from March 23, 1925, to May 16, 1925, that I last saw her alive on May 14, 1925, and that death occurred, on the date stated above, at 12.30, m.

The CAUSE OF DEATH* was as follows:

Acute Cerebro-Spinal Meningitis (Epidemic)

(duration) yrs. 2 mos. 15 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? no Date of -

Was there an autopsy? no -

What test confirmed diagnosis? Clinical + laboratory

(Signed) John S. Fraley, M. D.

5/16, 1925 (Address) 3522 Greenmount Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	May 16 1925
20 UNDERTAKER	ADDRESS
Mr-Mrs No 8 Sinsh	1737 Madison Ave

NOTE.—WRITE PLAINLY, WITH UNFADING INK. Every question should be stated EXACTLY. PHYSICIANS should be careful that it may be properly classified. Exact statement of OCCUPATION should be given. AGE should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 98494

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 90 D 98494

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. West Balto. Gen. 2460-3 St., Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Golsey K. Shaw

(Residence in Baltimore: No. (Parkton Md.) St.; yrs., mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	white	married

6-DATE OF BIRTH, April 1, 1889
(Month) (Day) (Year)

7-AGE	If LESS than 1 day,
36 yrs. 1 mos. 16 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)..... 0377

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Edward Tracy

11-BIRTHPLACE OF FATHER, (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Laura Moss

13-BIRTHPLACE OF MOTHER, (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Reed Shaw

(Address) Parkton, Md.

15- Robert F. Harrison,
Filed ..... 192.....
Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 16, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration 3

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Dis. of Heart 5 months

(Duration) yrs. mos. ds.

(Signed) D. J. Hennessy M. D.
(Coroner.)

May 16 1925 (Address) 250 W. Lexington St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Iron Cem Parkton	May 16, 1925
20-UNDERTAKER, E. LeRoy Stoffler	ADDRESS 1259 Walbrook

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 16 1925

Spec– 12-23-21–E.B.R.S.–400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98495

D 98495

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Methodist Home for Aged

City of BALTIMORE: (No.) 400 N. Fulton Ave. (Ward) 20-5

Registered No. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Christhilf

(a) Residence No. 400 N. Fulton Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec 3, 1846

7-AGE. 76 yrs. 5 mos. 12 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. George Christhilf

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER. Frances Dorsey

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore Md

14- (Informant) Etta Cuddey

(Address) 400 N. Fulton ave

15- Filed MAY 16 1925 192 Robert P. Harrison Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 15, 1925

17- I HEREBY CERTIFY, That I attended deceased from Apr 3 1925 to May 15, 1925

that I last saw h~~im~~ alive on May 15 1925

and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) ? yrs. mos. ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? None of ✓

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Geo. E. Shannon M. D.

, 19 (Address) 700 N. Fulton Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Frederick Md — DATE OF BURIAL. May 18, 1925

20-UNDERTAKER. George J. Smith — ADDRESS 1532 Hollins St

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

98496

CERTIFICATE OF DEATH. 100-001 D 98496

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Provident Hospital ST., 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel Davis

(a) RESIDENCE NO. Spanow Point ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor at D40

(b) General nature of industry, business, or establishment in which employed (or employer) Sheldon Steel Co

(c) Name of employer Sparrow Point

9 BIRTHPLACE (city or town) (State or country) Jetersville Va

PARENTS

10 NAME OF FATHER Albert Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Rosa Webster

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mr Clarence Anderson

(Address) Jetersville Va

15 Filed MAY 17 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-15 1925

17

I HEREBY CERTIFY, That I attended deceased from 5-10-25, 19..., to 5-15-25, 19...,

that I last saw him alive on 5-15-25, 19...,

and that death occurred, on the date stated above, at 7 25 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

Pulmonary Edema

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W B Ballou, M. D.

5/16, 19 (Address) 2531 McCulloh st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jetersville Va — DATE OF BURIAL May 19 1925

20 UNDERTAKER John F Denny JETERSVILLE VA — ADDRESS 715 Lytle St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 98497. HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 166 5-1 D 98497

1-PLACE OF DEATH: Died enroute to

City of BALTIMORE: (No. St. Joseph Hospital St., Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: William Cullen

(Residence in Baltimore: No. 100 N Front St St.; yrs. Life mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	sing

6-DATE OF BIRTH. Sept 15-1882 (Month) (Day) (Year)

7-AGE. 42 yrs. 7 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. John Cullen

11-BIRTHPLACE OF FATHER, (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER. Ellen Brown

13-BIRTHPLACE OF MOTHER, (State or Country). Baltimore, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Connor

(Address) 1720N. Bond St

MAY 17 1925 Filed 192.

HUBERT R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 14-25 (Month) (Day) (Year) 192.

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to His death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Alcoholism

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. S. Cullen M. D. (Coroner.)

5-15-25 192 (Address) 508 E. North Ave

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Cross Cemetery	5/18 19.25

20-UNDERTAKER. George J. Ruth ADDRESS 1735 Harford Av

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98498

CERTIFICATE OF DEATH.

90 D 98498

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital ST., 5-1 WARD)

2-FULL NAME Harry Feinstein

(a) RESIDENCE NO. 246 N. Eutaw St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. — mos. — ds. How long in U. S., if of foreign birth? 19 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	85	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Furrier

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Wm Feinstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Kalman Feinstein (Address) 1911 Reedston ave

15 Filed MAY 17 1925 Registrar

Birth Permit Cert.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1925

17

I HEREBY CERTIFY, That I attended deceased from May 8th, 1925, to May 16th, 1925, that I last saw him alive on May 16th, 1925, and that death occurred, on the date stated above, at 8A m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical & lab.

(Signed) Isidor J. Jury, M. D.

May, 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL 5/17 1925

20 UNDERTAKER Sol Levinson & Bro — ADDRESS 1127 E Balto St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98499

CERTIFICATE OF DEATH

101-001

6-1

REGISTERED NO. D 98499

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 57 N. Caroline ST., (WARD)

2-FULL NAME Rose Briscoe

(a) RESIDENCE NO. 51 N. Caroline ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
About	48	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work General House work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER Charles Morey

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown
(State or country)

14 Informant Selena Burns

(Address) 426 N. Caroline

MAY 17 1925

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15 1925

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1925, to May 15, 1925, that I last saw h[illegible] alive on May 14, 1925, and that death occurred, on the date stated above, at [illegible] 2.50 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchial Asthma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) R J Lyons, M. D.

5/15 1925 (Address) 1724 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery — DATE OF BURIAL: May 18 1925

20 UNDERTAKER: Mrs Chas G. Bailey — ADDRESS: 421 Jefferson St

Spec.—1-10-21—M&T—1500 Bks.

BALTIMORE CITY HOSPITALS

HEALTH DEPARTMENT—CITY OF BALTIMORE

98500

98500

CERTIFICATE OF DEATH.

143-002

4-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH City Hospitals

CITY OF BALTIMORE: (No.) Bay View Asylum ST., WARD)

2-FULL NAME Marie Lee

(a) RESIDENCE NO. 778 Sarah Ann St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24 years -			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER William Lee

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Hospital Records
(City) City Hospitals

15 MAY 17 1925 RUSSELL R. [illegible] Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14- 1925.

17 I HEREBY CERTIFY, That I attended deceased from April 3, 1925, to May 14, 1925.

That I last saw h[illegible] alive on May 14, 1925.

and that death occurred, on the date stated above, at 5.45 p.m.

The CAUSE OF DEATH* was as follows:

Infected Ruptured Right Tubular Pregnancy.
Hemorrhage Infarction. 10 days duration.
Pulmonary Tuberculosis. Active. 6 days duration.
Arteriosclerosis. Right Sacral vein. yrs. 1 mos 14 ds.

CONTRIBUTORY (Secondary) Terminal Broncho Pneumonia (duration) yrs. mos. 2. ds.

18 Where was disease contracted, if not at place of death? City Hospitals. At Home

Did an operation precede death? yes Date of April 24-25

Was there an autopsy? No

What tests confirm diagnosis? Clinical & Lab Facts

(Signed) Jno F Champe M.D., M. D.

City Hospitals. Bay View.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	5/17/1925
20 UNDERTAKER David Easton	ADDRESS 516 Cone

Spec.—1-10-21—M&T—1500 Blks.

D 98501 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98501

CERTIFICATE OF DEATH. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) 1626 N. Vincent ST., 15-13 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Hutton

(a) RESIDENCE NO. 1626 N. Vincent ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hutton

6 DATE OF BIRTH (month, day, and year) Unknown 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	—	—	

8 OCCUPATION OF DEceased

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Ida Harris
(Address) 622 N. Stricker

15 Filed MAY 17 1925 ROBERT R. REACHER, Registrar
Clerk Circuit Court

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15 1925

17 I HEREBY CERTIFY, That I attended deceased from May 13, 1925, to May 15, 1925.

that I last saw him alive on May 15, 1925

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

(duration) yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) None.

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? Exam.

(Signed) John D. Quinn, M. D.

5/16, 1925 (Address) 1507 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem — DATE OF BURIAL 5/18/1925

20 UNDERTAKER David Easton — ADDRESS 916 Pa Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 98502

98502 CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Northway Guilford ST., 27-8 WARD

2-FULL NAME Dr. Luther S. Eldgett

(a) RESIDENCE NO. Northway Guilford ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Ford

6 DATE OF BIRTH (month, day, and year) Apr 8. 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	1	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Physician
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS
10 NAME OF FATHER Oratio Clagett
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.
12 MAIDEN NAME OF MOTHER Margaret E. Seott
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Katherine E. Beck
(Address) Northway Guilford

15 Filed MAY 17 1925 RUSSELL M. KRAUTH Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1925

17
I HEREBY CERTIFY, That I attended deceased from May 7. 1925 to May 16 1925.
that I last saw him alive on May 15 1925
and that death occurred, on the date stated above, at 4 A. m.
The CAUSE OF DEATH* was as follows:
Heart Disease (Coronary Thrombosis)

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) Wm J Watson, M. D.
May 16 1925 (Address) 2128 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Blainville's Penna	May 18 1925
UNDERTAKER	ADDRESS
John Ortitebill	120 W. Fayette St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98503

CERTIFICATE OF DEATH.

D 98503

1-PLACE OF DEATH 4000 N. Charles St. 12-1 Registered No.

City of BALTIMORE: (No. ~~[illegible]~~ St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Estelle Dulaney

(a) Residence No. 4000 N. Charles St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 6 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Henry S. Dulaney

6-DATE OF BIRTH (month, day and year) Oct 18 1848

7-AGE. 76 yrs. 6 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home duties

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm W. Kennedy

11-BIRTHPLACE OF FATHER (city or town) Washington (State or Country), D.C.

12-MAIDEN NAME OF MOTHER, Martin

13-BIRTHPLACE OF MOTHER (city or town) Maryland (State or Country),

14- (Informant) Henry S. Dulaney

(Address) 4000 N. Charles St.

15- MAY 17 1925 ROBERT R. PARRAN Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 16/25

17- I HEREBY CERTIFY, That I attended deceased from Jan 21 1925 to May 16 1925

that I last saw h[illegible] alive on May 16 1925

and that death occurred, on the date stated above, at 1.20 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis of right side

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. H. Duncan M. D.

May 17 1925 (Address) 5106 York Road

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Green Mount Cem

DATE OF BURIAL. May 19 1925

20-UNDERTAKER. John A. Stitchell

ADDRESS 1201 W. Fayette St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

D 98504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98504

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Marlborough Apts ST. 14-2 WARD)

2-FULL NAME Olin H. Farr.

(a) RESIDENCE NO. Marlborough Apts ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 5. 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	7	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance agent

(b) General nature of industry, business, or establishment in which employed (or employer) N.Y. Life

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Louis Farr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah A. Sewell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mollie W. Farr

(Address) St Michaels Md

15 Filed MAY 17 1925 Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 15, 1924, to May 16, 1925.

that I last saw him alive on May 16, 1925,

and that death occurred, on the date stated above, at 8.15 P. m.

The CAUSE OF DEATH* was as follows:

Melano Sarcoma

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Micros. Exam of tumor gland

(Signed) E Bowing, M. D.

, 19 (Address) 1733 Linden ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Michaels Talbot Co Md	May 19 1925

20 UNDERTAKER Chas Crouchell ADDRESS 120 W. Fayette St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item on Color, AGE should be carefully supplied. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98505

CERTIFICATE OF DEATH.

148 D 98505

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Homewood Hospital

CITY OF BALTIMORE: (No. 2124 N. Chas. Boulevard ST., 18 WARD) 18-2

2-FULL NAME Ella M. Pfeifer

(a) RESIDENCE No. 1731 N. Milton Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. 11 mos. 1 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gus H. Pfeifer

6 DATE OF BIRTH (month, day, and year): June 15th 1888

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Frederick Westerfeld

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Krieger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Mr. Gustav H. Pfeifer

(Address) 1731 N. Milton Ave.

Filed MAY 17 1925 19.. ROBERT R. KRAUTER, Registrar
Special Permit Clerk.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 16 1925

17 I HEREBY CERTIFY, That I attended deceased from May 13, 1925, to May 16, 1925, that I last saw her alive on May 16, 1925, and that death occurred, on the date stated above, at 3:45 P m.

The CAUSE OF DEATH* was as follows:

Auto-Partum Eclampsia

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?

(Signed) Edward J. Leonard M. D.

5/16, 1925 (Address) 413 N. Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: May 19 1925

20 UNDERTAKER: Henry Hoen & Son — ADDRESS: 1301 E. Eager St.

D 98506

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98506

CERTIFICATE OF DEATH. X 74-001

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 1410 Druid Hill Ave. St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME... Wm. Grundy

(Residence in Baltimore: No. 1410 Druid Hill Ave. St.; yrs.....mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	Colored	Divorced

6-DATE OF BIRTH, About 1873
(Month) (Day) (Year)

7-AGE, 42 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Comedian
(b) General nature of industry, business, or establishment in which employed (or employer): Vocalist (Daniels Co)

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country),

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER, (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emily Blake

(Address) N. Y. City.

MAY 17 1925 HUGH R. KRAUTER, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 16, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... no other Cause

(Duration) ..... yrs. ..... mos. .....

(Signed) J. T. Sweeney, M. D.
(Coroner.)

May 16, 1925. (Address) 2507 Eutaw Pl.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence New York.

19-PLACE OF BURIAL OR REMOVAL, New York City, N.Y. DATE OF BURIAL, May 17" 1925

20-UNDERTAKER, Jno. M. Johnson ADDRESS 1309 Druid Hill Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98507

CERTIFICATE OF DEATH.

101-001

D 98507

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 538 Moorealley St., Ward 7-2

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Zachariah Jackson

(Residence in Baltimore: No. 918 N. Pine St., ... St.; 48 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Widower

6-DATE OF BIRTH: March 27, 1877
(Month) (Day) (Year)

7-AGE: 48 yrs. 1 mos. 12 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): (General)

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: Geo. W. Jackson

11-BIRTHPLACE OF FATHER, (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Ruth Bailey

13-BIRTHPLACE OF MOTHER, (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Annie Rhinehart

(Address) 538 Moorealley.

15- ROBERT R. KRAMER, Burial Permit Clerk.

Filed MAY 17 1925, 19.... Registrar.

THE MORGUE.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 9, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquest.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquest.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

May 14, 1925 (Address) 218 Courtland Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cemetery	May 17" 1925
20-UNDERTAKER,	ADDRESS
Jno. M. Johnson	1309 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Blks.

Dr. Wells
Wm Belnds 1st

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98508

CERTIFICATE OF DEATH. 101-001

D 98508

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital ST., 14-8 (WARD)

2-FULL NAME Gertrude C. Schroder

(a) RESIDENCE NO. 5231 S. Charles St ST., Ans WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 5/5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W Tute

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Walter Schroder

6 DATE OF BIRTH (month, day, and year): Jan - 1 - 1891

7 AGE: Years 34 Months 4 Days 14 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Edward Gillin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Minnie Cawney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Walter Schroder
(Address) 5231 S Charles St

15 MAY 17 1925 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 15 1925

17 I HEREBY CERTIFY, That I attended deceased from May 5 1925, to May 15 1925,
that I last saw h[e] alive on May 14 1925,
and that death occurred, on the date stated above, at 6 a m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Pyelitis
(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Charles Freels M. D.

. 19 (Address) 2 N Belnord Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine — DATE OF BURIAL: May 18 1925

20 UNDERTAKER: William Cook — ADDRESS: 502 E. Ward

Burial Permit Issued

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98509 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98509

CERTIFICATE OF DEATH Gorsuch 74

1-PLACE OF DEATH Registered No.

City of BALTIMORE: (No. 4801 Crowson ave St., 27-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Eunice Pierce German

(a) Residence No. 4801 Crowson ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occ Life mos. ds. How long in U. S., if of foreign birth Life mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel German

6-DATE OF BIRTH (month, day and year) May-1-1849

7-AGE. 76 yrs. 0 mos. 15 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Wm Pierce

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland Anne Arundel Co

12-MAIDEN NAME OF MOTHER, Sarah A Gilbert

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md

14- (Informant) Mrs. E. Grace Ray

(Address) 4801 Crowson Ave

15- MAY 17 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 16-25

17- I HEREBY CERTIFY, That I attended deceased from May 14, 1925, to May 16, 1925; that I last saw h[illegible] alive on May 16, 1925, and that death occurred, on the date stated above, at 2.20 P. m.

The CAUSE OF DEATH* was as follows:

Cortico Sclerosis.

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia R.

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. E. Thoen M. D.

5-16. 1925 (Address) 5600 York Rd.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Lorraine Cemt — DATE OF BURIAL, May 19, 1925

20-UNDERTAKER. William Cook — ADDRESS 502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98510

CERTIFICATE OF DEATH. 129

D 98510

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2113 N. Calvert ST., 12-3 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sallie Sinclair Blakistone

(a) RESIDENCE No. 2113 N Calvert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	N.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Blakistone

6 DATE OF BIRTH (month, day, and year) Jan 4 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	4	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Norfolk Va.
(State or country)

PARENTS

10 NAME OF FATHER Arthur Sinclair

11 BIRTHPLACE OF FATHER (city or town) Va.
(State or country)

12 MAIDEN NAME OF MOTHER Lelia Towley.

13 BIRTHPLACE OF MOTHER (city or town) Va.
(State or country)

14 Informant Nannie V. Blakistone
(Address) 2113 N Calvert St

15 MAY 1 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-16 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 1924 to May 6 1925,

that I last saw her alive on May 6 1925,

and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

ARTERIOSCLEROSIS

HYPERTENSION

CHR. NEPHRITIS

(duration) 5+ yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) John L. Jones M. D.

. 19 (Address) 1129 E. Fort Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	May 19 1925
20 UNDERTAKER W. C. Cook	ADDRESS 502 E Fayette

Spec.—1-10-21—M&T—1500 Bks.

D 98511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 98511

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

CITY OF BALTIMORE: (No. ..... ST., 17 - 2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edgar Sinclair

(a) RESIDENCE NO 2626 Burnet St ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maud M Sinclair

6 DATE OF BIRTH (month, day, and year) Oct 30 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cotton Mills

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Fort O. Mills 046

9 BIRTHPLACE (city or town) (State or country) Eng. Eng.

PARENTS

10 NAME OF FATHER Robert Sinclair

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Maria V. Bowers

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Relative

(Address) JOHNS HOPKINS HOSPITAL.

15 MAY 17 1925 HUBERT R. YEARDLEY, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15 - 1925

17

I HEREBY CERTIFY, That I attended deceased from April 27, 1925 to May 15 - 1925

that I last saw h— alive on May 15 - , 1925

and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Chr. rheumatic Endocarditis

Mitral stenosis & insufficiency

Myocarditis unspecified

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Pulmonary infarction (duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Thos Owen M.D.

May 16. 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden — DATE OF BURIAL May 19 1925

20 UNDERTAKER Wm Cook — ADDRESS 502 E Fayette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.P.S.—400 Bks.

Isaiah E. Lyons

D 98512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9-90-3

Registered No. D 98512

1-PLACE OF DEATH

City of BALTIMORE: (No. 1712 Hollins St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Isaiah Lyons

(a) Residence No. 1712 Hollins St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Belle Lyons

6-DATE OF BIRTH (month, day and year) July 13 1862

7-AGE. 62 yrs. 10 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Painter

(b) General nature of industry, business, or establishment in which employed (or employer). Paint House

(c) Name of employer. Wm Lohmann

9-BIRTHPLACE (city or town) (State or Country). Frederick Md

PARENTS.

10-NAME OF FATHER. James Lyons

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Frederick

12-MAIDEN NAME OF MOTHER. Kirkwood

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md

14- (Informant) Jennie Belle Lyons

(Address) 1712 Hollins St

15- MAY 17 1925 ROBERT R. ADAMS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 5/16/25

17- I HEREBY CERTIFY, That I attended deceased from Feb 10 19 25 to May 16 19 25

that I last saw h alive on May 15 19 25

and that death occurred, on the date stated above, at 7.20 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) [illegible] M. D.

5/16, 1925 (Address) 2724 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Rodgers Md | DATE OF BURIAL, May 18 1925

20-UNDERTAKER. Wm Cook | ADDRESS 502 E Fayette Ave

Burial Permit Issued

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 98513

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98513
REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lawrence & Greene ST., 76-6 WARD)

2-FULL NAME Walter Stevens

(a) RESIDENCE No. 3901 Fernwood Ave ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lizzie

6 DATE OF BIRTH (month, day, and year) Sept 25 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Bethlehem Steel

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Stevens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER S Leland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Lizzie Stevens
(Address) 3901 Fernwood Ave

15 Filed MAY 17 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18, 1925

17

I HEREBY CERTIFY, That I attended deceased from May 12, 1925, to May 17, 1925, that I last saw him alive on May 17, 1925, and that death occurred, on the date stated above, at 1.45 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings & X Ray

(Signed) R. S. Emerson M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wilbur W Ihrie — DATE OF BURIAL May 20 1925

20 UNDERTAKER New Cumberland Pa 1018 Edmond Ave — ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98514

CERTIFICATE OF DEATH.

100-001

D 98514

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 732 S. Robinson ST., 1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Anna King

(a) RESIDENCE NO. 732 S. Robinson ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas King.

6 DATE OF BIRTH (month, day, and year) May 6 - 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer)..... at home 037

(c) Name of employer

9 BIRTHPLACE (city or town)..... Baltimore

(State or country)..... Md.

PARENTS

10 NAME OF FATHER John Baumgaind

11 BIRTHPLACE OF FATHER (city or town)..... Germany.

(State or country)

12 MAIDEN NAME OF MOTHER Anna Hofmann

13 BIRTHPLACE OF MOTHER (city or town)..... Germany.

(State or country)

14 Informant Thomas King.

(Address) 732 S. Robinson St.

15 MAY 17 1925 HUGH R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16th 25

17

I HEREBY CERTIFY, That I attended deceased from May 11, 1925, to May 14, 1925,

that I last saw h... alive on May 14, 1925

and that death occurred, on the date stated above, at 8.15 A. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia Chronic

(duration) ....yrs. ....mos. 1 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death?.....Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?

Signed (Edward) Lavor, M. D.

5/16 1925 (Address) 413 Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL May 18 1925

20 UNDERTAKER Lilly & Zeiler 403 S. ADDRESS Wolfe St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98515

CERTIFICATE OF DEATH.

D 98515

REGISTERED NO. 26-129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Fait Ave. and 39th St. ST., 26 WARD)

2-FULL NAME Francis H. Bocklage

(a) RESIDENCE No. Fait Ave. and 39th St. ST., 26 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 2 - 1853.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cigar maker.

(b) General nature of industry, business, or establishment in which employed (or employer) 017

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Francis H. Bocklage

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Elizabeth Bromlage.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Theodore F. Bocklage
(Address) Fait Ave and 39th St

15 Filed MAY 7 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15 1925

17 I HEREBY CERTIFY, That I attended deceased from March 6, 1925, to May 15, 1925, that I last saw him alive on May 14, 1925, and that death occurred, on the date stated above, at 2.20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 5 yrs. or more mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? ✓

What test confirmed diagnosis? Clinical

(Signed) Caleb W. Lilly, M. D.

May 16, 1925 (Address) 100 S. Patterson Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem. DATE OF BURIAL: May 19 1925

20 UNDERTAKER: Lilly and Zeiler ADDRESS: 403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98516

CERTIFICATE OF DEATH. † 181-002 D 98516

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene Sts. WARD) 11

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert K Wicker Baltimore Md.

(a) RESIDENCE NO. Elon College North Carolina

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER A. C. Wicker

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Effie May Ellington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant (Address) University Hospital Lombard & Greene Sts

Filed MAY 17 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1925

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1925, to May 16, 1925, that I last saw him alive on May 16, 1925, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart, under anesthesia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) No evidence of any.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No. Parent desires.

Did an operation precede death? was having goiter Date of May 16-1925

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) W Wallace Walker, M. D.

, 19 (Address) University Hospital Lombard & Greene Sts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Burlington N. C. DATE OF BURIAL May 17 1925

20 UNDERTAKER Harry H. Writzke ADDRESS 1531 W. Lombard St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 98517

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98517

CERTIFICATE OF DEATH.

8 7/4-001

8-3

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 2105 Mura St W St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Bond

(Residence in Baltimore: No. W 2126 Oliver St St.; yrs. 20 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	sing

6-DATE OF BIRTH. March 11- 1881 (Month) (Day) (Year)

7-AGE. 44 yrs. 2 mos. 3 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bar-tender
(b) General nature of industry, business, or establishment in which employed (or employer): 044

9-BIRTHPLACE. (State or Country). Balto. Co., Md

PARENTS:

10-NAME OF FATHER. Josiah Bond

11-BIRTHPLACE OF FATHER. (State or Country). Balto. Co., Md.

12-MAIDEN NAME OF MOTHER. Virginia Wells

13-BIRTHPLACE OF MOTHER. (State or Country). Balto.Co., Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward E.Bond

(Address) 2126 Oliver St

MAY 17 1925 192 ROBERT R. KRAUTER, Clerical Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 14-25 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. S. H. Fallin M. D. (Coroner)

5-15-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
mt. Carmel	May 18 1925
UNDERTAKER.	ADDRESS.
Richard F. Curley	1108 Guilford Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 98518 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98518

CERTIFICATE OF DEATH.

1-PLACE OF DEATH American Ice Company

City of BALTIMORE: (No. 23rd. and Oak Sts. St., 23-1 Ward) Registered No. C 89

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William R. Horton

(Residence in Baltimore: No. 1020 Light St. St.; 40 yrs., mos., ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male.

4-COLOR OR RACE: White.

5-Single, Married, Widowed or Divorced, (Write the word.): Married.

6-DATE OF BIRTH: April 6, 1864. (Month) (Day) (Year)

7-AGE: 61 yrs. 1 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stable boss, 024
(b) General nature of industry, business, or establishment in which employed (or employer): American Ice Co.

9-BIRTHPLACE, (State or Country): Virginia.

PARENTS.

10-NAME OF FATHER, Milton Horton.

11-BIRTHPLACE OF FATHER, (State or Country). Virginia.

12-MAIDEN NAME OF MOTHER, Mary Tolson.

13-BIRTHPLACE OF MOTHER, (State or Country). Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura V. Horton. (wife)

(Address) 1020 Light St.

15- ROBERT R. KRAUTER, Burial Permit Clerk.

Filed MAY 17 1925 192 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 16, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.
Obstruction of Coronary Arteries.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Otto A. Reinhardt M. D. (Coroner)

May 16, 1925 (Address) 1017 N. Charles St.

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem. DATE OF BURIAL: May 18, 1925

20-UNDERTAKER: A. Howard Evans ADDRESS: 28 E. Ford Ave

Spec—13-30-21—E.B.P.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98519

CERTIFICATE OF DEATH.

Registered No. D 98519

1-PLACE OF DEATH

City of BALTIMORE: (No. 52 Rockemp ave St., 27-90 Ward 27)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mrs Mary A Johnson

(a) Residence No. 52 Rockemp ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 6 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Nov 4 1855

7-AGE, 69 yrs. 6 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At Home

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, Thomas W. Johnson

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Alexandria Va

12-MAIDEN NAME OF MOTHER, Martha A Gray

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Maryland

14- (Informant) Roselle Johnson

(Address) 52 Rockemp ave

15- MAY 17 1925 ROBERT R. KRAUTER, Burial Permit (Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 15-1925

17- I HEREBY CERTIFY, That I attended deceased from April 21, 19 25 to May 15, 19 25

that I last saw h.. alive on... May 15..., 19 25

and that death occurred, on the date stated above, at 9 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(Duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) 2 yrs. — mos. — ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Morris B. Green M. D.

5/17. 19 25 (Address) Hamilton Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	May 18, 1925
20-UNDERTAKER.	ADDRESS
Chas. G. Black	742 W. North ave

N. B.—WHITE PLAINLY, WITH UNFADING INK. All items should be answered EXACTLY. PHYSICIANS should be stated EXACTLY. CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. Use in plain terms, so that it may be properly classified. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98529

CERTIFICATE OF DEATH.

90

D 98520

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 E. Gittings ST., 24-1 WARD)

2-FULL NAME Michael J. Cuddy

(a) RESIDENCE NO. 417 E. Gittings ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Madeline Landers Cuddy

6 DATE OF BIRTH (month, day, and year) Jan. 1, 1870

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Policeman Drydock 061

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto. Drydock

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Peter Cuddy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Jane Monahan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Cuddy
(Address) 417 E. Gittings St

15 Filed MAY 17 1925 ROBERT R. KRAUTER Registrar
Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 3 1925 to May 14 1925

that I last saw h[illegible] alive on May 14 1925

and that death occurred, on the date stated above, at 10:15 P. m

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Valvular Endocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No.

Did an operation precede death? No. Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John H. Schwamb M. D.

19 (Address) 1337 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Sulcidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem.	May 18, 19 25
20 UNDERTAKER	ADDRESS
Margaret J. Flynn	1422 Light St

N. B.—WRITE PLAINLY, WITH UNFADING INK. AGE should be stated EXACTLY. Exact statement of OCCUPATION should be carefully supplied. AGE should be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. See Instructions on back of certificates. OCCUPATION is very important.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 98521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118-002 D 98521

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Gen. Hosp. St., 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Reynolds

(Residence in Baltimore: No. Upper Falls Md. St.; yrs., mos., ds.) 4 yrs

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) married

6-DATE OF BIRTH, about (Month) (Day) 1871 (Year)

7-AGE, 46 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER, (State or Country), Unknown

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER, (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Reynolds

(Address) Upper Falls, Md.

Filed MAY 17 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 17, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulation of the testicles (Operation)

(Duration) yrs. mos. 25 ds. days.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. F. Hennessy M. D.
(Coroner.)

May 17 1925 (Address) 2 E 22 Edmondson

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Upper Falls Md.

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery City — DATE OF BURIAL, May 19, 1925

20-UNDERTAKER, Johnson & Son — ADDRESS Fork Md.

Spec.—I-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98522

CERTIFICATE OF DEATH.

D 98522

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles E. Mullin

(a) RESIDENCE NO. Mt. Pleasant Pa. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Mullin

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) 186

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Wm. D. Mullin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Mary Stumpf

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL.

15 Filed MAY 17 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 1925

17 I HEREBY CERTIFY, That I attended deceased from May 2, 1925, to May 17, 1925, that I last saw him alive on May 17, 1925, and that death occurred, on the date stated above, at 2.50 P. m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Prostate

(duration) ..... yrs. 5 mos. — ds.

CONTRIBUTORY (Secondary) Post operative Hemorrhage (duration) ..... yrs. ..... mos. 1+ ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 5-13-25

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Eugene C. Shaw, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Pleasant Pa. DATE OF BURIAL May 17 1925

UNDERTAKER John Ontiveros ADDRESS Mt. Pleasant Pa.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 98523

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98523

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2649 Harlem Ave. ST., 16-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lydia C. Smith,

(a) RESIDENCE NO. 2649 Harlem Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word)
Female	White	Widow

5a If ~~married~~, widowed, ~~or divorced~~

~~HUSBAND'S~~ (or) WIFE of Wm. G. Smith,

6 DATE OF BIRTH (month, day, and year) Sept. 9. 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Philadelphia
(State or country) Pennsylvania.

PARENTS

10 NAME OF FATHER Silas Hand,

11 BIRTHPLACE OF FATHER (city or town)
(State or country) New Jersey

12 MAIDEN NAME OF MOTHER Mary Robinson.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) New Jersey.

14 Informant Miss Laura Smith,
(Address) 2649 Harlem Ave.

15 MAY 18 1925 RUPERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAY 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 2 , 1924, to May 17 , 1925 that I last saw h~~e~~r alive on May 17 , 1925 and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Terminal (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) General Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. Exam.

(Signed) John C. Hand M. D.

(Address) 17-19 Eaplan Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Annapolis Md. DATE OF BURIAL MAY 20 1925 19

20 UNDERTAKER Geo W Little

ADDRESS 2700 EDMONDSON AVE.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

D 98524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 98524

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 41 WARD)

2-FULL NAME Elizabeth Dougherty

(a) RESIDENCE NO. 675 W. Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If ~~married, widowed or divorced~~ HUSBAND of (or) WIFE of Martin Dougherty

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER George Seymour

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Mary Ann Mosley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Municipal Hospital Records

(Address)

Filed MAY 18 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1925

17 I HEREBY CERTIFY, That I attended deceased from May 5 1925, to May 16 1925, that I last saw her alive on May 16 1925, and that death occurred, on the date stated above, at 5:30 p m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Hypertension
Chronic myocarditis (degenerating)
Myocardial failure

(duration) yrs. 6 mos (history) ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller, M. D.

5/17 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

20 UNDERTAKER J. F. Tabler & Sons

DATE OF BURIAL 5/18 1925

ADDRESS 1314 Eutaw St

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS must be stated EXACTLY. AGE should be carefully supplied. Exact statement of OCCUPATION should be carefully classified. AGE should be given in plain terms, so that it may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. CAUSE OF DEATH is very important.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98525

CERTIFICATE OF DEATH.

D 98525

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 528 W. Lee St., 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Albert A. Lee

(a) Residence No. 528 W. Lee St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, M.

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 5/15/25

7-AGE, ...yrs. ....mos. 2 ds. If LESS than 1 day, ...hrs. or. ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER, William Lee

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mollie Dyson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Mollie Lee

(Address) 528 W. Lee St.

15- MAY 16 1925 HUGH R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 5/17/25

17- I HEREBY CERTIFY, That I attended deceased from 5/15/ 1925, to 5/17/ 1925

that I last saw h... alive on 5/17/ 1925

and that death occurred, on the date stated above, at 5:00 p.m.

The CAUSE OF DEATH* was as follows:

Tetanus Neonatorum

unknown (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) undetermined

unknown (Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] Worley, M. D.

5/18, 1925 (Address) 908 S. Sharp St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn DATE OF BURIAL, May 18 1925

20-UNDERTAKER, John H. Toadvine ADDRESS 1027 Hanover Ave

N. B.—WRITE PLAINLY, with pen and ink. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

44 D 98526

CERTIFICATE OF DEATH.

D 98526

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 North Potomac St. 6-3 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Miller

(a) RESIDENCE No. 104 North Potomac St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stella K. Miller

6 DATE OF BIRTH (month, day, and year) April 16, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Produce Business

(b) General nature of industry, business, or establishment in which employed (or employer) 645

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City

PARENTS

10 NAME OF FATHER John Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rose Straus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Stella K. Miller

(Address) 104 N. Potomac St.

15 MAY 16 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15 1925

17

I HEREBY CERTIFY, That I attended deceased from Mar 1, 1925, to May 15, 1925

that I last saw h.. alive on May 15, 1925

and that death occurred, on the date stated above, at 1.10 p. m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Asthenia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Exam.

(Signed) B. F. Kelly, M. D.

, 19 (Address) 100 N. Linwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery — DATE OF BURIAL May 18, 1925

20 UNDERTAKER John A. Moran — ADDRESS 4000 E. Balto

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPA- CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 98527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98527

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hosp. St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Domenick Pilegi

(a) Residence No. 404 South 13th St., Ward Welch W. Va.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Jan 28-899

7-AGE. 27 yrs. 6 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Italy

PARENTS.

10-NAME OF FATHER Thomas Pilegi

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Kath. Defioncesca

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Italy

14- (Informant) Kath. Pilegi

(Address) 404 S. 13th St

15- MAY 16 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 16-1925

17- I HEREBY CERTIFY, That I attended deceased from May 12, 1925 to May 16, 1925

that I last saw h[illegible] alive on May 16, 1925

and that death occurred, on the date stated above, at 9.45 P.m.

The CAUSE OF DEATH* was as follows:

Edema of the Brain

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Pneumonitis -

(Duration) yrs. mos. 14 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clin. & Phys. Tests

(Signed) Jos B Sybert M. D.

, 19 (Address) St. Josephs Hosp

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St. Vincents DATE OF BURIAL, 5/18 19.25

20-UNDERTAKER J A Moran ADDRESS 3 & C E. Baltimore

N. B.—WRITE PLAINLY, WITH INK. [illegible] should be stated EXACTLY. PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 98528

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 D 98528

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. JOHNS HOPKINS HOSPITAL. ST., 14-1 WARD)

2-FULL NAME Dianna Kenney

(a) RESIDENCE No. 1703 Hyndle Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be stated EXACTLY. AGE should be carefully supplied. Exact statement of OCCUPATION should be given. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Geo Holloway

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Finne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Records JOHNS HOPKINS HOSPITAL.

15 MAY 18 1925 HUBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 - 1925

17 I HEREBY CERTIFY, That I attended deceased from May 9 - , 1925, to May 14 - , 1925, that I last saw her alive on May 14 - , 1925, and that death occurred, on the date stated above, at 3 00 P. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis c Uraemia

Chr. nephritis (duration) several years. yrs. mos. 6 ds.

Uraemia

CONTRIBUTORY (Secondary) Myocardial insuff Hypertension (duration) yrs. mos. 7 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis? autopsy Blood Chemistry

(Signed) Louis E Martin M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL May 18 1925

20 UNDERTAKER Virginia A. Brooks

ADDRESS 1463 N. Carey

Spec.—6-9-19—H. P. Co.—1000 Blks.

D 98529 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ 3/ D 98529

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 N. Bruce ST.: 15-13 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian Porter

(a) RESIDENCE. NO. 1703 Bruce ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 8—1904

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21	—	—	—

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer — —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER P. H. Porter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Bessie Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Bessie Kelly
(Address) 1703 Bruce St

15 Filed MAY 18 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/15- 1925

17 I HEREBY CERTIFY, That I attended deceased from 3/21 1925, to 5/15- 1925, that I last saw h[illegible] alive on 5/15- 1925, and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Ben Kluth, M. D.

5/15 1925 (Address) 2139 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	May 18 1925
UNDERTAKER	ADDRESS
Virginia G. Brooks	1463 N. Carey

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS MUST SIGN. Time of death must be stated EXACTLY. AGE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS MUST SIGN. Exact statement of OCCUPATION should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION should be carefully supplied. AGE should be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION should be carefully supplied. AGE should be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 98530

D 98530

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 Furley Ave ST.; Gardenville WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elksnis

(Residence in Baltimore: No. 17 Furley av Or.; yrs., mos. 1 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
F.	W	S

6-DATE OF BIRTH, May 16 1925 (Month) (Day) (Year)

7-AGE, ...yrs....mos....da. If LESS than 1 day, 5 hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work No
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Anthony Elksnis

11-BIRTHPLACE OF FATHER (State or Country), Lithvania

12-MAIDEN NAME OF MOTHER Mary Rasimute

13-BIRTHPLACE OF MOTHER (State or Country), Lithvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anthony Elksnis

(Address) 17 Furley Ave.

15- MAY 18 1925 ROBERT R. KRAMER Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 16, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 16 1925 to May 16 1925, that I saw h alive on May 16 1925, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Premature Labor

(Duration) yrs. mos. 1 da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) John A. Grebliauckas M. D.

May 16, 1925. (Address) 142 Leech Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...da. In the State ...yrs. ...mos. ...da.

Where was disease contracted, if not at place of death?

Former or usual residence 17 Furley Av.

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer DATE OF BURIAL, May 18 1925

20-UNDERTAKER John Grebliauckas ADDRESS 425 S Paca St.

J.G.

N.B.—Every item of information should be carefully supplied. AGE in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 98531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

D 98531

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 88 3rd Ave. ST., Wagner Pt 25-9 WARD)

2-FULL NAME Edward Lebuda

(a) RESIDENCE NO. 88 3rd Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 17, 1920

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Vincenty Lebuda

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Stefania Rokicka

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Vincenty Lebuda

(Address) 88 3rd Ave - Wagner Pt

15 Filed MAY 18 1925, 19.... ALBERT R. KRAUTER, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 1925

17

I HEREBY CERTIFY, That I attended deceased from 5/17, 1925, to May 17, 1925.

that I last saw h alive on , 19 25,

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. J. Gordon M. D.

5/17, 1925 (Address) 918 E. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary — DATE OF BURIAL 5/18/25

20 UNDERTAKER Wm. Fialkowski — ADDRESS 1618 Eastern Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should be stated EXACTLY. AGE should be carefully supplied. Exact statement of OCCUPATION may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 98532

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V-007

1/88 D 98532

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St., 10-1 Ward)

Registered No. C.....

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Henry F. Rawlings

(Residence in Baltimore: No. 113 Balto Ave St Helena St.; yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	white	Married

6-DATE OF BIRTH.

....., 1..... (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
51 yrs. mos. ds.	hrs. or min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Stampfiller
(b) General nature of Industry, business, or establishment in which employed (or employer). Pub Enamel Co

9-BIRTHPLACE, (State or Country). Virginia

PARENTS.

10-NAME OF FATHER. Monroe Rawlings

11-BIRTHPLACE OF FATHER. (State or Country). Virginia

12-MAIDEN NAME OF MOTHER. unknown

13-BIRTHPLACE OF MOTHER. (State or Country) Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ellen Rawlings

(Address) 113 Balto Ave.

15- MAY 18 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 16, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or Inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Skull Motor Cycle Accident

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Hemorrhage

(Duration) yrs. mos. 1 ds.

(Signed) James W. Fenton M. D.
(Coroner.)

May 16 1925 (Address) 200 E Chase

*State the **Disease Causing Death**, or, In deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Dundalk near Balto Ave

Former or usual residence Balto Ave

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Oak Lawn	5/19/20 19

20-UNDERTAKER.	ADDRESS
John S. Connelly	Eastern Ave + Bond East

N. B.—Every item of information should be carefully supplied. AGE should be stated in YEARS EXACTLY. If under one year, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

John Edward Decker

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98533

CERTIFICATE OF DEATH.

D 98533

1-PLACE OF DEATH Franklin Sq. Hospital 10 - 3 REGISTERED NO. 579

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Edward Decker

(a) RESIDENCE NO. 2010 W. Fayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary Decker

6 DATE OF BIRTH (month, day, and year) Oct 11 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 66

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Burkmeyer Baltimore Md

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Everhart Decker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elezebeth Brawner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary Decker
(Address) 2010 W. Fayette St

15 Filed ..... 19 ROBERT R. KRAUTER, Burial Permit Registrar

MAY 18 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-17-1925

17

I HEREBY CERTIFY, That I attended deceased from 3-12-, 1925, to 5-17-, 1925,

that I last saw him alive on 5-17-, 1925,

and that death occurred, on the date stated above, at 2100 m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Gangrene Rt. Foot

(duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Embolism

(duration) ..... yrs. ..... mos. 10 ~~days~~

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of 5-15-25

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) N. J. Parr, M. D.

5/19, 1925 (Address) Franklin Sq. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
LOUDON PARK CEM	May 20 1925
20 UNDERTAKER	ADDRESS
ROBERT BROOKS SON	CALHOUN HOLLINS ST

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS BLANK MUST BE FILLED IN WITH TYPEWRITER OR PEN AND INK. Every question must be answered. NAME in full should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

D 98534

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1303 N Ostend St., 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Laurence A Huster

(a) Residence No... 1303 N Ostend St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? 68 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, ~~Married, Widowed, or Divorced,~~ (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Jan 4 1918

7-AGE, 7 yrs. 4 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)...

(c) Name of employer...

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Laurence J Huster

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Mary A Bielicki

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md

14- (Informant) Laurence J Huster

(Address) 1303 N. Ostend St

15- ROBERT R. KRAUTER, Burial Permit Clerk.

MAY 18 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 15 1925

17- I HEREBY CERTIFY, That I attended deceased from May 8, 1925, to May 15, 1925, that I last saw h.. alive on May 15, 1925, and that death occurred, on the date stated above, at 2.55 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) ....yrs. ....mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) E. V. Cavalaris M. D.

5/17/25 (Address) 22 N Fulton

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Olivet Cathedral DATE OF BURIAL. May 18, 1925

20-UNDERTAKER. Williams Eakin & Nattan ADDRESS

Should be carefully supplied. AGE should be stated EXACTLY. Physician's certificate is very important. See in plain terms, so that it may be properly classified. instructions on back of certificate.

Cor.—1-12-23—M&T—100 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98535

CERTIFICATE OF DEATH.

X 17 D 98535

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 4-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Verda Coock

(a) RESIDENCE No. Taylor ave. Parkville ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 10 1895

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
30 years			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Ed Coock.

11 BIRTHPLACE OF FATHER (city or town) Pa.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Peterson

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant A G Coock.
(Address) Parkville Balto Co

15 Filed ....., 192... ROBERT R. KRAUTER, REGISTRAR.

Burial Permit Gr...

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Suicide by jumping or falling from window while suffering with temporary mental aberration

Prior intermediate injuries (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pernicious anemia 2 weeks or more
(duration) yrs. mos. ds.

(Signed) W. J. Tilley, M. D.
(Coroner.)
May 18, 1925 (Address) 1654 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Forest Hill Cem. DATE OF BURIAL: May 19 1925

20 UNDERTAKER: John O. Mitchell ADDRESS: 1201 Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 98536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98536

1-PLACE OF DEATH

City of BALTIMORE: (No. on Church cor. way to Municipal to select Ward 3

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Henry Glascow

(Residence in Baltimore: No. 1008 1/4 1st St S E Washington DC ..... St.; yrs. ..... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

6-DATE OF BIRTH.

..... (Month) ..... (Day) 1893 (Year)

7-AGE. 32 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Washington D C

PARENTS.

10-NAME OF FATHER. John Glascow

11-BIRTHPLACE OF FATHER, (State or Country). Washington DC

12-MAIDEN NAME OF MOTHER. Ella Boarter

13-BIRTHPLACE OF MOTHER, (State or Country). Del

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry McPadgett

(Address) 30 17th St N W DC

15- MAY 18 1925 MUGLER H. KRAUTER, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May (Month) 16 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(Duration) ..... yrs. Don't Know mos. ..... ds.

CONTRIBUTORY (Secondary) Don't Know

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W K Gorsuch M. D. (Coroner.)

5-18 1925 (Address) 1127 W Saratoga St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence. Washington D C.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Washington D C	May 18 1925

20-UNDERTAKER. Henry Lutz ADDRESS 1203 N. Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If not known, state that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 98537. HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17 D 98537

1-PLACE OF DEATH

City of BALTIMORE: (No. 2825 Presstman St., 16-3 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Roland Hassett

(Residence in Baltimore: No. 2825 Presstman St. St.; yrs. 26 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY in years, months and days, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	Married

6-DATE OF BIRTH, August 12, 1882
(Month) (Day) (Year)

7-AGE, 42 yrs. 9 mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of Industry, business, or establishment in which employed (or employer): Dry Goods House.

9-BIRTHPLACE, (State or Country) Centerville, Md.

PARENTS.

10-NAME OF FATHER, Roland Hassett

11-BIRTHPLACE OF FATHER, (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mary Brown

13-BIRTHPLACE OF MOTHER, (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Hassett

(Address) 2825 Presstman St.

15- Filed MAY 18 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 15, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gunshot wound in head

(Duration) 5 minutes yrs. mos. ds.

CONTRIBUTORY (Secondary) Suicide

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

May 16, 1925 (Address) 2801 Eastern Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Parkwood Cemetery DATE OF BURIAL, 5/18/1925

20-UNDERTAKER. George J. Ruth ADDRESS 1735 Hartford Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98538

CERTIFICATE OF DEATH.

101-001

D 98538

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3322 Strickland ST., W-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julius Priebe

(a) RESIDENCE No. 3322 Strickland St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 ~~Single~~, Married, ~~Widowed, or Divorced, (write the word)~~ married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Priebe

6 DATE OF BIRTH (month, day, and year) July 3, 1859

7 AGE Years 65 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gravedigger 040

(b) General nature of industry, business, or establishment in which employed (or employer) Mt Olivet Cemetery

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Julius Priebe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mary Priebe

(Address) 3322 Strickland St

15 MAY 18 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/16 1925

17 I HEREBY CERTIFY, That I attended deceased from 5/13, 1925, to 5/16, 1925

that I last saw him alive on 5/16, 1925

and that death occurred, on the date stated above, at 9.35 P. m.

The CAUSE OF DEATH* was as follows:

R L Lobar pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Findings

What test confirmed diagnosis?

(Signed) Damian Palagano M. D.

, 19 (Address) 336 Hadfield

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cemetery — DATE OF BURIAL May 19 1925

20 UNDERTAKER George J Smith — ADDRESS 153 E Hollins St

N. B.—WRITE PLAINLY, WITH ONFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH In plain terms, so that it may may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 98539 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98539

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2020 Clifton ST.: 15-11 WARD) REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry William Price

(a) RESIDENCE. NO. 2020 Clifton ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alma W. Price

6 DATE OF BIRTH (month, day, and year) Feb 7 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) W & B

(c) Name of employer

9 BIRTHPLACE (city or town) St Louis (State or country) Missouri

PARENTS

10 NAME OF FATHER Geo F. Price

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Emil E. Price (Address) 2018 Clifton Ave

15 Filed MAY 18 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15 1925

17 I HEREBY CERTIFY, That I attended deceased from June, 19 24 to May 15, 19 25, that I last saw him alive on May 13, 19 25, and that death occurred, on the date stated above, at 10:30 a. m. The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm H. Peters, M. D.

(Address) 1 E Randall

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	May 18 1925
20 UNDERTAKER	ADDRESS
George L. Schnabel	Fulton Ave

AGE should be carefully supplied. Exact statement of OCCUPATION should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. This information is very important.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

185 D 98540

D 98540

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. U.S. Marine Hosp. ST., 19-1 WARD)

2-FULL NAME Vernon Berens

(a) RESIDENCE NO. 306 N. Mount St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	negro	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25	✓	✓	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer Not given

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Not ottained.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not ottained.

12 MAIDEN NAME OF MOTHER Not ottained

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not given

14 Informant Self Vernon Berens

(Address) 306 N. Mount St

15 MAY 18 1925 HUGH R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15 1925

17

I HEREBY CERTIFY, That I attended deceased from May 9, 1925, to May 15, 1925,

that I last saw h. alive on May 15, 1925,

and that death occurred, on the date stated above, at 5.40 P m.

The CAUSE OF DEATH* was as follows:

Fracture 3rd & 4th Cervical vertebrae

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Crisfield, Md

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? X ray & Clinical Ex.

(Signed) [illegible], M. D.

19 (Address) U S marine Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Zion	5-18 1925
20 UNDERTAKER Joseph A Lively	ADDRESS 151 Winters ave

N. B.—WRITE PLAINLY, with ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98541

CERTIFICATE OF DEATH.

D 98541

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 24-1 WARD)

2-FULL NAME H. Albert Reill

(a) RESIDENCE No. 1406 Covington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bakery Hand. 003

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER William Reill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Hazard Reill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Municipal Hospital Records

(Address)

MAY 18 1925 Filed ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15 1925

17 I HEREBY CERTIFY, That I attended deceased from April 27, 1925, to May 15, 1925, that I last saw him alive on May 15, 1925 and that death occurred, on the date stated above, at 10:20 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Larynx

Pharynx

(duration) yrs. 3 (History) mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? clinical + autopsy

(Signed) W. Lindsay Reill, M. D.

5/16, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL May 18 1925

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

N. B. WHITE certificate should be carefully supplied. AGE should be carefully supplied. Exact statement of OCCUPATION should be stated. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

98542

CERTIFICATE OF DEATH.

90 D 98542

1-PLACE OF DEATH

City of BALTIMORE: (No. 9 Quick Ave (Sardenville) St., 7-6-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward J. Stevenson

(a) Residence No. 9 Quick Ave (Sardenville) St., Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. ~ mos. ~ ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of ~~(or)~~ WIFE of the late Rosalie Stevenson

6-DATE OF BIRTH (month, day and year) March 17 1846

7-AGE. 79 yrs. 2 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired

(b) General nature of industry, business, or establishment in which employed (or employer). Shoe Lacer

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Crisfield Md

PARENTS:

10-NAME OF FATHER. John Stevenson

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md

12-MAIDEN NAME OF MOTHER. Mary Ward

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md

14- (Informant) Mrs Fred Weinstein

(Address) No 9 Quick Ave

15- MAY 18 1925 ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 18 1925

17- I HEREBY CERTIFY, That I attended deceased from May 1 19 25 to May 17 19 25 that I last saw h.. alive on May 16 19 25 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Valvular & General Arterio Sclerosis (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

5/19/25 (Signed) Clark Simms M. D. (Address) 4 N Howard St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer Cemetery — DATE OF BURIAL. May 20 19 25

20-UNDERTAKER. Henry Hoeck Son — ADDRESS 1301 E Eager St

should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 98543 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98543

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1632 N. Washington St St., 8-24 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Leroy Cullum

(Residence in Baltimore: No. 1632 N. Washington St St.; yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	sing

6-DATE OF BIRTH, April 2-1892 (Month) (Day) (Year)

7-AGE, 33 yrs. 0 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Printer
(b) General nature of Industry, business, or establishment in which employed (or employer): 163

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Lee J. Cullum

11-BIRTHPLACE OF FATHER, (State or Country). Balto. Md

12-MAIDEN NAME OF MOTHER. Rose Moore

13-BIRTHPLACE OF MOTHER, (State or Country). Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Lee J. Cullum
(Address) 1632 N. Washington St

15- MAY 18 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 14-25 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) "Gassed in World War"

(Duration) ....yrs....mos....ds.

(Signed) [signature] M. D. (Coroner.)

5-14-25 192.... (Address) 508 E. NorthAve

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cemetery	5/18/1925
20-UNDERTAKER,	ADDRESS
E. J. Fanning & Son	1938 E. Lafayette Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated in YEARS, MONTHS and DAYS. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 98544 (1925)

HEALTH DEPARTMENT—CITY OF BALTIMORE D 98544

CERTIFICATE OF DEATH.

123

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE. (No. ..... ST., 1-3 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stella Wargenska

(a) RESIDENCE No. 930 Harrison Alley WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ## ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER Frank Wargenski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER Marian ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Recnds

(Address) JOHNS HOPKINS HOSPITAL

Filed MAY 18 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 1925

17 I HEREBY CERTIFY, That I attended deceased from May 13, 1925 to May 17 1925

that I last saw her alive on May 17, 1925

and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial failure

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cholecystitis Gall Stone in gall bladder

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? Yes Date of May 15 (Necessary for Coroner)

Was there an autopsy? No

What test confirmed diagnosis? Clinical examination

(Signed) F. L. Reichert, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem	May 20 1924
20 UNDERTAKER	ADDRESS
Stephen J. Fialkowski	1000 S Kenwood ave

N. B.—WHILE ALL ITEMS should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should mation should be carefully supplied. AGE should be carefully supplied. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 98545 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98545

66

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bay View Hospital ST., 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Dubelka

(a) RESIDENCE NO. 2902 Odonnell ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	? Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	+ 0			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer

9 BIRTHPLACE (city or town) ?
(State or country) Unknown

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) Do
(State or country)

12 MAIDEN NAME OF MOTHER Do

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Bay View Hosp.
(Address)

Filed MAY 18 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-17 1925

17

I HEREBY CERTIFY, That I attended deceased from 4-22-, 1925, to 5-17, 1925.

that I last saw h alive on 5-16-, 1925

and that death occurred, on the date stated above, at 12-40 a m.

The CAUSE OF DEATH* was as follows:

Acute Glomerular Nephritis

(duration) yrs. mos 25 ds.

CONTRIBUTORY (Secondary) Myocardial degeneration (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Harry J. Goldsmith M. D.

5/17/1925 Address Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem	May 20 1925
20 UNDERTAKER	ADDRESS
Stephen J. Fialkowski	1008 N. Kenwood Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK. AGE should be stated EXACTLY. PHYSICIANS should give information should be carefully supplied. AGE should be carefully supplied. Exact statement of OCCUPATION may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98546

CERTIFICATE OF DEATH.

City 101-001

D 98546

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3928 Park Heights St.) 15-3 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daisy Betts

(a) RESIDENCE. No. 3928 Park Heights ave. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	N	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry L Betts

6 DATE OF BIRTH (month, day, and year) May 26 71

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Dr James P Summers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Buckingham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Leroy Shriner

(Address) 3928 Park Heights ave

MAY 18 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15 1925

17 I HEREBY CERTIFY, That I attended deceased from May 6, 1925, to May 15, 1925,

that I last saw h... alive on ... 11 ..., 19...,

and that death occurred, on the date stated above, at 7.05 P. m.

The CAUSE OF DEATH* was as follows: Double Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchitis & La Grippe

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. R. Johnson M.D.

5/16, 1925 (Address) 3928 Park Heights

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	May 18 1925

20 UNDERTAKER W M Rountree

ADDRESS 2238 N Mtd

mation should be carefully supplied. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

D 98547

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98547

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1626 Aliceanna St., 7-2 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Edward Wincell

(Residence in Baltimore: No. 1626 Aliceanna St.; yrs., mos., ds.)

N. B.—Every item of information should be carefully supplied. AGE should be accurately stated. Exact statement of OCCUPATION is very important. See that it may be properly classified. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. unknown, 1.....
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
About 40 yrs. mos. ds.	hrs. or min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). Common

9-BIRTHPLACE, (State or Country). Salt Lk City

PARENTS.

10-NAME OF FATHER. Edward Wincell

11-BIRTHPLACE OF FATHER, (State or Country). Poland

12-MAIDEN NAME OF MOTHER. unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- MAY 18 1925 Filed. ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

TO THE MORGUE.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 9, 192 5
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) James McMenamin M. D.
(Coroner.)

May 16 192 5 (Address) 700 E Chase

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL, ..., 19....

20-UNDERTAKER. ADDRESS

UNIVERSITY OF MARYLAND.
Commissioner of Health,
MAY 18 1925

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98548

CERTIFICATE OF DEATH.

31

D 98548

1-PLACE OF DEATH Registered No.....

City of BALTIMORE: (No..... St., Municipal Tuberculosis Hospital Ward) 10-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Williamson

(a) Residence No. 1027 Madison st. St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1894

7-AGE. 21 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9-BIRTHPLACE (city or town) (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Angel Williamson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER, Winnie Coleman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), North Carolina

14- (Informant) Hospital Records

(Address) M.T.H.

15- Filed MAY 18 1925 ROBERT R. KRAUTER, Registrar, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 15, 1925

17- I HEREBY CERTIFY, That I attended deceased from May 11, 1925, to May 15, 1925

that I last saw him alive on May 15, 1925

and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Sputum

(Signed) J. D. White, M. D.

5-15-1925 Address Municipal Tbc. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 1925

20-UNDERTAKER

ADDRESS Commissioner Health, MAY

Exact statement of OCCUPATION is very important. See should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact instructions on back of certificate.

D 98549 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98549

CERTIFICATE OF DEATH. Registered No. C.....

10-24-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 730 Wayson St St., Ward 10-2

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip Lane

(Residence in Baltimore: No. 730 Wayson St St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	col	mar

6-DATE OF BIRTH. ..... 1..... (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
38 yrs. mos. ds.	hrs. or. mln.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer): Heinz Fertilizer Co.

9-BIRTHPLACE, (State or Country). Essex Co., Va.

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER. (State or Country). "

12-MAIDEN NAME OF MOTHER. "

13-BIRTHPLACE OF MOTHER. (State or Country). "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) N.E.Police Dist

(Address)

15- Filed ..... 192.... ROBERT B. KRAUSE Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 13-25 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Alcoholism

(Duration) ..... yrs. mos. 5 ds.

(Signed) J. [illegible] Allen M. D.

(Coroner)

5-14-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL. ..... 19....

20-UNDERTAKER. ADDRESS

N. B.—Every item of information should be carefully supplied. Age must be stated. Every item should be so stated that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND

Dan Easton 916 Pt Ave

Spec.—1-12-23—M&T—500 Bks.

D 98550

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 D 98550

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 Harmison ST., 20-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Augusta Dembinsky

(a) RESIDENCE No. 204 Harmison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Dembinsky

6 DATE OF BIRTH (month, day, and year) June 11 1868

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	11	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or estshlishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Beyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Minnie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant William Dembinsky (Address) 204 Harmison St.

15 MAY 18 1925 ROBERT R. KRAUTER Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17th. 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1924, to May 17, 1925, that I last saw her alive on May 17, 1925, and that death occurred, on the date stated above, at 12.45 A. m.

The CAUSE OF DEATH* was as follows:

Sarcoma- Axillory gland

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Acidosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edward V. Coolahan M. D.

5.17.1925 (Address) 24 North Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cemetery

DATE OF BURIAL: May. 19 1925

20 UNDERTAKER Joseph B Cook

ADDRESS 103 W. Baltimore St

Information should be carefully supplied. Exact statement of occupation should be given, so that it may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98551

CERTIFICATE OF DEATH.

90 D 98551

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 786 West Cross ST., 21-3 WARD)

2-FULL NAME Anna Krabitz

(a) RESIDENCE NO. 786 West Cross ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 7 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	39	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Paul Krabitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Martha Koerpf

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Otto Krabitz

(Address) 786 W Cross

Filed ....., 19 ....

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 1925

17 I HEREBY CERTIFY, That I attended deceased from April 24, 1925, to May 17, 1925, that I last saw her alive on May 17, 1925, and that death occurred, on the date stated above, at 6.25 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Mitral Stenosis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Dunlop Moore, M. D.

May 18 1925 (Address) 729 Eutaw Pl. Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western — DATE OF BURIAL: May 20 1925

20 UNDERTAKER: W J Cook — ADDRESS: 50 E Watts

MAY 19 1925

NOTE—Information should be carefully supplied. AGE should be stated in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98552

CERTIFICATE OF DEATH.

101-001 D 98552

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) Mercy Hospital ST., 12-4 WARD)

2-FULL NAME Mrs. Barbara Bergman Wills

(a) RESIDENCE NO. 340 Aldershot ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 3 mos. 18 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed,~~ or ~~Divorced~~ (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of George V. Wills

6 DATE OF BIRTH (month, day, and year) Jan. 27, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	3	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Gerhard Bergman

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Preisendorfer

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant Mrs. Joseph S. May
(Address) 511 Beaumont Ave. Govans

MAY 18 1925 ROBERT R. ARMISTEAD Registrar
Bureau Records & Statistics

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-16- 1925

17 I HEREBY CERTIFY, That I attended deceased from May 12, 1925, to May 16, 1925.

that I last saw her alive on May 16, 1925

and that death occurred, on the date stated above, at 6 45 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) K. W. Kelley, M. D.

19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 5/19 1925

20 UNDERTAKER Henry W. Myers & Son

ADDRESS 805 N. Calvert

mation should be carefully supplied. Any blanks should be properly classified. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

98553 746

CERTIFICATE OF DEATH. X 100-001 D 98553

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL 7-1

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Coatsolonica

(a) RESIDENCE NO. 2 Canton Ct Shipyard Spurrier Road, Md
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
—	10	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Joseph Vitek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Saneka Vitek

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed MAY 18 1925 HUBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16, 1925

17

I HEREBY CERTIFY, That I attended deceased from April 28, 1925, to May 16, 1925, that I last saw h[illegible] alive on May 16, 1925, and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Anemia - Rickets

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Walter B. Stewart, M. D.

. 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	May 19, 1925
20 UNDERTAKER	ADDRESS
John Merrin	2008 Aliceanna

mation should be carefully supplied. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 98554

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 98554

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 N Washington ST. 8-3 WARD) 101

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edna Appold

(a) RESIDENCE NO. 1523 N Washington WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed or divorced (Husband) of (or) WIFE of Frank Appold

6 DATE OF BIRTH (month, day, and year) Aug 3-1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43-	9	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 031

(b) General nature of industry, business, or establishment in which employed (or employer) Own home

(c) Name of employer

9 BIRTHPLACE (city or town) Hampstead (State or country) Maryland

PARENTS

10 NAME OF FATHER George W LaMotte

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah J McClellan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Edw. C. Tipton (Address) Hampstead Md

15 MAY 18 1925 ROBT. R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 1925

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1925, to May 17, 1925, that I last saw h[illegible] alive on May 17, 1925, and that death occurred, on the date stated above, at 3 30 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) W Frederick L. Lewis M. D.

May 19 1925 (Address) 1301 N Rad[illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hampstead, Md

DATE OF BURIAL May 19 1925

20 UNDERTAKER C. V. Tipton & Son

ADDRESS Hampstead Md

N. B.—MATTERS PRINTED IN ITALICS should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

S.A.F. OD DAK

Spec.—1-10-21—M&T—1500 Bks.

D 98555

HEALTH DEPARTMENT—CITY OF BALTIMORE

10 D 98555

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 S. Fremont Ave ST., 27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrol A. Abell (Abel)

(a) RESIDENCE No. 611 S. Fremont ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 21 1923

7 AGE — Years: 1 — Months: 7 — Days: 26 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: William A Abel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Bertha E Wall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Bertha E Abel

(Address) 611 Fremont Av

15 MAY 18 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 1925

17 I HEREBY CERTIFY, That I attended deceased from 5/17/1925, to 5/17/1925,

that I last saw h— alive on 5/17/25, 19

and that death occurred, on the date stated above, at 4 40 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Double)

Hosp 6 (duration) yrs. mos. ds.

CONTRIBUTORY: (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Bernard Fenny, M. D.

5/18, 1925 (Address) 910 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem — DATE OF BURIAL: May 19th 1925

20 UNDERTAKER: J Schlosman & Son — ADDRESS: 1019 Hanover St

mation should be carefully supplied. AGE should be filled in. Exact statement of OCCU-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 98556 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 98556

CERTIFICATE OF DEATH.

70-5 129

1-PLACE OF DEATH

City of BALTIMORE: (No. 1833 N. Lexington St., Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Egan

(a) Residence No. 1833 N. Lexington St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: 31/7/1855

6-DATE OF BIRTH (month, day and year)

7-AGE: 70 yrs. 7 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer): None

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, John Dunn.

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER, Do not Know.

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), England

11- (Informant) Annie C. Egan

(Address) 1833 N. Lexington St.

15- Filed MAY 18 1925 Robert F. Hart Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): May 18-25

17- I HEREBY CERTIFY, That I attended deceased from Apr. 24, 1925 to May 18, 1925

that I last saw h.w alive on May 17, 1925

and that death occurred, on the date stated above, at 1.45 a.m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation,
+ myocardial insufficiency.

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Interstitial nephritis

(Duration) 12 yrs. - mos. ds.

18-Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of -

Was there an autopsy? no

What test confirmed diagnosis? -

(Signed) M Bamman Hood M. D.

5/18, 1925 (Address) 626 N. Gilmor St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt. Cathedral	5/21, 1925
20-UNDERTAKER.	ADDRESS
W. F. Lakey & Sons	1627 N. Park Ave

In filling out this certificate, write plainly and in plain terms, so that it may be properly classified. Exact statement of occupation and cause of death required. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98557

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98557

CERTIFICATE OF DEATH.

16-5-21

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal tuberculosis Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Lauer

(a) Residence No. 305 S. 2nd st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Johanna Lauer

6-DATE OF BIRTH (month, day and year) 1885 - Dec. 11

7-AGE.	If LESS than 1 day.
40 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laundryman

(b) General nature of industry, business, or establishment in which employed (or employer) 041

(c) Name of employer

9-BIRTHPLACE (City or town) Baltimore (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Andrew Lauer

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Anna Droll

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Hospital Records

(Address) M. T. H.

15- Robert P. Harrison,

Filed ..... 19?.....

Registrar.

Y 18 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 16, 1925

17- I HEREBY CERTIFY, That I attended deceased from May 8 19 25 to May 16 19 25

that I last saw him alive on May 16 19 25

and that death occurred, on the date stated above, at 11.50 P.M.

The CAUSE OF DEATH* was as follows:

pulmonary tuberculosis

Unknown

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum, Xray

(Signed) J. Hurtin, M. D.

5-17-. 1925 (Address) Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Holy Redeemer Cem	May 20, 1925
20-UNDERTAKER,	**ADDRESS**
Lilly & Zirkin	403 S. Wolfe St

Should be filled. Exact statement of cause of death required. Write in plain terms, so that it may be properly classified. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98558

1-002

187-D 98558

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (NO. ..... ST., 1-4 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Hensel

(a) RESIDENCE NO. 304 E Baltimore St., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Herbert Hensel

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Washington DC

PARENTS

10 NAME OF FATHER Lucky Stevenson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wilkes Barre Pa.

12 MAIDEN NAME OF MOTHER Rosa Hallowell Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Fredericksburg Va.

14 Informant Friend (Address) JOHNS HOPKINS HOSPITAL

15 MAY 18 1925 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15 1925

17

I HEREBY CERTIFY, That I attended deceased from April 28, 1925 to May 15, 1925.

that I last saw her alive on May 15, 1925

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Nephrolithiasis

Pyonephrosis

Uremia

(duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Anesthetic Death during operation

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? yes Date of 5-16-25

Was there an autopsy? yes - partial

What test confirmed diagnosis? X-ray - autopsy - Operation

(Signed) Gadget E Gardner, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem.	May 19 1925

20 UNDERTAKER Lilly and Zeiler ADDRESS 403 S. Wolfe St.

Information should be carefully supplied. Accurate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–1-10-21–M&T–1500 Bks.

18 D 98559 D 98559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 65-002

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 1 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carl Neill Patterson

(a) RESIDENCE NO. Albany, Ala. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? 1918

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Albany Ala

PARENTS
10 NAME OF FATHER Carl Patterson
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL.

15 Robert P. Harrison, Registrar
Burial Permit Clerk.

MAY 18 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 - 1925

17 I HEREBY CERTIFY, That I attended deceased from April 16 - 1925, to May 18 - 1925.
that I last saw him alive on May 18, 1925.
and that death occurred, on the date stated above, at 6 00 A. m.
The CAUSE OF DEATH* was as follows:

Hodgkins Disease
(Spleen & Lymph Gland Enlargement)

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Jaundice
(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 5-2-25

Was there an autopsy? Yes

What test confirmed diagnosis? None

(Signed) C. H. Scott, M. D.
5-18, 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Albany Ala. DATE OF BURIAL 5/18 1925

20 UNDERTAKER Joseph Ahrens ADDRESS 221 N. Bdwy.

mation should be carefully supplied. Exact state... CAUSE OF DEATH in plain terms, so that it may be properly classified. ...TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 98560

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98560

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 651 W. Lexington ST., H-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Virginia Johnson

(a) RESIDENCE NO. 651 W. Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F.	W.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 9th 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Typist

(b) General nature of industry, business, or establishment in which employed (or employer) 109

(c) Name of employer

9 BIRTHPLACE (city or town) Balt. Md
(State or country)

PARENTS

10 NAME OF FATHER James B. Johnson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balt Md

12 MAIDEN NAME OF MOTHER Laura Weaver

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balt Md.

14 Informant Laura Weaver
(Address) 651 W. Lexington St

15 MAY 18 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1925

17 I HEREBY CERTIFY, That I attended deceased from May 16th 1925, to May 18 1925,

that I last saw h[illegible] alive on May 16 1925,

and that death occurred, on the date stated above, at 12 05 PM.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. H. Weinberger M. D.

5/18/25 (Address) 724 W. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	5/20 1925
20 UNDERTAKER	ADDRESS
William Cook	502 E North Ave

AGE should be carefully supplied. Exact statement of OCCUPATION should be stated. Exact statement of OCCUPATION should be stated. Exact statement of OCCUPATION should be stated

Spec.—5-19-13—M. & T.—500 Bks. (Fannie E. Hall)

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98561

CERTIFICATE OF DEATH.

38 D 98561

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 Parish ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie E Hall

(Residence in Baltimore: No. 1210 Parish St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Feval

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) W

6-DATE OF BIRTH, June 6 1876, 1 (Month) (Day) (Year)

7-AGE, 48 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) Home

9-BIRTHPLACE, (State or Country), Washington D C

PARENTS.

10-NAME OF FATHER, Nelson Hall

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Cornelia Sills

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gertrude Robinson

(Address) 1210 N Parish

15-

Y 18 1925 Robert P. Harrison, 191

Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5 (Month) 16 (Day) 25 (Year) 191...

17- I HEREBY CERTIFY, That I attended deceased from 5-15-1925 to 5-16 1925 that I saw h e alive on 5-16-1925, and that death occurred, on the date stated above, at 6P m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

UK (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Apoplexy 3 days

(Duration) yrs. mos. ds.

(Signed) W P Burton M. D.

5/18/25, 191... (Address) 1618 N Collington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem DATE OF BURIAL, May 19th 1925

20-UNDERTAKER A. Jones ADDRESS 1118 Gilmor St

CAUSE OF DEATH in plain terms, so that it may be properly classified. All items important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98562

D 98562

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hosp. St., 13-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Lester Murray

(a) Residence No. 3933 Cedar St. St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female | 4-COLOR OR RACE, Colored | 5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan. 10, 1875

7-AGE. 50 yrs. 5 mos. 7 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. General house work

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (City or town) (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (City or town) (State or Country). Unknown

14- (Informant) Saddie Murray

(Address) Easton Md

15- Filed MAY 18 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 17/25

17- I HEREBY CERTIFY, That I attended deceased from May 14, 1925, to May 17, 1925, that I last saw h.. alive on May 17 1925 and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Cedar Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? L. R.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) G. B. Sybert M. D.

May 18, 1925 (Address) St. Joseph's Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Easton Md | DATE OF BURIAL. 5/19/1925

20-UNDERTAKER. David Easby | ADDRESS 916 Penn

Filled in plain terms, so that it may be properly classified. Exact statement of cause. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 98563

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98563

CERTIFICATE OF DEATH.

128

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 Whatcoat ST., 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geo. H. Miles

(a) RESIDENCE NO. 912 Whatcoat ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Negro	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Charlotte Brooks (Address)

15 Robert P. Harrison, 19 Registrar

Burial Permit Clerk

18 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-15-1925

17

I HEREBY CERTIFY, That I attended deceased from 5-9-, 1925, to 5-15, 1925, that I last saw him alive on 5-15, 1925, and that death occurred, on the date stated above, at 10.30p. m.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) myocarditis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical signs & symptoms

(Signed) John E. Lamper M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn Cem

DATE OF BURIAL 5/19/25

20 UNDERTAKER Dame Eareo

ADDRESS 916 Ba ave

mation should be correctly supplied. Avoid abbreviations. Write it may be properly classified. Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 98564

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98564

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1124 W. Lafayette Ave ST., 16 WARD) 24-81

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marion K. Whiting

(a) RESIDENCE NO. 1124 W Lafayette ST., Ave WARD 18th

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 15-1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cashier 009

(b) General nature of industry, business, or establishment in which employed (or employer) Retail Candy

(c) Name of employer Geo Bloome Son Co

9 BIRTHPLACE (city or town) (State or country) Seymour Conn

PARENTS

10 NAME OF FATHER Wm Samuel Whiting

11 BIRTHPLACE OF FATHER (city or town) (State or country) Conn.

12 MAIDEN NAME OF MOTHER Susan Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Clifford C Clark

(Address) 1124 W Lafayette Ave

15 Filed MAY 18 1925 Robert P. Harrison, Registrar

Burial Permit Clark

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May. 16 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 15. 1925, to May. 16. 1925, that I last saw h[illegible] alive on May. 16. 1925, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Arteio Sclerosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Herbert C Blake M. D.

, 19 (Address) 1014 W La fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	May 19 1925
20 UNDERTAKER	ADDRESS
Henry Fanning & Son	Sheridan Sq

mation should be carefully supplied. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98565

CERTIFICATE OF DEATH.

43 D 98565

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 22-11 (Ward) a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julius Hudson

(a) RESIDENCE No. 304 Hamilton ave Ward. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1841

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 0 40

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Geo Hudson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Baltimore City Hosps Records

15 Robert P. Harrison, 19 Registrar

Burial Permit Clerk

MAY 18 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-16 1925

17

I HEREBY CERTIFY, That I attended deceased from 5-5, 1925, to 5-16, 1925

that I last saw h. alive on 5-16, 1925

and that death occurred, on the date stated above, at 6 40 pm.

The CAUSE OF DEATH* was as follows:-

Pneumonia f Contusion with metastasis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Terminal Bronchitis

Pneumonia (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Arnold L. Jansen, M. D.

5-16 1925 (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	May 19 1925

20 UNDERTAKER Maitby W. E. Depfd

ADDRESS 37 Dallas St

mation should be carefully supplied. AGE should be stated correctly. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 98566 (1875)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98566

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

CITY OF BALTIMORE: (No. ..... ST., 1-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Solomon E. Heineman.

(a) RESIDENCE NO. Bloomfield Hills, Pontiac, Mich.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 11 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Heineman

6 DATE OF BIRTH (month, day, and year) Nov. 11, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mfgr. Gelatine,

(b) General nature of industry, business, or establishment in which employed (or employer) Capsules

(c) Name of employer

9 BIRTHPLACE (city or town) Detroit, (State or country) Mich.

PARENTS

10 NAME OF FATHER Ernst S. Heineman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Fannie Beetzel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed MAY 18 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18, 1925

17

I HEREBY CERTIFY, That I attended deceased from May 7, 1925 to May 18, 1925, that I last saw him alive on May 18, 1925, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of sigmoid

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) — yrs. — mos. 6 ds.

18 Where was disease contracted if not at place of death? Pontiac Mich.

Did an operation precede death? Yes Date of 5-8-25

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) F. L. Reichert M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Detroit, Mich. DATE OF BURIAL 5/19/1925

20 UNDERTAKER David Sondheim ADDRESS 1120 W. Pratt. Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

Dr Kelly 1203 Light St 7 PM Sunday

98567

HEALTH DEPARTMENT—CITY OF BALTIMORE D 98567

CERTIFICATE OF DEATH.

11-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1525 East 28th ST., 9-21 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mamie Hope Kendall

(a) RESIDENCE NO. 1525 East 28th ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph N. Kendall

6 DATE OF BIRTH (month, day, and year) Feb 12, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	5	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 837

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Alfred Grunnd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Toulson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Joseph N. Kendall Lg (Address) 1525 E 28th St

15 ..... 19 ..... Registrar

Robert F. Harrison, Jr. Burial Permit Clerk.

MAY 18 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Apl 27/25, 19... to My 17/25, 19..., that I last saw him alive on My 17/25, 19..., and that death occurred, on the date stated above, at 12.04 m.

The CAUSE OF DEATH* was as follows:

Embolus.

1/2 Hours

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis with Pulmonary

(duration) ... yrs. ... mos. 10 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? Clinical

(Signed) H Bloch, M. D.

(Address) 1210 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood	May 19 1925
20 UNDERTAKER William Cook	ADDRESS 502 E. North Ave.

Information should be carefully supplied. Exact statement may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98568

CERTIFICATE OF DEATH.

101-001 D 98568

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 14-1 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eugene Wilson

(a) RESIDENCE NO. 556 McMechen ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S C.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C

12 MAIDEN NAME OF MOTHER Sarah Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant Municipal Hospital Records
(Address)

15 Filed ....., 19 Robert P. Harrison, Registrar
MAY 18 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15 1925

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1925, to May 15, 1925, that I last saw him alive on May 15, 1925 and that death occurred, on the date stated above, at 8:40 a. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ..... yrs. ..... mos 10 ds. (History)

CONTRIBUTORY (Secondary) Meningitis - pneumococcus

(duration) ..... yrs. ..... mos. 2 ds. (History)

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) Lindsay Miller, M. D.

5/16, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lumta. S.C.	May 1925
20 UNDERTAKER Lonard Whalen	ADDRESS 657 Saratoga

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each question must be answered. Use ditto marks only when they will make the answer read exactly as the line above. Do not use "Same." Write plainly with pen and ink. Do not abbreviate. Consult your physician if necessary. TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98569

CERTIFICATE OF DEATH.

D 98569

1-PLACE OF DEATH

City of BALTIMORE: (No. 230 E Madison St., 7-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Henry W Owings .....

(a) Residence No. 230 E Madison St., ... Ward .....
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Emily W Owings

6-DATE OF BIRTH (month, day and year) July 17-1839

7-AGE, 85 yrs. 9 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Night watchman

(b) General nature of industry, business, or establishment in which employed (or employer)..... N/A

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thomas Owings

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Sarah Wood

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) Emily W Owings

(Address) 230 E E Madison St

15- Filed MAY 18 1925 Robert P. Harrison Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 16-25

17- I HEREBY CERTIFY, That I attended deceased from May 1 19 25 to May 16 19 25

that I last saw h.. alive on May 16 19 25

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Uremia Coma

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

Chronic Nephritis (Duration) yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas B Lippman M. D.

5/7, 1925 (Address) 718 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Friendship Cem A.A.Co — DATE OF BURIAL, May 19, 1925

20-UNDERTAKER, Jos C. Millet & Son — ADDRESS 2334 Jefferson St

In plain terms, so that it may be properly classified. Exact statement of cause of death required. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 98570

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98570

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 Charlcote Rd Guilford ST. 27-8 WARD)

REGISTERED NO. 89

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Edward Semmes

(a) RESIDENCE No. 105 Charlcote Rd Guilford ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred about 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	White	Married

5a If married, ~~widowed~~, or ~~divorced~~ HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 1st 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) Cumberland (State or country) Maryland.

PARENTS

10 NAME OF FATHER John Littleman Semmes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Charles Co Md.

12 MAIDEN NAME OF MOTHER Eleonora Gest

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Prince George Co Md

14 Informant Mrs John Edward Semmes Jr (Address) 105 Charlcote Rd Guilford

15 Robert P. Harrison, Registrar

Burial Permit Clerk.

MAY 18 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17th 1925

17 I HEREBY CERTIFY, That I attended deceased from APRIL 15, 1925, to MAY 17, 1925, that I last saw h[illegible] alive on MAY 16, 1925, and that death occurred, on the date stated above, at 6.00 A m.

The CAUSE OF DEATH* was as follows:

ARTERIOSCLEROSIS - HYPERTENSION

CHR. NETHRITIS

MYOCARDIAC INSUFFICIENCY

(duration) 2+ yrs. — mos — ds.

CONTRIBUTORY (Secondary) ANGINA PECTORIS

(duration) 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) John L. Jonson M. D.

, 19 (Address) 1129 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF ~~BURIAL~~, CREMATION ~~OR RE-~~ MOVAL London Park Cemetery — DATE OF BURIAL May 19 1925

20 UNDERTAKER Henry J. Jenkins & Son Co — ADDRESS Orchard & N. Collington Av

mation should be properly classified. Each statement of CAUSE OF DEATH in plain terms, so that it may TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98571

D 98571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 Died 1:30 PM

1-PLACE OF DEATH 104 Gibbons ave

City of BALTIMORE: (No. 104 Gibbons ave St., 27-12 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Virginia May Wagener

(a) Residence No. 104 Gibbons ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 5 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-~~COLOR OR RACE~~, White

5-Single, ~~Married, Widowed, or Divorced~~, (Write the Word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Nov 21 at 1917

7-AGE, 7 yrs. 5 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Carroll David Wagener

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Virginia

12-MAIDEN NAME OF MOTHER. Lillian Maud Breckenridge

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto

14- (Informant) Carroll David Wagaren

(Address) 104 Gibbons ave

15- Robert F. Harrison, Registrar.

MAY 18 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 17 1925 1:30 PM

17- I HEREBY CERTIFY, That I attended deceased from April 21, 1925, to May 17, 1925, that I last saw h-r alive on May 17, 1925, and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease (Mitral)

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Home

(Signed) Hubert Eakin, M. D.

May 19 1925 (Address) 1216 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Balto Cemetery

DATE OF BURIAL. May 19th 1925

20-UNDERTAKER. Geo Schilling & Sons

ADDRESS 1126 E Monument St

In plain terms, so that it may be properly classified. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98572

D 98572

CERTIFICATE OF DEATH.

Registered No. 129

1-PLACE OF DEATH

City of BALTIMORE: (No. 1103 Albemarle St., S.O. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Del Gaio

(a) Residence No. 403 Albemarle st St., Ward 3
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? 19 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~Single~~, Married, Widowed, or ~~Divorced~~, (Write the word.) Widow

5a-If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Raffaele Del Gaio

6-DATE OF BIRTH (month, day and year) Feb 16th 1879

7-AGE, 46 yrs. 3 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Joseph Columbo

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Mary Columbo

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Italy

14- (Informant) A. DeGiulo

(Address) 217 Aisquith st

15- Filed MAY 18 1925, 19.... Robert P. Harrison, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 16/25

17- I HEREBY CERTIFY, That I attended deceased from Nov. 19 19 22 to May 16 19 25

that I last saw h e alive on May 16 19 25

and that death occurred, on the date stated above, at 1.30 a. m.

The CAUSE OF DEATH* was as follows:

Nephritis

Myocarditis

(Duration) 2 yrs. 5 mos. 23 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? What test confirmed diagnosis? Clinical Labora

(Signed) P Artigiani M D

19 (Address) 2946 Ezeyeld

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Holy Redeemer — DATE OF BURIAL, May 19 19 25

20-UNDERTAKER, Frank V. Ritone — ADDRESS 1800 E. 32 nd st

Should be carefully prepared, and if not filled in plain terms, so that it may be properly classified. Extra statements will be required. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98573

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98573

CERTIFICATE OF DEATH.

10-90

1-PLACE OF DEATH

City of BALTIMORE: (No. 120 Ellamont St., Ward) Registered No.

2-FULL NAME Ida May Baskerville

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 120 Ellamont St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. 11 mos. 26 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col

5-~~Single~~ Married, ~~Widowed, or Divorced~~ (Write the word.) Married

5a-If married, widowed, or divorced ~~HUSBAND of (or)~~ WIFE of Thomas Baskerville

6-DATE OF BIRTH (month, day and year) May 20 1846

7-AGE. 78 yrs. 11 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Domestic

(b) General nature of industry, business, or establishment in which employed (or employer). 037

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. James Powell

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md Howard Co.

12-MAIDEN NAME OF MOTHER. Sadie H Cooper

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto Md

14- (Informant). Thomas Baskerville

(Address). 120 Ellamont St

15- Robert P. Harrison, 192 Registrar.

MAY 18 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 5-16-25

17- I HEREBY CERTIFY, That I attended deceased from 1/20 19 25 to 5/16 19 25

that I last saw h.. alive on 5/16 19 25,

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular

Heart Disease

(Duration) yrs. 3 mos. 27 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. E. Jackson, M. D.

5/18, 1925 (Address) 802 W. Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Western Star Cemetery — DATE OF BURIAL, May 19, 1925

20-UNDERTAKER. Mrs. Katie R. Williams — ADDRESS 322 N. Schroeder St

In plain terms, so that it may be properly classified. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98574

D 98574

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1473 Stevenson ST. 24-3 WARD)

2-FULL NAME Emma Sidlowski

(a) RESIDENCE. NO. 1473 Stevenson ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Sept. 16. 1815.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	1	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

PARENTS

10 NAME OF FATHER Adam Sidlowski

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Poland.

12 MAIDEN NAME OF MOTHER Julia Pichowski

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Poland.

14 Informant Jas. Sidlowski.
(Address) 1473 Stevenson

15 Filed MAY 18 1925 Robert P. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 1925.

17 I HEREBY CERTIFY, That I attended deceased from May 16 1925, to May 17 1925, that I last saw her alive on May 17 1925, and that death occurred, on the date stated above, at 10-30 A m.

The CAUSE OF DEATH* was as follows:

Bronchs Pneumonia

(duration) yrs. mos. few ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? usual,

(Signed) Wm. J. Seabury, M. D.

5/18, 1925 (Address) 636 Fork Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem.	May 20 1925
20 UNDERTAKER Margaret L. Flynn	ADDRESS 1422 Light St.

B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should be stated EXACTLY. AGE should be carefully supplied. Exact statement of OCCUPATION should be given. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

D 98575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 98575

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., 17 WARD) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Snell

(a) RESIDENCE NO. 2215 Hargrave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER Benjamin Snell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Snell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Municipal Hospital Records (Address)

15 Filed MAY 19 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1925, to May 15, 1925, that I last saw him alive on May 15, 1925 and that death occurred, on the date stated above, at 7:30 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Hypertension Chronic myocarditis, Terminal Cardial failure (History)

(duration) 1 yrs. 1½ mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) Lindsay Miller, M. D.

5/16, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel, md.

DATE OF BURIAL May 18 1925

20 UNDERTAKER Mrs R.G. Elliott

ADDRESS 1725 Oakland ave

IMPORTANT—Write plainly with ink. Do not use lead pencil. Be sure that CAUSE OF DEATH in plain terms, so that it may be properly classified. Space must be filled in for each item. Do not use abbreviations or leave blanks. Consult your physician if necessary. Any person who wilfully makes any false statement in this certificate shall be guilty of a misdemeanor and subject to the penalties prescribed by law. PHYSICIAN'S SPECIAL ATTENTION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98576

CERTIFICATE OF DEATH.

33 D 98576

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 804 n Wolfe St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Wade

(a) Residence No. 804 n wolfe St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, C

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Wade

6-DATE OF BIRTH (month, day and year) May 6 1897

7-AGE 28 yrs. 11 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Bethlehem Steel Co.

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Harmony Va

PARENTS.

10-NAME OF FATHER Sandy Wade

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va

12-MAIDEN NAME OF MOTHER, Lankford

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Virginia

14- (Informant) Ida Wade

(Address) 804 N. Wolfe St.

15- FILED MAY 19 1925 ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 5/17/25

17- I HEREBY CERTIFY, That I attended deceased from April 28 1925 to May 17 1925

that I last saw him alive on May 16 1925

and that death occurred, on the date stated above, at 3.20 p m.

The CAUSE OF DEATH* was as follows:

Tuberculous Peritonitis

(Duration) 2 yrs. 21 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. S. McCard M. D.

5/17, 1925 (Address) 2005 Druid Hill Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Harmony Va	May 19 1925
20-UNDERTAKER W. G. Elliott	ADDRESS 1225 Eutaw St

In plain terms, so that it may be properly classified. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 98577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-801 ✓ D 98577

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 632 W. Montgomery St., 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Smith

(a) Residence No. 632 W. Montgomery St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Henrietta Smith

6-DATE OF BIRTH (month, day and year) —— 1869

7-AGE, 56 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Wagon Driver

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Maryland

PARENTS.

10-NAME OF FATHER John Smith

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Harriet Colson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland.

14- (Informant) Henrietta Smith

(Address) 632 W. Montgomery

MAY 19 1925 ROBERT P. GRAHAM

Filed ..... 19.. Vital Records Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May-16-1925

17- I HEREBY CERTIFY, That I attended deceased from May-14, 1925, to May-16, 1925, that I last saw him alive on May-16, 1925, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary) —

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death? no.

Did an operation precede death? no. Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) David Frankel, M. D.

5/18, 1925 (Address) 124 S. Sea St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL, May 20, 1925

20-UNDERTAKER, John H. Toadvine — ADDRESS 1027 Druid Hill Ave

In plain terms, so that it may be properly classified. Write instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

Dr. Jno. Rice, 2105 N. Charles St

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98578

CERTIFICATE OF DEATH.

49 D 98578

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 33 W Preston ST., 11-2 WARD)

2-FULL NAME H. Arnold Twiddle

(a) RESIDENCE NO. 33 West Preston ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Flora E Twiddle

6 DATE OF BIRTH (month, day, and year) May 4, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	0	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Md Casualty Co

9 BIRTHPLACE (city or town) (State or country) Albany, N. Y.

PARENTS

10 NAME OF FATHER Geo Twiddle

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Mary Boyd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md

14 Informant Flora E Twiddle
(Address) 337 W Preston St

15 Filed MAY 19 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb, 1925, to May 17, 1925, that I last saw him alive on May 17, 1925, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate

(duration) ..... yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) ..... yrs. ..... mos. 6 ds.

18 Where was disease contracted if not at place of death? same

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Digital Touch

(Signed) H. H. Pedrick, M. D.

, 19 (Address) 2105 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL May 20 1925

20 UNDERTAKER J. M. Cook — ADDRESS 502 E Fayette Ave

mation should be carefully written, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. CAUSE OF DEATH is very important. See instructions on back of certificates.

Burdge Funeral Home

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98579

D 98579

100-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Notre Dame Ave ST., 27 WARD) 54

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lydia I. Jones

(a) RESIDENCE NO. Notre Dame Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry W. Jones

6 DATE OF BIRTH (month, day, and year) Sept - 11 - 1841

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Philadelphia

PARENTS

10 NAME OF FATHER Reuben W Merrick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Mary A Ball

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Frank W. Jones

(Address) Notre Dame Ave

15 MAY 19 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1925

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to May 18, 1925, that I last saw her alive on May 12, 1925, and that death occurred, on the date stated above, at 8 A 7 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) D. H. Bishop, M. D.

5/18, 1925 (Address) 501 Sheridan Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL May 21 1925

20 UNDERTAKER Wm Cook

ADDRESS 502 E North Ave

mation should be carefully supplied. Exact statement of occupa-
that it may be properly classified.
CAUSE OF DEATH in plain terms, so that
TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 98580 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98580

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3618 Hoffman Ave ST., 15-54 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amelia Price Lawson

(a) RESIDENCE NO. 3618 Hoffman Ave ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of P H Lawson

6 DATE OF BIRTH (month, day, and year) July 30-1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	9	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer None

9 BIRTHPLACE (city or town) Somerset Co Md
(State or country)

PARENTS

10 NAME OF FATHER John Price

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Ellen Thurston

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant W. F. Lawson
(Address) 3618 Hoffman Ave

15 Filed ....., 19 .....
ROBERT R. MAYER
Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 19 25

17 I HEREBY CERTIFY, That I attended deceased from April 1923, to May 17/25, 19....., that I last saw h~~er~~ alive on May 16/25, 19....., and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Primary Anemia

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary) Primary Anemia

(duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) W S Willett, M. D.

May 18, 1925 (Address) 2220 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bridlawn — DATE OF BURIAL 5/19 1925

20 UNDERTAKER W J Tuckner & Sons — ADDRESS Ft Pa

mation should be carefully supplied. AGE should be stated in YEARS, MONTHS and DAYS. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98581

D 98581

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 Park Ave ST., 14-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pauline Mueller

(a) RESIDENCE NO. 1715 Park Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Dec 4-1843

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Duisburg (State or country) Germany

PARENTS

10 NAME OF FATHER Louis Mueller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lauterbach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant L. Irving Follett

(Address) 1715 Park Ave

15 Filed ..... 19 ..... ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/17 1925

17 I HEREBY CERTIFY, that I attended deceased from March 15 1925 to April 17 1925 that I last saw h alive on May 17 1925, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Unknown

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Jeffries Burkhardt M. D.

5/18 1925 (Address) 2844 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL 5/19 1925

20 UNDERTAKER H. J. Tschan & Son — ADDRESS Balto

mation should be carefully supplied. AGE should be stated in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98582

43 D 98582

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1426 N Fulton Ave ST., 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Jacob Braun

(a) RESIDENCE NO. 1426 N Fulton Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 8 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Mary Bosley Braun

6 DATE OF BIRTH (month, day, and year) Oct 7-1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 966

(b) General nature of industry, business, or establishment in which employed (or employer) Grocer Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER H. H. Braun

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Katie Hardtum

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Mary B. Braun (Address)

15 Filed MAY 19 1925 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/17 19 25

17 I HEREBY CERTIFY, That I attended deceased from Oct 2, 19 24, to May 17, 19 25, that I last saw h— alive on May 17, 19 25, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of tongue

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) O O Lloyd M. D.

, 19 (Address) 1723 E Fulton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	5/19 19 25
20 UNDERTAKER	ADDRESS
H J Dietzen & Sons	Lafa

mation should be carefully supplied. AGE should be
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98583

CERTIFICATE OF DEATH.

90 D 98583

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 637 N. Calhoun ST., 16-7 WARD

2-FULL NAME Gertrude Anna Ellers

(a) RESIDENCE No. 637 N. Calhoun ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 0 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of B Frank Ellers

6 DATE OF BIRTH (month, day, and year) August 2 1703

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
21	21	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home 637

(b) General nature of industry, business, or establishment in which employed (or employer) Housework.

(c) Name of employer —

9 BIRTHPLACE (city or town) Anderson
(State or country) Indiana

PARENTS

10 NAME OF FATHER Thomas G. Davis

11 BIRTHPLACE OF FATHER (city or town) Llanelly
(State or country) England

12 MAIDEN NAME OF MOTHER Sarah Kemp

13 BIRTHPLACE OF MOTHER (city or town) Llanelly
(State or country) England

14 Informant B. F. Ellers - H
(Address) 637 N Calhoun St

MAY 19 1925 HUBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 1925

17 I HEREBY CERTIFY, That I attended deceased from April 23, 1925, to May 17, 1925, that I last saw h[illegible] alive on May 17, 1925, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Acute Parenchymatous Nephritis

(duration) ..... yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Mitral insufficiency of heart (duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Urinary tests

(Signed) W. Boyd M. D.

1925 (Address) 1405 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	May 19 1925
20 UNDERTAKER	ADDRESS
Wm. J. Sichner & Son	W. Balto.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact... TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98584

CERTIFICATE OF DEATH.

90 D 98584

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Municipal Hospital ST., 20-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucretia J. Mathews

(a) RESIDENCE NO. 2303 Becks Lane ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1851 Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	74 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER James Briggs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Burnett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ky.

14 Informant Municipal Hospital Records

(Address)

MAY 19 1925

ROBERT R. PRESTON, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1925, to May 16, 1925, that I last saw her alive on May 15, 1925, and that death occurred, on the date stated above, at 12:15 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, chronic myocarditis (degenerative) myocardial failure (history)

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W Lindsay Miller, M. D.

5/17/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Lawn.

DATE OF BURIAL May 19 1925

20 UNDERTAKER John J. Cowan & Son, Per F. J. Cowan.

ADDRESS 90 Hoffman St.

mation should be carefully typed. Exact statement of disease may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of disease may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 98585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100D 98585

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bay View Hospital ST., 19-2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Magdalena Berger

(a) RESIDENCE NO. 1705 Gough ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Magdalena Berger

6 DATE OF BIRTH (month, day, and year) [illegible],

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country) [illegible]

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) [illegible]

14 Informant Magdalena Berger

(Address) 1705 Gough St

15 Filed MAY 19 1925 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-17, 1925

17

I HEREBY CERTIFY, That I attended deceased from 5-11, 1925 to 5-17, 1925

that I last saw him alive on 5-17, 1925

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchio-Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY, (Secondary) Psychoneurosis with arteriosclerosis (duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical symptoms

(Signed) [illegible] M. D.

5/17/25 (Address) Bay View Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem.

DATE OF BURIAL 5/20, 1925

20 UNDERTAKER Edw. J. Cowan & Son Edw. J. Cowan

ADDRESS 901 Hollins St

IMPORTANT—WORDS MUST be written in full, so that they may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF CONDITION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 D 98586

D 98586

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 585 Orchard ST., 17-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Webster Barkley

(a) RESIDENCE NO. 585 Orchard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 15th 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45		2	

8 OCCUPATION OF DECEASED.

(a) Trade, profession or particular kind of work General Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Andrew Barkley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Sanders

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Sadie Hmson Nurse

(Address) 610 N. Madeira St.

MAY 19 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17th 1925

17 I HEREBY CERTIFY, That I attended deceased from May 11th, 1925, to May 17th, 1925, that I last saw him alive on May 16th, 1925, and that death occurred, on the date stated above, at 3.20 a. m.

The CAUSE OF DEATH* was as follows:

Acute Congestion of Lungs — 1 day

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis and weak heart (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Samuel A Bain, M. D.

, 19 (Address) 937 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel cemetery

DATE OF BURIAL May 20 1925

20 UNDERTAKER Edward Bryan

ADDRESS 1691 Orleans st

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

Spec.—8-24-14—M. & T.—2000 Blks.

Pack.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98587

D 98587

CERTIFICATE OF DEATH.

5-12-100

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 Mulligan ST.; WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Burk

(Residence in Baltimore: No. 142 Mulligan st St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, 8 (Month) 14 (Day), 1924 (Year)

7-AGE, ...yrs. 8 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Henry Burk

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Janie Campbell

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) mary brown

(Address) 326 W. Spring st

15-

MAY 19 1925 ROBERT R. KRAUTER,

Filed ....., 19..... Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5 (Month) 17 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 17 1925, to May 17 10 A.M. 1925, that I saw him alive on May 17 1925, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Was Chron. or Contrd. before Fatal Illness

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Walter Lloyd M. D.

May 18, 1925 (Address) 1425 E. Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, asbury cemetery

DATE OF BURIAL, may 19, 1925

20-UNDERTAKER Edward Bryan

ADDRESS 1691 orleans st

N. B.—Every item of information must be given, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98588

CERTIFICATE OF DEATH.

31 D 98588

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ..... ST., 7-1 WARD)

2-FULL NAME Doris Millard

(a) RESIDENCE NO. 1022 N Wolfe St WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Femal	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unkown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	7	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Millard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rosetta Barnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL.

15 Filed ..... 19 ..... ROBERT E. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17, 1925

17 I HEREBY CERTIFY, That I attended deceased from March 20, 1925, to May 17, 1925.

that I last saw her alive on May 17, 1925.

and that death occurred, on the date stated above, at 9.20 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis, Pulmonary, Peritonitis & enteritis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Walter B. Stewart, M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel cemetery

DATE OF BURIAL may 20 1925

20 UNDERTAKER Edward Bryan

ADDRESS 691 Orleans st

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.

FILED TO 1925

Spec.—1-10-21—M&T—1500 Bks.

98589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

D 98589

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Genl Hospital ST., 8-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Junior Gay

(a) RESIDENCE NO. 1610 E. Hoffman ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 19 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Herman Gay

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Florence Sickel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Mrs. Florence Gay (Address)

15 Filed MAY 19 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1925

17

I HEREBY CERTIFY, That I attended deceased from May 14, 1925, to May 19, 1925, that I last saw him alive on May 19, 1925, and that death occurred, on the date stated above, at 4 30 A m.

The CAUSE OF DEATH* was as follows:

Streptococcic Septicemia Sec. to acute Otitis media; Rickets, Secondary Anemia

(duration) yrs. mos 13 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Signs

(Signed) J. W. Kratz, M. D.

, 19 (Address) Md Genl Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	May 21 19 25
20 UNDERTAKER Louis Heemann	ADDRESS 33 S Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of disease or mal-formation should be given. Indefinite terms, such as "Paralysis," "Debility," "Convulsions," "Old Age," "Cancer," "Tumor," "Abscess," "Child-birth," "Fever," "Heart Disease," "Kidney Disease," "Liver Disease," "Lung Disease," "Stomach Disease," "Womb Disease," are not sufficient. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 98590

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98590

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 W Lanvale ST., 16-7 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachel Dereiga

(a) RESIDENCE NO. 1414 W Lanvale ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced (or) WIFE of Emanuel Dereiga

6 DATE OF BIRTH (month, day, and year) Jan, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	54	4	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co. Md.

PARENTS

10 NAME OF FATHER John Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co. Md.

12 MAIDEN NAME OF MOTHER Elvira Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co Md

14 Informant (Address) Emanuel Dereiga 1414 W Lanvale St

15 MAY 19 1925 HUBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1925

17 I HEREBY CERTIFY, That I attended deceased from May 9, 1925, to May 18, 1925, that I last saw her alive on May 17, 1925, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease ?.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E William Frey, M. D.

5/19, 1925 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem.

DATE OF BURIAL May 21 19 25

20 UNDERTAKER Wm J. G Locks

ADDRESS 1302 Jeffer

AGE should be carefully supplied. Exact statement of OCCUPATION should be carefully supplied. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98591 CERTIFICATE OF DEATH. 101-001 D 98591

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 941 N. Chester ST., 7-2 WARD) REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Horstman

(a) RESIDENCE NO. 941 N. Chester ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 87 yrs. 6 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: late Wm H. Horstman

6 DATE OF BIRTH (month, day, and year): Oct 9/37

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
87	6	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): City

PARENTS
10 NAME OF FATHER: Jos. Forster
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.
12 MAIDEN NAME OF MOTHER: Marie
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs Chris. H. Valentine
(Address): 941 N. Chester

15 Filed ..... 19 ..... Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 16 1925

17 I HEREBY CERTIFY, That I attended deceased from May 13, 1925, to May 16, 1925, that I last saw her alive on May 16, 1925, and that death occurred, on the date stated above, at 4 0 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? — Date of
Was there an autopsy? —
What test confirmed diagnosis? Physical Signs

(Signed) J. McCarey M. D.
May 17, 1925 (Address) 320 N Patterson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem.
DATE OF BURIAL: 5/19 1925

20 UNDERTAKER: Philip Herwig
ADDRESS 2016 Orleans

mation should be carefully supplied. Exact statement of occupation may be properly classified.
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 98592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

100 D 98592

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 4-7 WARD 6)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Wolf.

(a) RESIDENCE No. Baltimore City Hospitals ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Baltimore City Hosp Records
(Address)

15 MAY 1 19 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-17 1925

17

I HEREBY CERTIFY, That I attended deceased from 5-11, 1925, to 5-17, 1925

that I last saw her alive on 5-17, 1925

and that death occurred, on the date stated above, at 7.50 a.m.

The CAUSE OF DEATH* was as follows:

Senile gangrene both feet
(non diabetic)

..... (duration) ..... yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary) Terminal bronchopneumonia (duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical history

(Signed) Reuben L. Jansen M. D.

5/27, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mathews	5/19 1925
20 UNDERTAKER Philip Henrig	ADDRESS 2016 Orleans

IMPORTANT—Fill in CAUSE OF DEATH in plain terms, so that it may be properly classified. ATTENTION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 98593 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-081 D 98593

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1526 HARLEM Ave ST., 16-7 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth A. Coates

(a) RESIDENCE NO. 1526 Harlem Ave ST., WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Coates

6 DATE OF BIRTH (month, day, and year) April 1861

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
64	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER William Elmore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Virginia Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Arthur A Coates
(Address) 1526 Harlem Ave

15 MAY 19 1925 WILLIAM R. KOMATER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 1925

17 I HEREBY CERTIFY, That I attended deceased from May 8, 1925, to May 17, 1925; that I last saw her alive on May 17, 1925; and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy. —
(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
(duration) Several yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) M Baumann Stark, M. D.

5/18. 1925 (Address) 626 N. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Emmorton Va	May 19 1925
20 UNDERTAKER	ADDRESS
Chas. E. Franck	802 Madison Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT WORDING TION is very important. See instructions on back of certificates.

D 98594 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98594

CERTIFICATE OF DEATH.

7-179

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. St Joseph Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Denzimore V. Jackson

(Residence in Baltimore: No. 827 N. Bond St St.; yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	col	sing

6-DATE OF BIRTH. June 3rd 1920
(Month) (Day) (Year)

7-AGE. 4 yrs. 11 mos. 14 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... child
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Lemuel Jackson

11-BIRTHPLACE OF FATHER, (State or Country). Va.

12-MAIDEN NAME OF MOTHER. Mary B. Williams

13-BIRTHPLACE OF MOTHER, (State or Country). Balto.Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary B. Jackson (mother)

(Address) 827 N. Bond St

15- MAY 19 1925

ROBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 17-25 (Month) (Day), 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns over almost entire body
(Clothes caught fire from a match
thrown by a passer by. Accidental

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Paul M. D.
(Coroner.)

5-18-25 192.... (Address) 508 E North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Lot Penn	5/19/25 19

20-UNDERTAKER.	ADDRESS
R. G. Brown	1415 N. Mt. St.

Make CAUSE OF DEATH entry in accordance with instructions on back of certificate. This is very important.

Spec.—1-12-23—M&T—500 Blks.

D 98595 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98595

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., V-3 WARD) REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adam Klonowski

(a) RESIDENCE NO. 705 S Ann. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? 34 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Klonowska.

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER John Klonowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Bay View Hospital Records (Address)

15 Filed MAY 19 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/18/ 1925

17 I HEREBY CERTIFY, That I attended deceased from March 14, 1925, to May 18, 1925, that I last saw h alive on May 17, 1925, and that death occurred, on the date stated above, at 7:10 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis (degenerative), Arteriosclerosis, Emphysema, Myocardial Insufficiency

(duration) ?, yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Dudley C. Ashton, M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem, DATE OF BURIAL May 20, 1925

20 UNDERTAKER M. F. Sadowski, ADDRESS 905 S. Ann St.

CAUSE OF DEATH. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Bks.

D 98596

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98596

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 7-2 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Lily Waldhauser

(a) RESIDENCE NO. 1636 N. Washington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael A. Waldhauser

6 DATE OF BIRTH (month, day, and year) Nov. 26, 1867

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
57	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John E. Balzer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Snyder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Michael K. Waldhauser

(Address) 632 N. Washington

MAY 19 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/17/1925

17 I HEREBY CERTIFY, That I attended deceased from May 4th, 1925, to May 17th, 1925, that I last saw her alive on May 17th, 1925, and that death occurred, on the date stated above, at 8.15 P. m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio-Vascular disease (Impotent) unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Ac. Nephritis & Uremia unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) K. W. Selby, M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL May 20 1925

20 UNDERTAKER Chas. M. Fink & Son, Funeral Directors & Embalmers

ADDRESS 811 W. 40th

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT MEANING OF SOCCA TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98597

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98597

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 328 S. East Ave St., 1-457 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick A. Krause

(a) Residence No. 328 S. East Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha D. Krause

6-DATE OF BIRTH (month, day and year) Aug. 6 1855

7-AGE. 69 yrs. 9 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Newspaper Carrier

(b) General nature of Industry, business, or establishment in which employed (or employer) Retired 9 years

(c) Name of employer German Correspondent

9-BIRTHPLACE (city or town)..... (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Not Known

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Not Known

14- (Informant) Mrs George B. Sunderland

(Address) 328 S East ave

15- MAY 19 1925 Robert R. Krantz Registrar.

Burial Permit Clerk.

In plain terms, so that it may be easily understood, answer instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 18. 1925

17- I HEREBY CERTIFY, That I attended deceased from April 10 1925 to May 18 1925 that I last saw h/Mr. alive on May 17 1925 and that death occurred, on the date stated above, at 6.15 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 2 or more yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Colet W Pitney M. D.

May 19 1925 (Address) 100 S Potteran Canton

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Oak Lawn Cemetery

DATE OF BURIAL. May 20 1925

20-UNDERTAKER Henry Sander Sons Inc

ADDRESS 1710 Pleasant St

D 98598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Registered No. C..... 1925 D 98598

1-PLACE OF DEATH

City of BALTIMORE: (No. 109 W. York St. St., 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ludwood L. Washington. (C)

(Residence in Baltimore: No. 109 W. York St. St.; 8 yrs., ---- mos. ---- ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male.	Colored	Married.

6-DATE OF BIRTH. Do not know. ....., 1..... (Month) (Day) (Year)

7-AGE. 38 yrs. ---------- mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia.

PARENTS.

10-NAME OF FATHER. William Washington. (C)

11-BIRTHPLACE OF FATHER. (State or Country). Virginia.

12-MAIDEN NAME OF MOTHER. Eliza Smith. (C)

13-BIRTHPLACE OF MOTHER. (State or Country). Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Washington. (C) brother.

(Address) 1420 Argyle Ave.

MAY 19 1925 ROBERT H. KRAUTER, Filed ..... 192..... Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 16, 1925 (Month) (Day) 192..... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said autopsy & inquest (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage due to stab wound in the lung. Pocket knife

Homicide.

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. .....mos. .....ds.

(Signed) Theodore Reinhardt M. D. (Coroner.)

May 19, 192 5. (Address) 1017 S. Charles St.

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Hampton Va	May 19 1925

20-UNDERTAKER, Samuel Hensley ADDRESS 1175 W. Biddle

BE CAUSE OF DEATH should be filled in by physician. It is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 98599

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98599

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 955 Druid Hill ST.: 11-26 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John T. Hall

(a) RESIDENCE. No. 955 Druid Hill ave ST., WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 1st 1884

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	6	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General natuge of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City Md

PARENTS

10 NAME OF FATHER Benj Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Annie M Boisaw

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Gertrude S Hall

(Address) 955 Druid Hill ave.

15 Filed MAY 19 1925 19 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/16/1925

17 I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1925, to May 16, 1925, that I last saw h~~im~~ alive on May 16, 1925, and that death occurred, on the date stated above, at 11:20 a m.

The CAUSE OF DEATH* was as follows:

Uremia (duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) acute Nephritis (duration) yrs. 1 mos. 16 ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Jane H. Thompkins M. D.

19 (Address) 1019 Druid Hill ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	May 19 25
20 UNDERTAKER Samuel D Hemsley	ADDRESS 1378 Dr Biddle

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98600
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90 D 98600
Registered No. C.....

City of BALTIMORE: (No. 1109 Leadenhall St. St., 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest W. Nockeman.

(Residence in Baltimore: No. 1109 Leadenhall St. St.; yrs. 25 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Male.	White.	Married.

6-DATE OF BIRTH. October 21, 1884. 1.....
(Month) (Day) (Year)

7-AGE. 40 yrs. 6 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer in
(b) General nature of industry, business, or establishment in which employed (or employer)..... brick yard.

9-BIRTHPLACE, (State or Country). Germany.

PARENTS.

10-NAME OF FATHER. Do not know.

11-BIRTHPLACE OF FATHER, (State or Country). Do not know.

12-MAIDEN NAME OF MOTHER. Do not know.

13-BIRTHPLACE OF MOTHER, (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Nockeman.(wife)

(Address) 1109 Leadenhall St.

15-
MAY 19 1925 HUBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 17, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

.....(Duration).....yrs.....mos.....ds.

(Signed) Otto Reinhardt M. D.
(Coroner.)

May 19, 1925 (Address) 1019 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Cross a.a.c.	5-20, 1925

20-UNDERTAKER. Earl B. Harley ADDRESS 118-124 E. West St.

State CAUSE OF DEATH in plain terms, so that it may be understood by a layman. This is very important. See instructions on back of certificate.

D 98601

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98601

CERTIFICATE OF DEATH.

11-38

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 820 N.Charles St. St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie Coleman.

(Residence in Baltimore: No. 820 N.Charles St. St.; yrs. 48 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Female.	White.	Widow.

6-DATE OF BIRTH. Do not know. 1 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
58 yrs. mos. ds.	hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House maid.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Ireland.

PARENTS.

10-NAME OF FATHER. Robert Coleman.

11-BIRTHPLACE OF FATHER, (State or Country). Ireland.

12-MAIDEN NAME OF MOTHER. Bridget Baker.

13-BIRTHPLACE OF MOTHER, (State or Country). Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kate Gunning.(sister)

(Address) 1027 W.Baltimore St.

15- Filed MAY 19 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 18, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, au- inquiry find that said deceased came to her death topsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Rupture of an Aortic Aneurism.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

May 19, 1925 (Address) 1017 E.Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cathedral Cem.	5-20 1925

20-UNDERTAKER.	ADDRESS
William H. Porter	Fulton & Lombard St

TAKE CAUSE OF DEATH paragraph on back of certificate. It is very important. See instructions on back of

Spec.—1-10-21—M&T—1500 Bks.

(Leonard Mooney)

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98602

D 98602

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1722 E Madison ST., 7-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lenaid Mooney

(a) RESIDENCE NO. 1722 E Madison ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 19 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER William B. Mooney

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Wilhelmina Lee

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Wilhelmina Mooney Mother
(Address) 1722 Madison st.

15 Filed ..... 19 .....
Robert P. Harrison,
Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1925

17 I HEREBY CERTIFY, That I attended deceased from April 30, 1925, to May 18, 1925, that I last saw him alive on May 16, 1925, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis
according to my judgment 3 mos
(duration) yr. mos ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. T. Lyding, M. D.

5/19, 1925 (Address) 1429 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	May 20 25
20 UNDERTAKER Mrs R. G. Elbert	ADDRESS 1725 Ashland

CAUSE OF DEATH in plain terms, so that it may be properly classified. Abbreviations may be used. Diseases of Women and Children must be properly described. Name of Contagious Disease must be given. Deaths from Violence must state Means and Nature of Injury. Deaths in Hospitals, Asylums, Prisons, Almshouses, or Lodging Houses must be reported. Deaths from Puerperal Causes must be reported. Deaths from Criminal Abortion must be reported. Deaths from Suicide must be reported. Deaths from Accident must be reported. Deaths from Homicide must be reported. Deaths from Unknown Causes must be reported. Deaths from Infectious Diseases must be reported. Deaths from Tuberculosis must be reported. Deaths from Cancer must be reported. Deaths from Heart Disease must be reported. Deaths from Kidney Disease must be reported. Deaths from Liver Disease must be reported. Deaths from Lung Disease must be reported. Deaths from Brain Disease must be reported. Deaths from Nervous Disease must be reported. Deaths from Digestive Disease must be reported. Deaths from Circulatory Disease must be reported. Deaths from Respiratory Disease must be reported. Deaths from Genito-Urinary Disease must be reported. Deaths from Skin Disease must be reported. Deaths from Bone Disease must be reported. Deaths from Muscle Disease must be reported. Deaths from Joint Disease must be reported. Deaths from Eye Disease must be reported. Deaths from Ear Disease must be reported. Deaths from Nose Disease must be reported. Deaths from Throat Disease must be reported. Deaths from Mouth Disease must be reported. Deaths from Teeth Disease must be reported. Deaths from Hair Disease must be reported. Deaths from Nail Disease must be reported. Deaths from Blood Disease must be reported. Deaths from Glandular Disease must be reported. Deaths from Endocrine Disease must be reported. Deaths from Metabolic Disease must be reported. Deaths from Nutritional Disease must be reported. Deaths from Deficiency Disease must be reported. Deaths from Allergic Disease must be reported. Deaths from Psychosomatic Disease must be reported. Deaths from Psychiatric Disease must be reported. Deaths from Neurological Disease must be reported. Deaths from Orthopedic Disease must be reported. Deaths from Plastic Surgery must be reported. Deaths from Dental Disease must be reported. Deaths from Podiatric Disease must be reported. Deaths from Chiropractic Disease must be reported. Deaths from Osteopathic Disease must be reported. Deaths from Naturopathic Disease must be reported. Deaths from Homeopathic Disease must be reported. Deaths from Eclectic Disease must be reported. Deaths from Physiomedical Disease must be reported. Deaths from Botanic Disease must be reported. Deaths from Herbal Disease must be reported. Deaths from Folk Disease must be reported. Deaths from Traditional Disease must be reported. Deaths from Alternative Disease must be reported. Deaths from Complementary Disease must be reported. Deaths from Integrative Disease must be reported. Deaths from Holistic Disease must be reported. Deaths from Mind-Body Disease must be reported. Deaths from Spiritual Disease must be reported. Deaths from Energy Disease must be reported. Deaths from Vibrational Disease must be reported. Deaths from Quantum Disease must be reported. Deaths from Unified Disease must be reported. Deaths from Theory of Everything Disease must be reported.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Abbreviations may be used. Diseases of Women and Children must be properly described. Name of Contagious Disease must be given. Deaths from Violence must state Means and Nature of Injury. Deaths in Hospitals, Asylums, Prisons, Almshouses, or Lodging Houses must be reported. Deaths from Puerperal Causes must be reported. Deaths from Criminal Abortion must be reported. Deaths from Suicide must be reported. Deaths from Accident must be reported. Deaths from Homicide must be reported. Deaths from Unknown Causes must be reported. Deaths from Infectious Diseases must be reported. Deaths from Tuberculosis must be reported. Deaths from Cancer must be reported. Deaths from Heart Disease must be reported. Deaths from Kidney Disease must be reported. Deaths from Liver Disease must be reported. Deaths from Lung Disease must be reported. Deaths from Brain Disease must be reported. Deaths from Nervous Disease must be reported. Deaths from Digestive Disease must be reported. Deaths from Circulatory Disease must be reported. Deaths from Respiratory Disease must be reported. Deaths from Genito-Urinary Disease must be reported. Deaths from Skin Disease must be reported. Deaths from Bone Disease must be reported. Deaths from Muscle Disease must be reported. Deaths from Joint Disease must be reported. Deaths from Eye Disease must be reported. Deaths from Ear Disease must be reported. Deaths from Nose Disease must be reported. Deaths from Throat Disease must be reported. Deaths from Mouth Disease must be reported. Deaths from Teeth Disease must be reported. Deaths from Hair Disease must be reported. Deaths from Nail Disease must be reported. Deaths from Blood Disease must be reported. Deaths from Glandular Disease must be reported. Deaths from Endocrine Disease must be reported. Deaths from Metabolic Disease must be reported. Deaths from Nutritional Disease must be reported. Deaths from Deficiency Disease must be reported. Deaths from Allergic Disease must be reported. Deaths from Psychosomatic Disease must be reported. Deaths from Psychiatric Disease must be reported. Deaths from Neurological Disease must be reported. Deaths from Orthopedic Disease must be reported. Deaths from Plastic Surgery must be reported. Deaths from Dental Disease must be reported. Deaths from Podiatric Disease must be reported. Deaths from Chiropractic Disease must be reported. Deaths from Osteopathic Disease must be reported. Deaths from Naturopathic Disease must be reported. Deaths from Homeopathic Disease must be reported. Deaths from Eclectic Disease must be reported. Deaths from Physiomedical Disease must be reported. Deaths from Botanic Disease must be reported. Deaths from Herbal Disease must be reported. Deaths from Folk Disease must be reported. Deaths from Traditional Disease must be reported. Deaths from Alternative Disease must be reported. Deaths from Complementary Disease must be reported. Deaths from Integrative Disease must be reported. Deaths from Holistic Disease must be reported. Deaths from Mind-Body Disease must be reported. Deaths from Spiritual Disease must be reported. Deaths from Energy Disease must be reported. Deaths from Vibrational Disease must be reported. Deaths from Quantum Disease must be reported. Deaths from Unified Disease must be reported. Deaths from Theory of Everything Disease must be reported.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Abbreviations may be used. Diseases of Women and Children must be properly described. Name of Contagious Disease must be given. Deaths from Violence must state Means and Nature of Injury. Deaths in Hospitals, Asylums, Prisons, Almshouses, or Lodging Houses must be reported. Deaths from Puerperal Causes must be reported. Deaths from Criminal Abortion must be reported. Deaths from Suicide must be reported. Deaths from Accident must be reported. Deaths from Homicide must be reported. Deaths from Unknown Causes must be reported. Deaths from Infectious Diseases must be reported. Deaths from Tuberculosis must be reported. Deaths from Cancer must be reported. Deaths from Heart Disease must be reported. Deaths from Kidney Disease must be reported. Deaths from Liver Disease must be reported. Deaths from Lung Disease must be reported. Deaths from Brain Disease must be reported. Deaths from Nervous Disease must be reported. Deaths from Digestive Disease must be reported. Deaths from Circulatory Disease must be reported. Deaths from Respiratory Disease must be reported. Deaths from Genito-Urinary Disease must be reported. Deaths from Skin Disease must be reported. Deaths from Bone Disease must be reported. Deaths from Muscle Disease must be reported. Deaths from Joint Disease must be reported. Deaths from Eye Disease must be reported. Deaths from Ear Disease must be reported. Deaths from Nose Disease must be reported. Deaths from Throat Disease must be reported. Deaths from Mouth Disease must be reported. Deaths from Teeth Disease must be reported. Deaths from Hair Disease must be reported. Deaths from Nail Disease must be reported. Deaths from Blood Disease must be reported. Deaths from Glandular Disease must be reported. Deaths from Endocrine Disease must be reported. Deaths from Metabolic Disease must be reported. Deaths from Nutritional Disease must be reported. Deaths from Deficiency Disease must be reported. Deaths from Allergic Disease must be reported. Deaths from Psychosomatic Disease must be reported. Deaths from Psychiatric Disease must be reported. Deaths from Neurological Disease must be reported. Deaths from Orthopedic Disease must be reported. Deaths from Plastic Surgery must be reported. Deaths from Dental Disease must be reported. Deaths from Podiatric Disease must be reported. Deaths from Chiropractic Disease must be reported. Deaths from Osteopathic Disease must be reported. Deaths from Naturopathic Disease must be reported. Deaths from Homeopathic Disease must be reported. Deaths from Eclectic Disease must be reported. Deaths from Physiomedical Disease must be reported. Deaths from Botanic Disease must be reported. Deaths from Herbal Disease must be reported. Deaths from Folk Disease must be reported. Deaths from Traditional Disease must be reported. Deaths from Alternative Disease must be reported. Deaths from Complementary Disease must be reported. Deaths from Integrative Disease must be reported. Deaths from Holistic Disease must be reported. Deaths from Mind-Body Disease must be reported. Deaths from Spiritual Disease must be reported. Deaths from Energy Disease must be reported. Deaths from Vibrational Disease must be reported. Deaths from Quantum Disease must be reported. Deaths from Unified Disease must be reported. Deaths from Theory of Everything Disease must be reported.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98603

CERTIFICATE OF DEATH.

15-13 47

D 98603

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1735 N Carey ST., (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Proctor

(a) RESIDENCE NO. 1735 N. Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced (or) ~~HUSBAND of~~ WIFE of Robert Proctor

6 DATE OF BIRTH (month, day, and year) Dec 22, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Geo. Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Catherine James

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Robert Proctor Husband (Address) 1735 N. Carey st

15 Filed ..... 19 ..... Robert P. Harrison, Registrar

Burial Permit Clerk

MAY 19 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 1924 to May 17 1925 that I last saw h[illegible] alive on May 17 1925 and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Brain tumor.

(duration) yrs. 8 mos. da.

CONTRIBUTORY (Secondary) Metastasis following Carcinoma of breast?

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. F. Young, M. D.

5/19 1925 (Address) 424 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	May 20 1925
20 UNDERTAKER	ADDRESS
Mrs R. G. Elliott	725 Eastland Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupations is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

(Jones)

D 98604

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98604

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3407 Talbot St. 17-1 Ward)

REGISTERED No. 161

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Irma Jones

(a) RESIDENCE. No. 3407 ~~Latrobe st~~ Talbott St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred ~ yrs. ~ mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

✓

6 DATE OF BIRTH (month, day, and year) May 1 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
[redacted]	~	~	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work No

(b) General nature of industry, business, or establishment in which employed (or employer) No

(c) Name of employer No

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Flora Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Flora Baker

(Address) 3407 Talbot St Balto Md

15 Filed MAY 19 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1925

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to May 18, 1925, that I last saw h~ alive on May 18, 1925, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Pernicious vomiting from 3 months pregnancy

(duration) ~ yrs. ~ mos. 17 ds.

CONTRIBUTORY (Secondary) Kidney Weakness

~ (duration) ~ yrs. ~ mos. 17 ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Yes

(Signed) Dr. J. L. Benson, M. D.

, 19 (Address) 6010 York Road Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	May 20 1925

20 UNDERTAKER [redacted]

ADDRESS 1725 Ashland Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of DISEASE OR CONDITION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98605

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98605

CERTIFICATE OF DEATH.

66

1-PLACE OF DEATH

City of BALTIMORE (No. 1132 Mosher St., 16-6 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Gale

(a) Residence No. 1132 Mosher St., ... Ward .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. 1 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Gale

6-DATE OF BIRTH (month, day and year) Apr 7- 78

7-AGE, 47 yrs. 1 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Lab

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Arthur Gale

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Emma Dobson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) John M. Gale

(Address) 905 S. Sharp St

15- Robert P. Harrison, Registrar.

MAY 19 1925

Burial Permit Clerk.

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 18 25

17- I HEREBY CERTIFY, That I attended deceased from May 8, 1925, to May 18, 1925, that I last saw him alive on May 8, 1925, and that death occurred, on the date stated above, at 11:30 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Alcoholism

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?.....Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) H. H. Ostewart, M. D.

5-18-1925 (Address) 704 W. Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Auburn — DATE OF BURIAL, May 21, 1925

20-UNDERTAKER, Jas. H. Chase & Son — ADDRESS 1400 Mosher

Spec.—1-10-21—M&T—1500 Bks.

D 98606

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98606

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 Presbury ST., 15 WARD) 13

REGISTERED NO. 120

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Fitzmyan

(a) RESIDENCE NO. 1616 Presbury ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) unknown 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant A L Bitts 1616 Presbury

(Address)

15 Filed May 19 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 1925

17

I HEREBY CERTIFY, That I attended deceased from May 17 1925 to May 17 1925

that I last saw him alive on May 17 1925,

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Acute dilitation of the heart brought on by acute indigestion

(duration) yrs. mos 1/2 ds.

CONTRIBUTORY (Secondary) Faulty Metabolism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. V. Coleman M. D.

May 19 1925 (Address) 2039 Mc Culloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	May 21 1925
20 UNDERTAKER Mrs Jas N. Dennis per T. E Kelson	ADDRESS 1303 Presstman St

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98607

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98607

CERTIFICATE OF DEATH.

19-131

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1618 W. Mulberry St. St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Etta Dorethy Blake

(a) Residence No. 1618 W. Mulberry St. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Negro

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Boyd Blake

6-DATE OF BIRTH (month, day and year) Feb. 3rd. 1903

7-AGE, 22 yrs. 3 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED Unemployed

(a) Trade, profession, or particular kind of work.....

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Washington D.C.

PARENTS.

10-NAME OF FATHER, William Warren Morgan

11-BIRTHPLACE OF FATHER (city or town) Dubuque (State or Country), Iowa

12-MAIDEN NAME OF MOTHER, Evelina Brooks

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md.

14- (Informant) W.W. Morgan (Farther)

(Address) 2014 12th. St. N.W. Wash. D.C.

15- Filed ....., 19?

Robert P. Harrison, Registrar.

MAY 19 1925 Burial Permit Clerk.

Use pencil in writing this and instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 18. '25

17- I HEREBY CERTIFY, That I attended deceased from Jan. 15th. 25 May 18, 1925 19..... to ..... 19.....

that I last saw her alive on May 18th. 1925

and that death occurred, on the date stated above, at 4.15 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

.....

.....

.....

.....(Duration).....yrs. 6 mos. 3 ds.

CONTRIBUTORY.....
(Secondary)

.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?..... No. Date of.....

Was there an autopsy?..... No.

What test confirmed diagnosis? Physical Exam

(Signed) Walter J. Jackson M. D.

, 19 (Address) 1618 W. Mulberry St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Washington, D.C.	May 21, 1925
20-UNDERTAKER,	ADDRESS
Mrs Kate R. Williams	322 N. Schroeder

Spec.—1-10-21—M&T—1500 Blks.

D 98608

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98608

CERTIFICATE OF DEATH. 21

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 607 Carlton ST., 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Burton

(a) RESIDENCE No. 607 Carlton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maud Burton

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Pile + Shovel

(c) Name of employer Mr. Bob Crimmins

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Burton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Eliza Cole

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Nellie Jones (Address) 607 Carlton St.

15 Filed ....., 19..... Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 19 25

17

I HEREBY CERTIFY, That I attended deceased from May 15, 1925. to May 19, 1925. that I last saw h[illegible] alive on May 19, 1925. and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

One Tuberculosis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Grippe Infection

(duration) yrs. mos 21 ds.

18 Where was disease contracted if not at place of death? 130 Hanover St.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) A Lee Ellis, M. D.

19 25 (Address) 824 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Helena Burn — DATE OF BURIAL 5/20/1925

20 UNDERTAKER Daniel Eaton — ADDRESS 916 Pa ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. PENALTY for making false statements on back of certificates. See instructions on back is very important.

19 1925

Spec.—1-10-21—M&T—1500 Bks.

D 98609

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98609

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Ken Oak Rd (St.) Mt Washington (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara Duncan Shamberger

(a) RESIDENCE NO. Ken Oak Road (St.) Mt Washington (WARD)

(Usual place of abode)

Length of residence in city or town where death occurred 83 yrs. 1 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph H. Shamberger

6 DATE OF BIRTH (month, day, and year): Mar. 23 1842

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
83	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Co Md.

PARENTS

10 NAME OF FATHER: Wm Duncan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Ellen Ritzinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs. H. S. Shamberger

(Address) Ken Oak Road.

15 MAY 19 1925 Robert P. Harrison, 19

Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 24 1924 to May 19 1925.

that I last saw her alive on May 12 1925,

and that death occurred, on the date stated above, at 12 30 A m.

The CAUSE OF DEATH* was as follows:

Old age

Senile general debility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Paralysis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. M. Duncan, M. D.

May 19. 1925 (Address) 5106 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: May 21 1925

20 UNDERTAKER: Wm Tickner & Sons

ADDRESS: Northern

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.

Spec.–1-10-21–M&T–1500 Blks.

D 98610 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98610

CERTIFICATE OF DEATH.

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 731 Washington Blvd ST., 21-3 WARD)

2-FULL NAME Ida Martha Lauer

(a) RESIDENCE NO. 731 Washington Blvd ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 6 yrs. 0 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm F. Lauer

6 DATE OF BIRTH (month, day, and year) Feb 21-1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	0	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm Simmons

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Betsy Hastings

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Raimond Lauer
(Address) 731 Washington Blvd

15 Filed MAY 19 1925 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 1925

17 I HEREBY CERTIFY, That I attended deceased from May 11 1925 to May 17 1925 that I last saw h alive on May 17 1925 and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? None Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) J. M. Hollyman M.D.

(Address) 1 W Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	May 20 1925
20 UNDERTAKER W. J. Tschner, Agent	ADDRESS Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact information is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 98611

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98611

CERTIFICATE OF DEATH. X 43

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen Hosp. ST. 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Henry Wöllschlager

(a) RESIDENCE NO. Rockdale Md. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Wöllschlager

6 DATE OF BIRTH (month, day, and year) Nov 15, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Amelia Wollschlager

(Address) Rockdale Md

Filed MAY 19 1925, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1925

17

I HEREBY CERTIFY, That I attended deceased from May 17, 1925, to May 18, 1925, that I last saw him alive on May 18, 1925, and that death occurred, on the date stated above, at 1.05 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

series

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Secondary Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John A Templeman M. D.

, 19 (Address) 711 Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Lodge	May 20 1925
UNDERTAKER	ADDRESS
J. Dickson Jones	Govans Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98612

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

5-2 19 D 98612

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1116 Orleans ST., 5 WARD)

2-FULL NAME Louise Bowie,

(a) RESIDENCE NO. 1116 Orleans ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT information is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Bowie,

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) " (State or country) Unknown

12 MAIDEN NAME OF MOTHER Sophia Johnson

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Arnita Bowie (Address) 1116 Orleans St.

15 Filed MAY 20 1925 HUBERT R. KRAUTER, Registrar, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1925

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1925, to May 18, 1925, that I last saw her alive on May 17, 1925 and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Contributory Nephritis and Mitral Insufficiency

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Laryngitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R. F. [illegible], M. D.

5/20, 1925 (Address) 1424 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	May 21 1925

20 UNDERTAKER Chas. F. Johnson ADDRESS 416 N. Caroline St.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98613

CERTIFICATE OF DEATH

57

D 98613

1-PLACE OF DEATH Bon Secours Hosp 17-5 REGISTERED NO.

CITY OF BALTIMORE: (No. 2000 W. Fayette ST., (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Ella Schoolfield.

(a) RESIDENCE No. 1824 St. Paul ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Luther A. Schoolfield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Hannah D. Deckelbaum

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant Miss Elegna M. Duval

(Address) 1824 St. Paul St

15 MAY 20 1925 ADOLPH R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1925

17

I HEREBY CERTIFY, That I attended deceased from 3/11, 1925, to 5/19, 1925, that I last saw her alive on 5/18, 1925, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis.

Heart - block.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Diabetes (Gangrene foot) arterio-sclerosis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 5/0/25

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) J. Henry B. E. Deegar, M. D.

(Address) #904 N. Charles st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL May 20 1925

20 UNDERTAKER Henry W. Mears & Son

ADDRESS 805 N. Calvert St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 98614

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98614

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 N Biddle ST., 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaac Mack

(a) RESIDENCE NO. 308 N Biddle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes N Mack

6 DATE OF BIRTH (month, day, and year) Oct 1-1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	7	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) 821

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cockeysville Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Morgula Tedrick

(Address) 523 Presstman St

15 Filed MAY 20 1925 Burial Permit Clerk

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18th 1925

17

C. I HEREBY CERTIFY, That I attended deceased from May 12th, 1925, to May 18th, 1925,

that I last saw him alive on May 16th, 1925,

and that death occurred, on the date stated above, at 11:20 A. m.

The CAUSE OF DEATH* was as follows:

Val Dis of Heart (Mitral)

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) Gradual yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E Mack M. D.

5-20, 1925 (Address) 607 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 5/22 1925

20 UNDERTAKER Samuel Newby — ADDRESS 1718 N Biddle

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of FACT is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

D 98615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

D 98615

REGISTERED NO.

1-PLACE OF DEATH Baltimore Md

CITY OF BALTIMORE: (No. 2315 N. Calvert ST., 12 WARD) 12-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza McClellan Hersh

(a) RESIDENCE No. 2315 N. Calvert ST., 12 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 99 yrs. 1 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Franklin Hersh (deceased)

6 DATE OF BIRTH (month, day, and year) Apl 17-1826

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	99	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Samuel McClellan

11 BIRTHPLACE OF FATHER (city or town) Marsh Creek (State or country) Adams Co. Penna

12 MAIDEN NAME OF MOTHER Eliza Ryborg

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant A. McHersh

(Address) 2106 Barclay St. Baltimore

15 Filed MAY 20 1925 HUGH R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1925

17 I HEREBY CERTIFY, That I attended deceased from May 16th, 1925, to May 18th, 1925, that I last saw her alive on May 18th, 1925, and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Terminal)

(duration) ✓ yrs. ✓ mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? What test confirmed diagnosis?

(Signed) E. M. Eichenlaub M. D.

5.19, 1925 (Address) 1515 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Church Yard — DATE OF BURIAL 5-21 1925

20 UNDERTAKER Henry W. Jenkins Sons Co. — ADDRESS Orchard & McCulloh

CAUSE OF DEATH in plain terms, so that it may be properly coded. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98616

CERTIFICATE OF DEATH ~~STILLBIRTH~~

D 98616

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 E Brookland ST., 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Child Beauchette

(a) RESIDENCE NO. 110 E Brookland ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5/16/25

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or 0 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Wilfrid Blanchette

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mass

12 MAIDEN NAME OF MOTHER Amelia Salter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Me

14 Informant Wilfrid Blanchette

(Address) 110 E Brookland

Filed MAY 19 1925, 19

Robert P. Harrison,

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1925

17

I HEREBY CERTIFY, That I attended deceased from May 16, 1925, to May 16, 1925.

that I last saw him alive on May 16, 1925.

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Abnormal development

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm Ephraim, M. D.

(Address) 1964 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cem	5/19/ 19 25
20 UNDERTAKER	ADDRESS
H J Foley & Sons	1318 Light

CAUSE OF DEATH in plain terms, so that it may be understood. DEFINITE NAMES OF DISEASES ONLY will be accepted. See back of certificates. TION is very important.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98617

CERTIFICATE OF DEATH.

16 4

D 98617

1-PLACE OF DEATH

City of BALTIMORE: (No. 1116 Somerset St. St., 10-2 Ward) Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Faust

(a) Residence No. 1110 Somerset St. St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Michael Faust

6-DATE OF BIRTH (month, day and year) Nov 5th 1837

7-AGE, 87 yrs. 6 mos. ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town)... (State or Country), Germany

PARENTS

10-NAME OF FATHER, Adam Laudenschlager

11-BIRTHPLACE OF FATHER (city or town)... (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town)... (State or Country).

14- (Informant) Gertrude Faust
(Address) 1116 Somerset St

15- MAY 20 1925 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 19/25

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1- 1925 to May 19- 1925

that I last saw her alive on May 18- 1925

and that death occurred, on the date stated above, at 3 P.M. a.m.

The CAUSE OF DEATH* was as follows:

Inanition caused by senility

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fenby, M. D

5/19/ 1925 (Address) 1223 N. Caroline St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	May 22 1925
20-UNDERTAKER	ADDRESS
Frank A. Fink	915 N. Gay St

In giving answers to questions, please refer to instructions on back of certificates.

Spec—12-23-21—E.B.R.S—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

98618

CERTIFICATE OF DEATH.

7-2 129

D 98618 Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2008 Ashland Ave St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Vlasek

(a) Residence No. 2008 Ashland Ave St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 20 yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Marie

6-DATE OF BIRTH (month, day and year) Feb. 17th 1872

7-AGE,	If LESS than 1 day,
53 yrs. 3 mos. 2 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ..... Painter
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Decorates 050
(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country). Bohemia-Europe

PARENTS.
10-NAME OF FATHER, James Vlasek
11-BIRTHPLACE OF FATHER (city or town) (State or Country), Bohemia-Europe
12-MAIDEN NAME OF MOTHER, ———
13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Bohemia Europe

14- (Informant) Marie Vlasek
(Address) 2008 Ashland Ave

15- MAY 20 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

In plain terms, so that a child can understand, give instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 19 1925

17- I HEREBY CERTIFY, That I attended deceased from June 1. 1925 to May 19 1925
that I last saw him alive on May 19 1925
and that death occurred, on the date stated above, at 5-4 m.
The CAUSE OF DEATH* was as follows:

Chronic Bronchitis Heart Disease
Nephritis
(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....

(Signed) Wm. J. Reynolds M. D.
May 19 1925 (Address) 801 Fremont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. - (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
Oakhill	May 21 1925
20-UNDERTAKER, Fiskler & Fiskler	ADDRESS 1739 Eager

Spec.—1-10-21—M&T—1500 Bks.

D 98619 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98619

CERTIFICATE OF DEATH.

REGISTERED NO. 128

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1446 Ward. ST., 21-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isabella Morris

(a) RESIDENCE NO. 1446 Ward. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
47	1877	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant William Morris
(Address) 1446 Ward Street

15 Filed MAY 20 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1925

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1925, to May 19, 1925, that I last saw her alive on May 18, 1925, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Acute Interstitial Nephritis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) D. Murray Stone, M. D.

May 19 1925 (Address) 727 Park. Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Albans Centery — DATE OF BURIAL 5/20 1925

20 UNDERTAKER Walter B. Driggs — ADDRESS 139 W. Hamburg St.

CAUSE OF DEATH in plain terms, so that it may be properly Classified. Each blank must be filled. Do not use abbreviations or ditto marks. Any of the following diseases may be the cause of death, but should not be returned as such unless a more definite statement of the cause cannot be obtained: Abscess, Accident, Anemia, Asphyxia, Atrophy, Bronchitis, Cachexia, Cancer, Carcinoma, Cellulitis, Childbirth, Colitis, Congestion, Convulsions, Debility, Dropsy, Exhaustion, Fever, Gangrene, Hemorrhage, Infection, Inflammation, Malnutrition, Meningitis, Old Age, Paralysis, Peritonitis, Pneumonia, Septicemia, Thrombosis, Tuberculosis, Tumor, Ulceration, Uremia. Indefinite and unsatisfactory causes of death will be returned for correction. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 98620

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98620

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 Bank ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George A Kratz

(a) RESIDENCE. No. 2010 Bank ST., 2 WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 27th 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired U. S. M.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER George Kratz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Beck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs George Asselbach
(Address) 2010 Bank St

15 Filed MAY 20 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19th 1925

17 I HEREBY CERTIFY, That I attended deceased from April 28 1925 to May 19 1925 that I last saw him alive on May 19 1925 and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Haemorrhage of Lungs
Tuberculosis of Lungs
(duration) yrs. 2 mos. 2 ds.

CONTRIBUTORY (Secondary) Tuberculosis of Lungs (duration) yrs. 5 mos. 17 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Death verified

(Signed) A. L. Kennard M. D.

5-19. 1925 (Address) 708 Lincoln St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Paul Cem	May 21 1925

20 UNDERTAKER Peter Nicolaus ADDRESS 2060 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

D 98621 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98621

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Royal apt. ST., 11-1 WARD) REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriet Price

(a) RESIDENCE NO. No Royal apt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—Warning: Untrue statements should be carefully avoided. Information should be entered in plain terms, so that it can be understood. CAUSE OF DEATH in plain terms, so that it can be understood. See instructions on back of certificate. TION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE white | 5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 15, 1850

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
74	11	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Wm Bruce

11 BIRTHPLACE OF FATHER (city or town) Washington Co
(State or country) Md

12 MAIDEN NAME OF MOTHER Maria Bruce

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Susan Hamerly
(Address) Balto Club. Md

15 MAY 20 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Val. disease heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Charles T. Riley, M. D.
(Coroner)

May 20, 1925 (Address) 1639 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cem

DATE OF BURIAL May 20 1925

20 UNDERTAKER Henry H Jenkins Sons Co

ADDRESS McCulloh & Orchard Sts

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98622

CERTIFICATE OF DEATH.

D 98622

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 1616 E. Biddle ST., 8-4 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert F. Biggs

(a) RESIDENCE NO. 1616 E Biddle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 1 mos. 17 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Fannie B. Biggs

6 DATE OF BIRTH (month, day, and year) April 2 1856

7 AGE	Years	Months	Days	If LESS than 1 day,.....hrs. or.....min.
	69	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Baggage Master

(b) General nature of industry, business, or establishment in which employed (or employer) for Penn. R. R. 0/3

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Joseph Biggs

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Jane Patterson

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Mrs Fannie Biggs (Address) 1616 E Biddle St

15 Filed, MAY 20 1925, 19... ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1925

17 I HEREBY CERTIFY, That I attended deceased from May 18th, 1925, to May 19th, 1925, that I last saw him alive on May 18th, 1925 and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

General (duration) years yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) W. L. Sandrock, M. D.

M. V. 1925 (Address) 1342 N. Broadway.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	May 22nd 1925
20 UNDERTAKER	ADDRESS
Henry Hoeck Son	1801 E Eager St

It may be properly endorsed, so that it may be plainly read. Write in plain terms, so that it may be properly endorsed. See instructions on back of certificates.

D 98623

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98623

CERTIFICATE OF DEATH.

10-101-001

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., 10-21 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Love

(Residence in Baltimore: No. 1419 E. Madison St St.; 10 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	col	sing

6-DATE OF BIRTH.

unknown (Month) (Day) 1 (Year)

7-AGE. 21 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Balto Copper Wks

9-BIRTHPLACE, (State or Country). West India

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER, (State or Country). "

12-MAIDEN NAME OF MOTHER, "

13-BIRTHPLACE OF MOTHER, (State or Country). "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

John W. Henderson (Informant)

1502 E. Monument St (Address)

Burial Permit Clerk.

15-

Filed MAY 20 1925 192.. WM. F. R. KRAUTER, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH.

May 18-25 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Autopsy at Hopkins Hospital)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John Cullen M. D. (Coroner)

5-20-25 (Address) 508 E. North Av

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel	May 20 1925
20-UNDERTAKER.	ADDRESS
John W Henderson	1502 Monument st

Make no erasures. Be sure each item is correct before signing certificate. See instructions on back of certificate. Information is very important.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98624

CERTIFICATE OF DEATH.

161-001

D 98624

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3416 Gough ST., 76-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Philip Marieno

(a) RESIDENCE NO. 3416 Gough ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 20 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				1 hrs.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt

PARENTS

10 NAME OF FATHER Alfio Marieno

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Angelina Bulla

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt

14 Informant Alfio Marieno
(Address) 3416 Gough

15 MAY 20 1925 RUSLAN R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20 1925

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1925, to May 20, 1925, that I last saw h~~im~~live on May 20, 1925, and that death occurred, on the date stated above, at 8.30 m.

The CAUSE OF DEATH* was as follows:

Premature term worth

Factors: malpresentation

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Infant Contracted

Stores (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph L. Valentini M. D.

1925 (Address) 14 E Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Sepulchre	May 20 1925
20 UNDERTAKER	ADDRESS
Wendell Peffelson	338 Mun

TION is very important See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

GREENFELD ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98625

D 98625

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. ..... ST., 27-12 WARD)

REGISTERED NO. 74 1001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Sarah Greenfeld

(a) RESIDENCE NO. Harford Rd. & Woodland Ave. ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 19 yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Greenfeld

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) (37)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Israel Chosonoff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Louis Greenfeld
(Address) Hamilton

15 Filed MAY 20 1925 19 ROBERT R. KRAMER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/19 1925

17 I HEREBY CERTIFY, That I attended deceased from 5/17, 1925, to 5/19, 1925,

that I last saw h.. alive on 5/19, 1925,

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage Pontine
Hypertension

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical and Laboratory

(Signed) Isidor Hirschberg, M. D.

May 19 25 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Woodlawn — DATE OF BURIAL 5/20 1925

20 UNDERTAKER Jack Lewis — ADDRESS 1439 Bond

CAUSE OF DEATH in plain terms, so that it may be properly classified. EACH ... TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Dr M. Bowman Hood, 626 N. Gilmor
20 2 95

298626.

HEALTH DEPARTMENT—CITY OF BALTIMORE

298626

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2701 Mosher ST., 16-3 29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter F Foster

(a) RESIDENCE NO. 2701 Mosher ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma J Foster

6 DATE OF BIRTH (month, day, and year) Dec 6 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter, Retired

(b) General nature of industry, business, or establishment in which employed (or employer) 050

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Delaware

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Del

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Del

14 Informant E A Baker (Address) 2811 West North Ave

15 Filed MAY 20 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1923, to May 20, 1925, that I last saw him alive on May 20, 1925, and that death occurred, on the date stated above, at 5 10 a m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

& anemia

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Intestinal nephritis.

(duration) 5 yrs. - mos. - ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of -

Was there an autopsy? no

What test confirmed diagnosis? -

(Signed) M Bowman Hood, M. D.

5/26, 1925 (Address) 626 N. Gilmor St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL 5/23 1925

20 UNDERTAKER John Cook — ADDRESS 502 E Lond Ave

CAUSE OF DEATH to be plainly written, so that a TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98627

CERTIFICATE OF DEATH.

154-002

D 98627

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 17-1 (STREET) WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Glass

(a) RESIDENCE NO. 1844 Penna. ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5/19/25

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country) Baltimore

PARENTS

10 NAME OF FATHER Harry Glass

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Ida Goldberg.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Harry Glass
(Address) 1844 Penna ave

15 MAY 20 1925 HERBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/20/1925

17 I HEREBY CERTIFY, That I attended deceased from 5/19/25, 19 , to 5/20/25, 19 ,
that I last saw him alive on 5/20/25, 19 ,
and that death occurred, on the date stated above, at 1.a m.
The CAUSE OF DEATH* was as follows:

Patent Foramen Ovale.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) K. W. Gilley M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rosedale	5/20 1925
20 UNDERTAKER	ADDRESS
Jack Lewis	1439 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly coded. TION is very important. See instructions on back of certificates.

Balluch. ✓

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98628

CERTIFICATE OF DEATH.

118 001 D 98628

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 17-4 WARD)

2-FULL NAME Lena Balluch

(a) RESIDENCE NO. 35-2 E 25th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Balluch

6 DATE OF BIRTH (month, day, and year) Nov 12 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Thos. Gender

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant (Address) Wm. G. Koch. 352 E 25th St

15 Filed MAY 20 1925 ..... 19 ..... ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/19/25

17 I HEREBY CERTIFY, That I attended deceased from 5-12-25 19 ..... to 5-19-25 19 ....., that I last saw h-alive on 5/19/25 19 ....., and that death occurred, on the date stated above, at 1.8 m.

The CAUSE OF DEATH* was as follows:

Ventral Hernia (Incarcerated)

(duration) ..... yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary) Coronary Embolus.

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Mercy Hosp.

Did an operation precede death? Yes Date of 5-13-25

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) R. W. Hilley, M. D.

19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western — DATE OF BURIAL May 22 1925

20 UNDERTAKER Wm Cook — ADDRESS 502 E Fort Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D ~~98626~~ D 98629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

185 D 98629 D ~~98626~~

1-PLACE OF DEATH Hebrew Hosp.

REGISTERED NO. 1-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Clara Kostan

(a) RESIDENCE NO. 2. S. Patterson Ave ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Henry Saffaner

(Address) 21 Pat. Pk. Ave

15 Filed MAY 20 1925 ROBERT R. KRAUTER, Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20th 1925

17 I HEREBY CERTIFY, That I attended deceased from April 8th, 1925, to May 20th, 1925, that I last saw her alive on May 20th, 1925, and that death occurred, on the date stated above, at 9:40 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fracture Lft. femur, CBW 4 2 doo.

Ch. Bronchitis (duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? over

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) A. Stiller Sondheimer, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL 5-20-1925

20 UNDERTAKER Jack Lewis — ADDRESS 1439 E. Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—I-10-21—M&T—1500 Bks.

D 98630 D 98630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL REGISTERED NO. 7-113

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Mc Cue.

(a) RESIDENCE NO. 221 Fairmont Ave Apt 3, Fairmont WARD W. Va
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
?	9	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) #

(c) Name of employer #

9 BIRTHPLACE (city or town) (State or country) W. Va.

PARENTS

10 NAME OF FATHER John Mc Cue

11 BIRTHPLACE OF FATHER (city or town) (State or country) D. C.

12 MAIDEN NAME OF MOTHER Ruth Morgan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 1925

17

I HEREBY CERTIFY, That I attended deceased from April 26, 1925, to May 29, 1925, that I last saw him alive on May 20, 1925, and that death occurred, on the date stated above, at 4 45 A. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro-intestinal indigestion

(duration) ..... yrs. ..... mos. 20 ds.

CONTRIBUTORY (Secondary) Terminal Septicaemia + Empyema

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) ..... M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Fairmount W Va	4/20/25
20 UNDERTAKER Joseph Ahrens	ADDRESS 221 Bway

CAUSE OF DEATH to be plain, definite and complete. See instructions on back of certificates. TION is very important.

Spec.—1-12-23—M&T—500 Blks.

D 98631

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98631

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1033 Hollins Street ST., 18-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maria E. Murphy

(a) RESIDENCE NO. 1033 Hollins ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles M. Murphy

6 DATE OF BIRTH (month, day, and year) Dec. 19" 1843

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	5	---	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Washington, (State or country) D.C.

PARENTS

10 NAME OF FATHER George Neill

11 BIRTHPLACE OF FATHER (city or town) Washington (State or country) D.C.

12 MAIDEN NAME OF MOTHER Sarah Disney

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Mrs. E.E. Shackelford (Address) 1033 Hollins St.

15 Filed MAY 20 1925, 19 Robert F. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19" 1925

17

I HEREBY CERTIFY, That I attended deceased from May 17, 1925 to May 19, 1925

that I last saw h[illegible] alive on May 18, 1925

and that death occurred, on the date stated above, at 2.10 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) F. C. Bunnell, M. D.

5/20/25 (Address) 5[illegible] W. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	May 22 19 25
20 UNDERTAKER Joseph B Cork	ADDRESS 1003 W Balto St

TION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Eks.

D 98632

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98632

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., Ward) 21-31

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Shearn

(a) Residence No. 1136 Warner st. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Not given

6-DATE OF BIRTH (month, day and year): 1899

7-AGE: 26 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

040

9-BIRTHPLACE (city or town) (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Bashaw Shearn

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Mary Jiggetts

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): North Carolina

14-

(Informant): Hospital Records

(Address): M.T.H.

15-

Filed 19?

Robert P. Harrison, Burial Permit Clerk. Registrar

20 1925

In place of items 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, see instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): May 18, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 1, 1925 to May 18, 1925

that I last saw him alive on May 18, 1925

and that death occurred, on the date stated above, at 6 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum

(Signed) J. D. White M. D.

5-19-1925 (Address) Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Nahina N C

DATE OF BURIAL: May 20, 1925

20-UNDERTAKER: Isaac L Brown & Son

ADDRESS: 108 Mould

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98633

CERTIFICATE OF DEATH.

101 D 98633

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Genl Hospital ST., 1 -2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Felix Zelachowskie

(a) RESIDENCE NO. 2304 Fleet St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of Felicia Zelachowski

~~(or) WIFE of~~

6 DATE OF BIRTH (month, day, and year) Unknown 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER John Zelachowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Catherine Siarkowski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs Felicia Zelachowski

(Address) 2304 Fleet Street

15 MAY 20 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1925

17 I HEREBY CERTIFY, That I attended deceased from May 13 1925 to May 18 1925 that I last saw him alive on May 18 1925 and that death occurred, on the date stated above, at 11 57 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia, Poly Arthritis (Infectious) Acute Nephritis Toxemia (Septicemia?)

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Acute Neph & uremia Pul. Edema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Signs

(Signed) F. W. Kratz — M. D.

(Address) Md Genl Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary cem	May 22 1925

20 UNDERTAKER John A Weber ADDRESS 1803 Bank St

CAUSE OF DEATH to be filled in plain terms, so that it can be readily understood. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Blks.

D 98634

18133 C

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98634

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 1-1 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Patro.

(a) RESIDENCE NO. 422 S. Chester St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
	?	10	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) #

(c) Name of employer #

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Alexander Patro

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Rose Kessermaki.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL.

15 Filed MAY 21 1925 19 HELEN R. KRAUTER, Social Service Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20, 1925

17

I HEREBY CERTIFY, That I attended deceased from May 17, 1925 to May 20, 1925.

that I last saw her alive on May 20, 1925,

and that death occurred, on the date stated above, at 5-25 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Pertussis

(duration) yrs. mos. 5 wks. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? yes.

What test confirmed diagnosis?

(Signed) Walter B. Stewart, M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL May 21 1925

20 UNDERTAKER J. A. Ozazewski

ADDRESS 6730 Eastern Ave

CAUSE OF DEATH to be plainly written, so that it may be put on back of certificates. TION is very important. See Instructions on back.

Spec.—1-10-21—M&T—1500 Bks.

D 98635 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98635

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 620 N. Carrollton ST., 16-7 (WARD)

REGISTERED NO. 24-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth E Sawyer

(a) RESIDENCE NO. 620 N. Carrollton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Sawyer

6 DATE OF BIRTH (month, day, and year) Nov 12 1839

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm Burke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Fredsmith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Miss Agnes Sawyer

(Address) 620 N Carrollton Ave

15 Date MAY 21 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1925

17

I HEREBY CERTIFY, That I attended deceased from May 18 1925 to May 19 1925, that I last saw him alive on May 19 1925, and that death occurred, on the date stated above, at 3:10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hyperemia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Senile Senesis

(duration) 20 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) [illegible], M. D.

19 25 (Address) 114 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Cem	May 21 1925
UNDERTAKER Harford Co	ADDRESS
John O Mitchell	1201 W Fayette

IMPORTANT—Should be Carefully Supplied. Exact statement of OCCUPATION may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98636

CERTIFICATE OF DEATH.

16-3 29 D 98636

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 611 N. Claymont Ave St., 16 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Wm. Cook

(a) RESIDENCE (No. 611 N Claymont Ave St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. 5 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed or divorced HUSBAND of (or) WIFE of Emily F. Cook.

6 DATE OF BIRTH (month, day, and year) Dec. 14, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Photographer

(b) General nature of industry, business, or establishment in which employed (or employer) 1086

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Fred Cook.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Dietrick

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Miss Anna M. Duppert

(Address) 611 Claymont Ave

15 MAY 21 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1925

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1925 to May 18, 1925, that I last saw him alive on May 18th, 1925, and that death occurred, on the date stated above, at 10-50 p. m.

The CAUSE OF DEATH* was as follows: Chronic Parenchymatous Nephritis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 0 5 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Frank McHenry, M. D.

, 19 (Address) 1938 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem DATE OF BURIAL May 22, 1925

20 UNDERTAKER Wm J. Tickner & Sons ADDRESS North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificates.

D 98637

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98637

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. Johns Hopkins Hoslital St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Gross

(Residence in Baltimore: No. 1429 Webb ~t St., 20 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	col	mar

6-DATE OF BIRTH. unknown (Month) (Day) 1876 (Year)

7-AGE. 49 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). St. Mary's Co. Md

PARENTS:

10-NAME OF FATHER. Henry Gross

11-BIRTHPLACE OF FATHER. (State or Country). St. Mary Co. Md

12-MAIDEN NAME OF MOTHER. Josephine Butler

13-BIRTHPLACE OF MOTHER. (State or Country). Charles Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Russell (sister)

(Address) 1546 Abbott St

15-

MAY 21 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 17-25 (Month) (Day) 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Thoracic Hemorrhage-Pistol shot
Homicide

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Yates M. D.

5-20-25 192.... (Address) 508 E. Nortg Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Cemetery	May 21/25
20-UNDERTAKER.	ADDRESS
Mrs Ida Snowden	1728 Eutaw Pl

State CAUSE OF DEATH in plain English. Statement of contributory cause is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

D 98638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1001
166 D 98638

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., [illegible] WARD)

2-FULL NAME William Taylor

(a) RESIDENCE NO. 2223 Essex ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 57 yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER William Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Municipal Hospital Records
(Address)

15 Filed MAY 21 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 1925

17 I HEREBY CERTIFY, That I attended deceased from May 5, 1925, to May 17, 1925, that I last saw h.. alive on May 17, 1925 and that death occurred, on the date stated above, at 11:45 P m.

The CAUSE OF DEATH* was as follows:

Bacterial Endocarditis
(Subacute)

(duration) ... yrs. 3 (Nine) mos ... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory + autopsy

(Signed) W Lindsay Miller, M. D.

5/19/1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Schwartz Cem.	5/21 1925
20 UNDERTAKER (Philip Herring)	ADDRESS 2016 Orleans St.

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1811 97 D 98639 — 129 D 98639

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. 1-2 — REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Anna Helfrick

(a) RESIDENCE NO. 141 S. Linwood St. Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Konrad Pfafer.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Koeho

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Records JOHNS HOPKINS HOSPITAL.

15 Filed MAY 21 1925, 19 ..... MICHAEL R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20, 1925

17

I HEREBY CERTIFY, That I attended deceased from May 12, 1925 to May 20, 1925; that I last saw her alive on May 20, 1925; and that death occurred, on the date stated above, at 1.30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis.
Hypertension.
Myocardial insufficiency.

(duration) 4 yrs. 11 mos. 5 ds.

CONTRIBUTORY (Secondary) Uremia.

(duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? 141 S. Linwood Ave.

Did an operation precede death? No Date of

Was there an autopsy? Partial. yes.

What test confirmed diagnosis? Autopsy

(Signed) [illegible], M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	May 23 1925
20 UNDERTAKER	ADDRESS
Lilly & Wolfe	403 S. Wolfe St.

CAUSE OF DEATH to be plainly stated, so that it may be properly classified. See instructions on back of certificates. TION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98640

CERTIFICATE OF DEATH.

2025 98640

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. 3330 Hudson St., 16-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME... William Selin

(Residence in Baltimore: No. 3330 Hudson St.; 41 yrs., ...mos., ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	white	Married

6-DATE OF BIRTH. Sept (Month) 24 (Day) 1883 (Year)

7-AGE. 41 yrs. 7 mos. 23 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of Industry, business, or establishment in which employed (or employer) Canton Ivy Co

9-BIRTHPLACE, (State or Country). Balto City

PARENTS.

10-NAME OF FATHER, John Selin

11-BIRTHPLACE OF FATHER, (State or Country) Balto City

12-MAIDEN NAME OF MOTHER, Frances Joseves

13-BIRTHPLACE OF MOTHER, (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Selin

(Address) 3330 Hudson

Filed MAY 21 1925 HUBERT R. KRAUTER, Burial Permit Register.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 12 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism following Accident Sudden (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Fracture Surgical Neck of Humerus (Duration) ...yrs. 2 mos. 15 ds.

(Signed) James M Faulkner M. D. (Coroner.)

May 19 1925 (Address) 700 E Chase

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Oak Hill Cem.	May 22 1925
20-UNDERTAKER.	ADDRESS
Lilly & Zeile	403 S. Wolfe St

is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98641

CERTIFICATE OF DEATH.

D 98641

REGISTERED NO. 57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3873 Foster Ave. ST., 26-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nicholas J. Wolf

(a) RESIDENCE NO. 3873 Foster Ave ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Wolf.

6 DATE OF BIRTH (month, day, and year) May 2- 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	0	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Policeman 061

(b) General nature of industry, business, or establishment in which employed (or employer) Eastern Dist.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Frank Wolf.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Julia Thiel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Anna Wolf. (Wife)

(Address) 3873 Foster Ave.

15 MAY 21 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 23 , 1923 , to May 18 , 1925 , that I last saw him alive on May 17 , 1925, and that death occurred, on the date stated above, at 8.40 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Clinical

What test confirmed diagnosis?

(Signed) Edel A. Athey, M. D.

May 20, 1925 (Address) 100 S Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. DATE OF BURIAL May 22 1925

20 UNDERTAKER Lilly and Zitler ADDRESS 403 S. Wolfe St.

CAUSE OF DEATH in plain terms, so that it may be properly coded. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Bks.

D 98642

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98642

CERTIFICATE OF DEATH.

113 P 2 Blades

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3021 East Baltimore St. 1-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard John Hudzik

(a) RESIDENCE No. 3021 East Baltimore St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact information is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) February 19, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City

PARENTS

10 NAME OF FATHER Benjamin Hudzik

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Mackuriak

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs. Catherine Hudzik
(Address) 3021 E. Baltimore St.

15 MAY 21 1925 MICHAEL F. KRAUSER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1925

17 I HEREBY CERTIFY, That I attended deceased from May 12, 1925, to May 19, 1925, that I last saw him alive on May 19, 1925, and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) yrs. mos 7 da.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Dry Feedings

(Signed) Geo. Lawrence Blades, M. D.

(Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cemetery — DATE OF BURIAL 5/21

20 UNDERTAKER John A. Moran — ADDRESS 3000 E. Baltimore St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98643

CERTIFICATE OF DEATH.

129 D 98643

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 N. Kenwood ave St. 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John F. Graham Jr

(a) RESIDENCE NO. 214 N. Kenwood ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept. 20 - 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	39	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron Moulder

(b) General nature of industry, business, or establishment in which employed (or employer) 047

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER John F. Graham Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country) City

12 MAIDEN NAME OF MOTHER Eliz. Schon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) City

14 Informant (Address) Jno. F. Graham Jr 214 N. Kenwood ave

15 Filed MAY 21 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1925

17 I HEREBY CERTIFY, That I attended deceased from March- 10, 1925, to May - 18 -, 1925, that I last saw h— alive on May 17 —, 1925, and that death occurred, on the date stated above, at 7 a— m.

The CAUSE OF DEATH* was as follows:

Sub Acute Nephritis

Angl

(duration) yrs. 2½ mos — ds.

CONTRIBUTORY (Secondary) Uremia - / Coma -

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Frank O Bradley, M. D.

, 19 (Address) 1256 Eutaw —

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 5/21 1925

20 UNDERTAKER J. G. Moran

ADDRESS 300 E. Biddle St

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 98644

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6-3 001

14 D 98644

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 N. Belnord Ave ST., 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Ruzicka

(a) RESIDENCE No. 220 N. Belnord Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. — mos. — ds. How long in U. S., if of foreign birth? 44 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Vaclav Ruzicka

6 DATE OF BIRTH (month, day, and year) Aug. 9th 1865

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Bohemia Europe

PARENTS

10 NAME OF FATHER Vaclav Miler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia Europe

12 MAIDEN NAME OF MOTHER Anna Bitterman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia Europe.

14 Informant Paul J. Peter

(Address) 4513 Arlington Ave

15 Filed MAY 21 1925, 19 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20 1925

17 I HEREBY CERTIFY, That I attended deceased from May 19, 1925, to May 20, 1925, that I last saw h[illegible] alive on May 20, 1925, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. 36 hrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension, nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) L. C. Bolibal, M. D.

19 (Address) 4479 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakhill — DATE OF BURIAL May 23 1925

20 UNDERTAKER Zirkler & Zirkler — ADDRESS 1739 Eagan

CAUSE OF DEATH in plain terms, so that it may be properly C[illegible]
TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98645

D 98645

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Womans Hospital St. 15-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Baby Miller

(a) Residence No. 2803 Ulman Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 5/19/25

7-AGE, ... yrs. ..... mos. 1 ds. 8h. 23 min. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore Md. (State or Country),

PARENTS.

10-NAME OF FATHER, Isadore Miller

11-BIRTHPLACE OF FATHER (city or town) Baltimore Md. (State or Country),

12-MAIDEN NAME OF MOTHER, Sophie Feinberg

13-BIRTHPLACE OF MOTHER (city or town) Baltimore Md. (State or Country),

14- (Informant) Isadore Miller

(Address) 2803 Ulman Ave.

15- Filed ..... 192 ..... Registrar.

MAY 21 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 5/21/25

17- I HEREBY CERTIFY, That I attended deceased from May 19/25, 19..., to May 21, 19 25, that I last saw h.m. alive on 5/21/25, 19..., and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Prematurity.

8h. 23 (Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) K. B. Boyd, M. D.

5/21, 192 5 (Address) Womens Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	May 21, 19 25
20-UNDERTAKER,	ADDRESS
Jos Emerson & Bro	1127 E Balto st

instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D98646 HEALTH DEPARTMENT—CITY OF BALTIMORE D98646

CERTIFICATE OF DEATH.

24-001

1-PLACE OF DEATH

City of BALTIMORE: (No.) 721 S. Ann St., V-23 Ward

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Jerzak-Schultz

(a) Residence No. 721 S. Ann St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word)
Male	white	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Constance

6-DATE OF BIRTH (month, day and year) unknown

7-AGE.	If LESS than 1 day,
83 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Poland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), unknown

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), unknown

14- (Informant) Constance Jerzak-Schultz.

(Address) 721 S. Ann St.

15- [illegible] 19[illegible]

MAY 21 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk

If plain burial, see that this is stated. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 21, 1925

17- I HEREBY CERTIFY, That I attended deceased from May 18, 1925 to May 21, 1925

that I last saw him alive on May 18th, 1925

and that death occurred, on the date stated above, at 3:20 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ? yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P. S.S.

(Signed) John J. Kruger M. D.

, 19 (Address) 2627 Eastern Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
St. Hannibal's.	May 23rd, 1925.
20-UNDERTAKER	**ADDRESS**
M. J. Sadowski.	705 S. Ann St

Spec.—1-10-21—M&T—1500 Bks.

D98647

HEALTH DEPARTMENT—CITY OF BALTIMORE

1825 D98647

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 25 WARD) 4

REGISTERED NO. 11-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Vadel.

(a) RESIDENCE NO. Maryland ave & Calais St. WARD Westport Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 27 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	8	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Samuel Vadel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret Holland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

MAY 21 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20, 1925

17

I HEREBY CERTIFY, That I attended deceased from May 18, 1925. to May 20, 1925.

that I last saw him alive on May 20, 1925.

and that death occurred, on the date stated above, at 4 30 A. m.

The CAUSE OF DEATH* was as follows:

Influenzal Meningitis

(duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Lumbar Puncture

(Signed) Cecil Scott, M. D.

5-20, 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	May 23 1925
20 UNDERTAKER	ADDRESS
Nelson E. Viles	320 Md. Ave Westport

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of cause TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 98648

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

D 98648

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Lombard + Green ST., 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Johnson

(a) RESIDENCE NO. 643 Cider ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 13 mos. ds. How long in U. S., if of foreign birth? yrs. mos. 13 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April the 20th 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		13		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~

(b) General nature of industry, business, or establishment in which employed (or employer) ~

(c) Name of employer ~

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Wilton Stott

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) md

12 MAIDEN NAME OF MOTHER Viola Johnson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) md

14 Informant Viola Johnson
(Address) 643 Cider ave.

15 MAY 21, 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1925

17 I HEREBY CERTIFY, That I attended deceased from May the 16th, 1925, to May the 19th, 1925, that I last saw him alive on May 19th, 1925, and that death occurred, on the date stated above, at 7.40 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinically findings

(Signed) R. J. Anderson, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion

DATE OF BURIAL May 21st 1925

20 UNDERTAKER Leonard Whalon

ADDRESS 6739 Arch ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT numbering of streets is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D98649

CERTIFICATE OF DEATH.

146

D 98649

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 23-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pearl Long

(a) RESIDENCE No. 925 Lexington St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of ~~or) WIFE~~ of Floyd Long

6 DATE OF BIRTH (month, day, and year) 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Logan Vandandingham

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Carolina

12 MAIDEN NAME OF MOTHER Mary Cunningham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Carolina

14 Informant Floyd Long

(Address) 925 Lexington St

MAY 21 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1925

17

I HEREBY CERTIFY, That I attended deceased from April 2, 1925, to May 18, 1925, that I last saw h[illegible] alive on May 18, 1925, and that death occurred, on the date stated above, at 11:60 P. m.

The CAUSE OF DEATH* was as follows:

Generalized Peritonitis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Puerperal Infection

(duration) yrs. 1 mos. 16 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) M Edwards, M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Furnace Branch

DATE OF BURIAL 5-22, 1925

20 UNDERTAKER John H. Toadvine

ADDRESS 1027 Druid Hill Ave

Burial Permit Given.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 98650 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D98650

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH Church Home + Infirmary 9 56 Registered No.....

City of BALTIMORE: (No.)..... St.,..... Ward.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raymond Robinson

(a) Residence No. 1902 Hope St. St.,..... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	S.

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) March 6 1903

7-AGE. 22 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer) B & O. R.R.

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Elmer Robinson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Ida Evans

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore

11- (Informant) Elmer Robinson

(Address) 1902 Hope st

15- MAY 21 1925 By ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk

instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 21, 1925

17- I HEREBY CERTIFY, That I attended deceased from May 19, 1925, to May 21, 1925

that I last saw b. alive on May 21, 1925

and that death occurred, on the date stated above, at 5 50 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobar

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) H. W. Saunders M. D.

, 19 (Address) Church Home + Inf

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Baltimore Cemetery	May 25, 1925
20-UNDERTAKER.	**ADDRESS**
Geo. J. Ruth	1735 Harford ave.

Spec.—1-10-21—M&T—1500 Blks.

(See Letter in file May 21-1925)

D98651

HEALTH DEPARTMENT—CITY OF BALTIMORE

D98651

CERTIFICATE OF DEATH.

X 117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital ST., 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E Betty Busby

(a) RESIDENCE NO. Woodbine Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. — mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of widow

6 DATE OF BIRTH (month, day, and year) 1870 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
55 62				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer) House work

(c) Name of employer Mrs Norman Warfield

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER August Hoffheins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Dorothea

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Mrs Norman Warfield Sherwood Gardens

15 Filed MAY 21 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20 1925

17 I HEREBY CERTIFY, That I attended deceased from May 12, 1925, to May 20, 1925, that I last saw her alive on May 20, 1925, and that death occurred, on the date stated above, at 8 m.

The CAUSE OF DEATH* was as follows: Acute Cardiac Dilatation.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cirrhosis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of May 13/25

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm L. O'Connor, M. D.

, 19 (Address) Colonial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL May 22 25

20 UNDERTAKER Scott W Shaw

ADDRESS Ellicott City Md.

CAUSE OF DEATH to be plainly written, so that it may be properly classified. See instructions on back of certificates. ATTENTION is very important.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98652 HEALTH DEPARTMENT—CITY OF BALTIMORE 298652

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1227 E. Lanvale St., 9-6 90 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary J. Jones

(a) Residence No. 1227 E. Lanvale St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 7 mos. 6 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin F. Jones

6-DATE OF BIRTH (month, day and year) Sept 13, 1850

7-AGE.	If LESS than 1 day,
74 yrs. 7 mos. 6 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore
(State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Clara G. Jones
(Address) 1227 E. Lanvale St.

15- MAY 21 1925 ROBERT R. KRAUTER Registrar. Burial Permit Clerk.

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 19, 1925

17- I HEREBY CERTIFY, That I attended deceased from May 8 1925 to May 19 1925 that I last saw h[illegible] alive on May 18 1925 and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) S. W. Kreuz M. D.

, 19 (Address)

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
Cathedral Cemetery	5/22, 19 25
20-UNDERTAKER.	ADDRESS
Henry U. Myers & Son	805 N. Calvert St.

Spec.—1-10-21—M&T—1500 Blks.

D98653 HEALTH DEPARTMENT—CITY OF BALTIMORE D98653.

CERTIFICATE OF DEATH.

10-90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST., ... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nata McKenna.

(a) RESIDENCE NO. Preston & Valley, ST., WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Felix McKenna

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary McFarland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Sister Florence
(Address) Preston & Park

15 MAY 21 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/19 1925

17 I HEREBY CERTIFY, That I attended deceased from 5/18, 1925, to 5/19, 1925, that I last saw h[illegible] alive on 5/19, 1925, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Dr Bernard Wise, M. D.

5/21, 1925 (Address) 914 E Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL May 22 1925

20 UNDERTAKER J. C. Riedefeld — ADDRESS 914 Greenmt Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D98654

HEALTH DEPARTMENT—CITY OF BALTIMORE

D98654

CERTIFICATE OF DEATH.

188-002

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. St. Joseph Hospital St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick Conniff

(Residence in Baltimore: No. 720 Mura St St.; yrs. 20 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	Mar

6-DATE OF BIRTH. March 19-1881 (Month) (Day) (Year)

7-AGE. 44 yrs. 1 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Police Officer
(b) General nature of industry, business, or establishment in which employed (or employer): Central Dist

9-BIRTHPLACE, (State or Country). Galway, Ireland

PARENTS.

10-NAME OF FATHER. James Conniff

11-BIRTHPLACE OF FATHER, (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Mary ------

13-BIRTHPLACE OF MOTHER, (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Theresa Conniff (wife)

(Address) 720 Mura St

15- Filed MAY 21 1925 HUBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 18-25 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull-struck by a street car.

(Inquest to be held May 21-25)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. S. H. Cullen M. D.
(Coroner.)

5-20-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cathedral	May 22. 1925

20-UNDERTAKER.	ADDRESS
H. C. Kriedfeld	914 Fremont Ave

State CAUSE OF DEATH in plain terms, so that it is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D98655 HEALTH DEPARTMENT—CITY OF BALTIMORE D98655

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3731 Towanda Ave St.) 15-31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Frank

(a) RESIDENCE. No. 3731 Towanda Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 9/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 1 - 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Morris Frank.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rose Rosenberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Sister Mrs. Margolis

(Address) 3731 Towanda Ave.

15 Filed MAY 21 1925 HUBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 1925

17 I HEREBY CERTIFY, That I attended deceased from May 14 1925, to May 21 1925, that I last saw her alive on May 20 1925, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) None (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Don't Know

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) B. Bernagh M. D.

5/21/ 1925 (Address) 3451 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rosedale	5-22 1925
20 UNDERTAKER	ADDRESS
Isaac Levin	1432 E. Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D98666 HEALTH DEPARTMENT—CITY OF BALTIMORE D. 98656

CERTIFICATE OF DEATH. 100

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital ST., N6-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Parker

(a) RESIDENCE NO. Bay View Asylum ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1861

7 AGE: Years 64 yr. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 21

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Penn.

PARENTS

10 NAME OF FATHER: William Waters

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa.

12 MAIDEN NAME OF MOTHER: Jane Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

14 Informant: Municipal Hospital Records (Address)

15 MAY 21 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924 to May 17, 1925, that I last saw h[illegible] alive on May 16, 1925 and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) W Lindsay Buller, M. D.

5/9, 1925 (Address) Municipal Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND.

DATE OF BURIAL: MAY 21 1925

20 UNDERTAKER

ADDRESS

Commissioner Health.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT DIAGNOSIS is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98657

CERTIFICATE OF DEATH.

D 98657

REGISTERED NO. D 98657

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1603 E. Lafayette ST., 8-2 WARD)

2-FULL NAME Charles Wm. Gorb

(a) RESIDENCE No. 1603 E. Lafayette av ~~ST.~~ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Katherine Gorb

6 DATE OF BIRTH (month, day, and year) June 30 1870

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
54	10	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager 886

(b) General nature of industry, business, or establishment in which employed (or employer) Stewart & Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Valentine Gorb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Stepper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Mrs Katherine Gorb 1603 E Lafayette Ave

15 Filed MAY 21 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19, 1925

17 I HEREBY CERTIFY, That I attended deceased from April 3, 1925, to May 19, 1925, that I last saw h alive on May 19, 1925, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Cancer Stomach

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? Yes Date of Ap 15.

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) Frank C. Marino, M. D.

May 21, 1925 (Address) 1300 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	May 23 1925
20 UNDERTAKER	ADDRESS
John O Mitchell	1214 W Fayette

CAUSE OF DEATH to be plainly written, so that every word can be read. Do not use abbreviations or technical terms. Read carefully the questions on back of certificates. ATTENTION is very important. See instructions on back.

Spec.—1-12-23—M&T—500 Bks.

D.98658 HEALTH DEPARTMENT—CITY OF BALTIMORE D.98658

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 3-4 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter Marma

(a) RESIDENCE NO. 8245 Bond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	~~Single~~ Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
49 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 640

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Sylvester Marma

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant Baltimore City Hospital Records (Address)

15 Filed MAY 21 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1924, to May 19, 1925, that I last saw him alive on May 18, 1925 and that death occurred, on the date stated above, at 1:30 a m

The CAUSE OF DEATH* was as follows:

Carcinoma of Head of Pancreas & Splenic Hemorrhage

(duration) yrs. 9 mos ds.

CONTRIBUTORY — (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Laboratory

(Signed) Lindsay Miller, M. D.

5/21, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity — DATE OF BURIAL May 22 1925

20 UNDERTAKER J. W. Ozagenski — ADDRESS 1930 Boston St

CAUSE OF DEATH must be stated plainly. Read carefully the instructions on back of certificates. TION is very important. See instructions on back.

FILE

D 98659 HEALTH DEPARTMENT—CITY OF BALTIMORE D. 98659

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 724 S Broadway St., V-5 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wladyslaw Karolkowski

(Residence in Baltimore: No. 724 S. Broadway St.; 9 yrs., ... mos. ..... ds.)

Duplicate for undertaker. Not a certificate. Fill out carefully. Every question must be answered. Failure to do so is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

6-DATE OF BIRTH: unknown ..... 1..... (Month) (Day) (Year)

7-AGE: 35 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer): Bk

9-BIRTHPLACE, (State or Country): Poland

PARENTS.

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER, (State or Country): Poland

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Karolkowska

(Address) 724 S Broadway

15- FILED 2 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 20 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Endocarditis

Rheumatic

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M. Hanlon M. D. (Coroner.)

May 21 1925 (Address) 100 Chase St

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Rosary DATE OF BURIAL: May 22 1925

20-UNDERTAKER: F. W. Ozarowski ADDRESS: 1930 Eastern

Spec.—6-9-19—H. P. Co.—1000 Bks.

D.98660 HEALTH DEPARTMENT—CITY OF BALTIMORE D.98660

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 Second St Cambria ST. 26-5 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannah Ann Clayton

(a) RESIDENCE. No. 912 Second St Cambria ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Addison Clayton

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Home wife

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Henry Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Joseph Clayton (Son)
(Address) 912 Second St. Cantonsville

15 Filed MAY 21 1925 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20 1925

17 I HEREBY CERTIFY, That I attended deceased from May 12, 1925, to May 20, 1925, that I last saw he alive on May 19, 1925, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Lesion Valvular

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Observation & Symptoms

(Signed) C. H. Harden M. D.

May 20 '25 (Address) 712 S Bond St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Osbourn Cemetery	May 23 1925

20 UNDERTAKER Robert F. Williams ADDRESS 1515 Mc Elderry St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D. 98661 HEALTH DEPARTMENT—CITY OF BALTIMORE D. 98661

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 900 N. Bradford ST., 7-3 WARD)

2-FULL NAME Catherine V. Labai

(a) RESIDENCE NO. 900 N. Bradford ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. 6 mos. 23 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 27, 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	23	6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Not Employed

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland.

PARENTS

10 NAME OF FATHER John Labai

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Austria

12 MAIDEN NAME OF MOTHER Veronica Surlak

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Austria

14 Informant John Labai
(Address) 900 N. Bradford St.

15 May 21 1925 Robert P. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 1923 to May 19 1925.

that I last saw h.. alive on May 19 1925

and that death occurred, on the date stated above, at 7.20 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Vincent V. Jonka M. D.

, 19 (Address) 275 N. Jackson St. Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	May 22 1925
20 UNDERTAKER	ADDRESS
Frank Ecker & Son	1906 E. Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Abbreviations must not be used. Fill in all blanks. Punctuation is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D. 98662 HEALTH DEPARTMENT—CITY OF BALTIMORE D. 98662

CERTIFICATE OF DEATH

1-PLACE OF DEATH Maryland General Hospital. REGISTERED NO. 148

CITY OF BALTIMORE: (No. Madison & Linden ST., 16-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Maude - Whitmore -

(a) RESIDENCE No. 801 N. Monroe ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. 9 mos. 16 ds. How long in U. S., If of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of M.R. Whitmore

6 DATE OF BIRTH (month, day, and year) May 3rd 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Chas. F. Seffield -

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland -

12 MAIDEN NAME OF MOTHER Anna McCready

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14 Informant M R Whitmore
(Address) 801 N. Monroe St.

15 Filed MAY 21 1925, 19

Robert P. HARRISON,
Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1925

17 I HEREBY CERTIFY, That I attended deceased from May 18, 1925, to May 19, 1925, that I last saw her alive on May 19, 1925, and that death occurred, on the date stated above, at 4.10 P m.

The CAUSE OF DEATH* was as follows:

Pregnancy

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Hepatic Toxemia of Pregnancy (duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical

(Signed) Jno A Whitmore M. D.

. 19 (Address) Md General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Eldridge Hill Cemetery DATE OF BURIAL May 21 1925

UNDERTAKER F.A. Wiegand ADDRESS 855 N. Bello St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D. 98663

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 98663

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 Talbot Road ST., 14-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie Hollander

(a) RESIDENCE NO. 2000 Eutaw Place ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Hollander

6 DATE OF BIRTH (month, day, and year) Jany 22, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) York, Pa.

PARENTS

10 NAME OF FATHER Abraham Hoolland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. L. Hollander

(Address) 16 Talbot Rd.

15 Filed MAY 21 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/21/1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1917, to May 21st 1925

that I last saw h.r alive on May 20th, 1924

and that death occurred, on the date stated above, at 10.15 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Nephritis

(duration) 8 yrs. mos ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? None Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine & Blood exam.

(Signed) Eugene J Lepped M. D.

. 19 (Address) 203 W. Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Hebrew Cem.	5/22/1925
20 UNDERTAKER Lord & Sondheim	ADDRESS 118 W. Mt. Royal Ave.

mation should be carefully supplied. Exact statement of occupation may be properly classified.
CAUSE OF DEATH In plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

D. 98664 HEALTH DEPARTMENT—CITY OF BALTIMORE D. 98664

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Rodgers ST., 7a-7 WARD) REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pauline Rogers.

(a) RESIDENCE NO. Bay View Asylum ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) July 22-1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69 yr.		9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Burns

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eurka Burns

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Municipal Hospital Records
(Address)

Filed MAY 21 1925, 19 Robert P. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924, to May 19, 1925,

that I last saw h[illegible] alive on May 19, 1925

and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis (degenerative)
Myocardial Insufficiency

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W Lindsay Miller, M. D.

5/1, 1925 (Address) Baltimore City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
BALTIMORE CEMETERY	5-23-1925
20 UNDERTAKER	ADDRESS
Milton M Ford	414 N. Broadway

TION is very important See instructions on back of certificates.

Spec—12-23-21—P.B.P.S.—400 Blks.

D. 98665 HEALTH DEPARTMENT—CITY OF BALTIMORE D. 98665

CERTIFICATE OF DEATH. 101-001

1-PLACE OF DEATH Church Home & Infirmary Registered No.....

City of BALTIMORE: (No. 67 St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Julia Harrington

(a) Residence No. Church Home Hosp St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (Write the word.) Single

5a-If ~~married~~, ~~widowed~~, or ~~divorced~~ ~~HUSBAND~~ of (or) ~~WIFE~~ of

6-DATE OF BIRTH (month, day and year) March 3rd 1842

7-AGE. 83 yrs. 2 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country) Talbott Co Md

PARENTS.

10-NAME OF FATHER. John Harrington

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Talbott Co Md

12-MAIDEN NAME OF MOTHER. Henrietta Adams

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Caroline Co Md

14- (Informant) Mrs. Mary Harper Harrington (Address) Washington Apt

15- Filed MAY 21 1925 Robert P. Harrison Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 21 25

17- I HEREBY CERTIFY, That I attended deceased from May 16 19 25 to May 21 19 25, that I last saw h.r alive on May 21 19 25, and that death occurred, on the date stated above, at 2 A.M. The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

Duration ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Myocardial failure

Duration ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Test

(Signed) L. W. Sauder M. D

19 (Address) Church Home

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Eastern Md	May 23rd 1925
20-UNDERTAKER	ADDRESS
Henry H Jenkins Sons Co	Orchard & Caroline Sts

In plain terms, so that it may be properly classified. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D.98666 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D.98666

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 McCulloh St. 14-1 WARD) 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caledonia Brooks

(a) RESIDENCE NO. 1824 McCulloh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 13 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ohio

PARENTS

10 NAME OF FATHER: Do Shelton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ohio

12 MAIDEN NAME OF MOTHER: Ellen Shelton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ohio.

14 Informant (Address): Maggie Nelson 1824 McCulloh St.

15 Filed ....., 19.... Registrar

21 1925 Burial Permit Clerk Robert P. Harrison,

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 19 1925

17 I HEREBY CERTIFY, That I attended deceased from May 18, 1925, to May 19, 1925, that I last saw her alive on May 19, 1925, and that death occurred, on the date stated above, at 5.20 a. m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular Renal Disease

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Pulmonary Edema. 5

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Instrumental

(Signed) W. V. Carr M. D.

March 1925 (Address) 515 Mosher St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: May 21 1925

20 UNDERTAKER: Samuel V. Nemsley ADDRESS: 518 Gilmor

Spec—12-23-21—E.B.R.S.—400 Blks.

D 98667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98667

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. Union Memorial Hosp St., 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. John J. Welsh

(a) Residence No. Box #50 R.F.D. #3 Martinsburg W. Va.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Wh.

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~

6-DATE OF BIRTH (month, day and year) June 22, 1869.

7-AGE. 55 yrs. 11 mos. 30 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), West Va.

PARENTS.

10-NAME OF FATHER, W.C. Welsh.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), West Va.

12-MAIDEN NAME OF MOTHER, Flie Hensel.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), West Va.

14- (Informant) Hospital Records

(Address)

15- FILED MAY 22 1925 ROBERT R. KRAUTER Registrar. Vital Records Clerk

In plain terms, so that it may be properly typed, state the cause of death. Follow instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 5/21/25

17- I HEREBY CERTIFY, That I attended deceased from May 12, 1925, to May 21, 1925

that I last saw him alive on May 21, 1925

and that death occurred, on the date stated above, at 6:47 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of esophagus

(Duration) yrs. 9+ mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of May 19

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) BB Price M. D.

5/24, 1925 (Address) Union Memorial Hospital.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Martinsburg W. Va. DATE OF BURIAL. May 22, 1925

20-UNDERTAKER. Harry H. Fritzlen ADDRESS 531 W. Lombard St.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98668

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., 26-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Robinson

(a) Residence No. 1609 S. Clinton st. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Colored	Singl e

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1890

7-AGE,	If LESS than 1 day,
35 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9-BIRTHPLACE (city or town) (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, John Robinson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Hospital Records

(Address) M.T.H.

15- Filed MAY 22 1925, 19... ROBERT R. KRAUTER, Registrar.

In plain terms, so that it may be properly classified. instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 19, 1925

17- I HEREBY CERTIFY, That I attended deceased from May 4, 1925 to May 19, 1925

that I last saw him alive on May 19, 1925

and that death occurred, on the date stated above, at 1 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Brooks, M. D.

5-20-, 1925 (Address) Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Bury cemetery	May 22, 19 25
20-UNDERTAKER,	ADDRESS
Milton Davis	315 N Eden St

Spec.—1-16-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98669

CERTIFICATE OF DEATH.

16 D 98669

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 2446 Lanvetta Ave ST., 70-3 WARD)

2-FULL NAME Vincent Lee Owens

(a) RESIDENCE NO. 2446 Lanvetta Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5-17-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	—	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Wm Edward Owens Jr.

11 BIRTHPLACE OF FATHER (city or town) Baltimore Co.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Anna Cecelia Strudeck

13 BIRTHPLACE OF MOTHER (city or town) Pittsburg
(State or country) Pa.

14 Informant William E. Owens Jr.
(Address) 2446 Lanvetta Ave.

15 Filed MAY 22 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 — 1925

17 I HEREBY CERTIFY, That I attended deceased from May 17 —, 1925, to May 21 —, 1925, that I last saw him alive on May 20 —, 1925, and that death occurred, on the date stated above, at 7:40 A. m.

The CAUSE OF DEATH* was as follows:

Intra-cerebral Hemmorhage.

(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical signs -

(Signed) Chester Riland, M. D.

5-21-1925 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Salem Lutheran Catonsville — DATE OF BURIAL 5/22/25 19

20 UNDERTAKER Geo F Weber & Son — ADDRESS 2503 Edmondson Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT IS OF GREAT IMPORTANCE. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98670

D 98670

CERTIFICATE OF DEATH.

REGISTERED NO. 28-232

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4311 Main ave ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellwood Henry Mahley

(a) RESIDENCE No. 4311 Main ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred one yrs. 0 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 12th 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	0	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer ....

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Carl Henry Mahley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Lillian Stamm

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Carl Henry Mahley

(Address) 4311 Maine ave Husband

15 Filed ..... 19 ..... ROBERT P. KNIGHT Registrar

MAY 22 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20, 1925

17 I HEREBY CERTIFY, That I attended deceased from April 28, 1925 to May 20, 1925, that I last saw him alive on May 18, 1925, and that death occurred, on the date stated above, at 7:15 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) — yrs. one mos. — ds.

CONTRIBUTORY (Secondary) Not known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Maurice E. Shamm, M. D.

5/20, 1925 (Address) 3300 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL 5/22/25

20 UNDERTAKER Jos. Wheeler & Son — ADDRESS 2503 Edmondson ave

CAUSE OF DEATH must be given in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Blks.

D 98671

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98671

CERTIFICATE OF DEATH.

+122-002

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 4313 Bucks Lane ST. 28-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2-FULL NAME Virginia Staines

(a) RESIDENCE No. 4313 Bucks Lane ST., WARD Phila Pa

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS BLANK MUST BE FILLED OUT COMPLETELY. PHYSICIANS should be stated EXACTLY. AGE should be carefully supplied. Exact statement of OCCUPATION in plain terms, so that it may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Dec-1-0277

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 25-1861

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	63	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Frederick Co Md
(State or country)

PARENTS

10 NAME OF FATHER Edward Staines

11 BIRTHPLACE OF FATHER (city or town) Maryland
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Stitley

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Mrs Earl B Haines
(Address) 4314 Bucks Lane

15 Filed MAY 22 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1925

17

I HEREBY CERTIFY, That I attended deceased from April 20, 1925, to May 18, 1925,

that I last saw her alive on May 18, 1925,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of the liver

over

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No knowledge

Did an operation precede death? Yes Date of May 11th

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) T C Hardesty, M. D.

, 19 (Address) 311 E. Hall Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	May 22 1925

20 UNDERTAKER A S Marshall | ADDRESS 3539 Fall Md

Spec.—1-10-21—M&T—1500 Bks.

D 98672

HEALTH DEPARTMENT—CITY OF BALTIMORE D 98672

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St. 13-6 WARD) REGISTERED NO. 117

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Chilcoat

(a) RESIDENCE No. 2200 Brookfield Ave. St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore County Md

PARENTS

10 NAME OF FATHER Unchelcoat

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co

12 MAIDEN NAME OF MOTHER Josephine Englehardt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co

14 Informant Mary Chilcoat

(Address) 2200 Brookfield Ave

15 MAY 22 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 1925

17 I HEREBY CERTIFY, That I attended deceased from May 12, 1925, to May 21, 1925, that I last saw her alive on May 21, 1925, and that death occurred, on the date stated above, at 4:00 p m.

The CAUSE OF DEATH* was as follows: Appendicitis abscess (Acute).

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Anemia - Cardiac decompensation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hospital

Did an operation precede death? Yes Date of May 14, 25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Thos. Stone Finn, M. D.

, 19 (Address) 1 W Mt Vernon Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Friends Meting House Baltimore	May 23 25
20 UNDERTAKER W. C. Brooks	ADDRESS Sparks Md

mation should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

181028 D 98673 — D 98673

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. 22-37 REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Georgianna Brown

(a) RESIDENCE No. 813 Leadenhall St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	2	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Walter Brown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Bernice Brown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed MAY 22 1925 HUBERT R. KNAUER Registrar

Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20, 1925

17 I HEREBY CERTIFY, That I attended deceased from May 2, 1925, to May 20, 1925, that I last saw h.. alive on May 20, 1925, and that death occurred, on the date stated above, at 3 30 P. m.

The CAUSE OF DEATH* was as follows:

Generalized miliary tuberculosis

(duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (Secondary) Tuberculous meningitis

(duration) ..... yrs. ..... mos. 21 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Walter B. Stewart, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet — DATE OF BURIAL May 22 1925

20 UNDERTAKER S. L. Brown's Son — ADDRESS 108 N. Monroe

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of disease or TION is very important. See instructions on back of certificates.

D 98674

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

D 98674

1-PLACE OF DEATH Found in Harbor foot of Fondelen

Registered No. C.....

City of BALTIMORE: (No. Fondelen St., 38-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John R Moss

(Residence in Baltimore: No. 1506 [illegible] N. Gay St St.; yrs., [illegible] mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	Married

6-DATE OF BIRTH 1887
(Month) (Day) (Year)

7-AGE. 37 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. John R Moss

11-BIRTHPLACE OF FATHER. (State or Country). Balto. Md.

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER. (State or Country). Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Jennie Moss

(Address) 1506 [illegible] N. Gay St

MAY 22 1925 ROBERT R. KRAUTER,
(Burial) 19.. Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Found in Harbor May 20, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental drowning

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M. Hanlon M. D.
(Coroner.)

May 22 1925. (Address) 700 E. Chase

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Carmel Cem	5/22/1925

20-UNDERTAKER. George J Ruth ADDRESS 1735 Harford Av

is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98675

CERTIFICATE OF DEATH.

D 98675

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1702 N. Dallas St., 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... George Lee

(a) Residence No..... 1702 N. Dallas St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, col

5-Single, Married, Widowed, or Divorced, (Write the word.) ~~Married~~ Widower

5a-If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ unknown

6-DATE OF BIRTH (month, day and year) Apr 12 1861

7-AGE, 64 yrs. — mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Farmer

(b) General nature of Industry, business, or establishment in which employed (or employer)..... —

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Va

PARENTS.

10-NAME OF FATHER, Wm. Lee

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Va

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), —

14- (Informant)..... Hattie Dabbey

(Address) 1702 N. Dallas St

MAY 22 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 20/25

17- I HEREBY CERTIFY, That I attended deceased from Oct 14/, 1924, to May 20, 1925, that I last saw h.. alive on May 19, 1925, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis? Clin. Symptoms

(Signed) Nana E. Wagner, M. D.

5/22, 1925 (Address) 1006 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Woodlawn Cem.	5/23, 1925
20-UNDERTAKER,	ADDRESS
Jas. M. Skinner	625 E. Lead St

Should be carefully filled. Exact statements of cause of death must be made in plain terms, so that it may be properly classified. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98676

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

D 98676

Registered No. C.....

City of BALTIMORE: (No. 1110 Carson St. St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Jeanette Jones

(Residence in Baltimore: No. 1110 Carson St. St.; 12 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	Colored	married

6-DATE OF BIRTH. ..... Nov. 29, 1875
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
50 yrs. 5 mos. 20 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... Home

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Alfred Jones.

11-BIRTHPLACE OF FATHER, (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Jeanette Jones

13-BIRTHPLACE OF MOTHER, (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annabelle Gibson

(Address) 1110 Carson St.

15- MAY 22 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

N. B.—Every item of information should be given if possible, so that it may be properly classified. Exact residence must be stated. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact residence must be stated. Every item is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 19, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis

(Duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hammond, M. D.
(Coroner.)

May 20, 1925 (Address) 702 Eutaw Pl.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn	May 21, 1925

20-UNDERTAKER,	ADDRESS
Virginia A. Brooks	1463 Carey St

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

98677.

CERTIFICATE OF DEATH.

61-002

D 98677.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3503 E. Lombard ST.: 76-6 WARD.)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Debour.

(a) RESIDENCE. NO. 3503 E. Lombard ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OBSTETRICAL CONDITION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female.	white.	single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of none.

6 DATE OF BIRTH (month, day, and year) May 20, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 40 min.
	0	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Charles E. Sebour.

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) md.

12 MAIDEN NAME OF MOTHER Mildred Schwarz

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Charles E. Sebour
(Address) 3503 E. Lombard St

15 Filed MAY 22 1925 19 ROBERT R. KRAUSE Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20 1925

17

I HEREBY CERTIFY, That I attended deceased from May 20, 1925, to May 20, 1925, that I last saw her alive on May 20, 1925, and that death occurred, on the date stated above, at 6.50 P. m.

The CAUSE OF DEATH* was as follows:

Accident of Labor.
Forceps Delivery.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Asphyxia Pallida.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) James L. Marston, M. D.

5-20 1925 (Address) 814 Park Avenue.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cem.	May 22 1925
20 UNDERTAKER Zirkler Zirkler	ADDRESS 1739 E. Eager St

Spec—12-23-21—E.B.R.S.—400 Blks.

D 98678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

Registered No. D 98678

1-PLACE OF DEATH

City of BALTIMORE: (No. 516 N. West St St., 21-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Steinberg

(a) Residence No. 516 N. West St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX F

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write the word.) S

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Sept 26 1907

6-DATE OF BIRTH (month, day and year)

7-AGE 17 yrs. 7 mos. 26 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Typist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Abraham Steinberg

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Perel Omesinsky

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) Perel Steinberg

(Address) 516 N. West St

15- Filed MAY 22 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 21/25

17- I HEREBY CERTIFY, That I attended deceased from February 27, 1925, to May 21, 1925, that I last saw him alive on May 21, 1925, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis 2 yrs

Laryngitis " 4 mos

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. mos. 10 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum Test

(Signed) J. M. Dellert M. D.

May 22, 1925 (Address) 621 Washington Blvd

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Sinai Hebrew Rest	May 22, 1925
20-UNDERTAKER.	ADDRESS
Jack Levin	1437 E Balto St

Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

98679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24-081 D 98679

1-PLACE OF DEATH ~~Isabelle Chalmers Cook~~

Registered No.....

City of BALTIMORE: (No. 1519 Linden Ave St., 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isabelle Chalmers Cook

(a) Residence No. 1519 Linden Ave St., Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan 29, 1852

7-AGE, 73 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md

PARENTS.

10-NAME OF FATHER, Isaac Cook

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country), Md

12-MAIDEN NAME OF MOTHER, Laura Chalmers

13-BIRTHPLACE OF MOTHER (city or town) Maryland (State or Country),

14- (Informant) Mrs Isabell Sample

(Address) 1519 Linden Ave

15- MAY 22 1925 ROBERT P. KRAUTER Registrar

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 5/21/25

17- I HEREBY CERTIFY, That I attended deceased from May 7, 1925, to May 21, 1925, that I last saw h[illegible] alive on May 20, 1925, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Cerebro-Sclerosis

Cerebral Haemorrhage (Left Side)

(Duration) 11 or more yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchio-pneumonia

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Chas Cleveland, M. D.

, 19 (Address) 1701 Madison Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Greenmount Cem	May 23, 1925
20-UNDERTAKER,	ADDRESS 153 L
George J Smith	Hollins St

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98680

CERTIFICATE OF DEATH.

106-001

D 98680

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1420 Morling Ave ST., 13-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan Dickl

(a) RESIDENCE NO. 1420 Morling Ave. ST., 13 WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Dickl

6 DATE OF BIRTH (month, day, and year) Dec 2?-1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home-

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER — Shriver

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Albert H. Wells

(Address) 1420 Morling Ave.

15 Filed MAY 22 1925 Myron R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20 1925

17

I HEREBY CERTIFY, That I attended deceased from Mar 18th, 19 25, to May 20th, 19 25,

that I last saw her alive on May 20th, 19 25,

and that death occurred, on the date stated above, at 10.10 A. m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 36 hours

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Thyroid Findings

(Signed) J. J. Lilliott, M. D.

May 22, 1925 (Address) 1420 Morling Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Hampden — DATE OF BURIAL May 22 1925

UNDERTAKER Horace H. Burgee — ADDRESS 363 Hollins Rd.

CAUSE OF DEATH to be plainly written, so that it can be understood. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Bks.

D 98681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

22 D 98681

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 210 S. Vincent ST., 19-1 (WARD)

2-FULL NAME Jakob Wilkens

(a) RESIDENCE NO. 210 S. Vincent ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. See Instructions on back of certificates. TION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) April 26-1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	0	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Jacob Wilkens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto, Md

12 MAIDEN NAME OF MOTHER Lilly Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Lilly Wilkens

(Address) 210 S. Vincent St.

15 MAY 22 1923 HERBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1925

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1925, to May 22, 1925, that I last saw him alive on May 21, 1925, and that death occurred, on the date stated above, at 12-02 A. m.

The CAUSE OF DEATH* was as follows:

Poliomyelitis

(duration) ✓ yrs. Probably mos. 4 ds.

CONTRIBUTORY (Secondary) None

(duration) ✓ yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No What test confirmed diagnosis? Physical Examination

(Signed) Henry C. Gale, M. D.

(Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	May 22 1925
20 UNDERTAKER	ADDRESS 322
Mrs Katie R. Williams	N. Schroeder St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98682

CERTIFICATE OF DEATH.

118-002

D 98682

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene Sts. WARD 25-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Irwin

(a) RESIDENCE No. 2205 Jones St. WARD Married

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Irwin

6 DATE OF BIRTH (month, day, and year) Apr. 25-1861

7 AGE Years 64 Months Days 27 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Jacob Irwin

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Rhiza Dryshell

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant (Address) University Hospital Lombard & Greene Sts

15 Filed MAY 22 1925 By ROBERT P. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 1925

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1925. to May 21, 1925.

that I last saw him alive on May 21, 1925.

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Generalized Fatigue

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of May 20-1925

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) W. Wallace Crocker, M. D.

19 (Address) University Hospital Lombard & Greene Sts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL May 25 1925

20 UNDERTAKER George L. Schmal

ADDRESS 2101 Eutaw Md.

CAUSE OF DEATH to plain terms, so that a non-medical person can understand it. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 98683

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98683

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3802 Old Frederick Ave ST., 20 - 1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Schroeder

(a) RESIDENCE NO. 3802 Old Frederick Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6 DATE OF BIRTH (month, day, and year) March 24th 56

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	94	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Fred Renard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Charles Schroeder

(Address) 601 Conway St

15 Filed ....., 19.... Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 - 1925

17

I HEREBY CERTIFY, That I attended deceased from May 16 - 1925 to May 21 1925

that I last saw h[illegible] alive on May 20 - 1925

and that death occurred, on the date stated above, at 5 4 M m.

The CAUSE OF DEATH* was as follows:

Endocarditis (Mitral Insufficiency)
Arteriosclerosis

(duration) Unknown mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Robert C Mitchell, M. D.

5/21/ 1925 (Address) 2151 Wilkins ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL May 23rd 1925

20 UNDERTAKER Geo L. Schwab — ADDRESS 210 Frederick Ave

CAUSE OF DEATH must be filled in plainly and completely. See instructions on back of certificates. TION is very important.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98584 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98584

D98584 1925

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2543 Homer St., 13-5 Ward) Registered No. 1871

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida M. Myers

(a) Residence No. 2543 Homer St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Mar 1871

7-AGE. 54 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER Frank Myers

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Betsy Boyer

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md

14-

(Informant) James Myers

(Address) 1002 Sargeant St.

MAY 22 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

Instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 5/21/25

17- I HEREBY CERTIFY, That I attended deceased from 3/6 19 25 to 5/21 19 25

That I last saw h 2 alive on 5/21 19 25

and that death occurred, on the date stated above, at m

The CAUSE OF DEATH* was as follows:

a. Nephritis

and Co

Acute Insufficiency

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B. R. Leuth M. D

5/22, 1925 (Address) 1400 E. C

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Laurel DATE OF BURIAL. May 25th 1925

20-UNDERTAKER, James E. Wright ADDRESS 564 Mary

Spec.—1-12-23—M&T—500 Blks.

D 98685 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98685

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. 752 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert J Hatch

(a) RESIDENCE NO. 135 Sanford Ave. Catonsville Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of married

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mass

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Ella Hatch

(Address) 135 Sanford Av.

15 Filed MAY 22 1925 19 HUBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-22 1925

17

I HEREBY CERTIFY, That I attended deceased from 5-11, 1925, to 5-22, 1925,

that I last saw him alive on 5-22, 1925

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cachexia

Starvation

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Cancer Stomach

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 5/18/25

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) [illegible], M. D.

, 19 (Address) 9 Ely N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Salem Cem

DATE OF BURIAL May 25, 19 25

20 UNDERTAKER Easton Sons

ADDRESS Ellicott City

TION is very important See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98686

D 98686

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Southern Hospital & Home — REGISTERED No. C 1179

CITY OF BALTIMORE: (No. 2520 Greenmount Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George L Green

(Residence in Baltimore: No. 1419 N Highland ave St.; 25 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Feb (Month) 15 (Day), 1868 (Year)

7-AGE, 57 yrs. 3 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): P.R.R.

9-BIRTHPLACE, (State or Country), Balto. Co. Md.

PARENTS.

10-NAME OF FATHER, John H Green

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Leach

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bernice E Green

(Address) 715 E 23 St

MAY 22 1925, 191.... ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 21 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 11 1925, to May 21 - 1925, that I saw him alive on May 21 - 1925, and that death occurred, on the date stated above, at 8 00 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 4 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Myocardial insuff

(Duration) — yrs. 3 mos. — ds.

(Signed) Dudley P. Bowie M. D.

5/21/25 (Address) 904 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery — DATE OF BURIAL, May 22., 1925.

20-UNDERTAKER W M Rouzer — ADDRESS 1238 N. Gay St.

Important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98687.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98687.

CERTIFICATE OF DEATH.

31

12-2

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Beach

(a) Residence No. 2716 Fox street St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Unknown

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1878

7-AGE.	If LESS than 1 day,
47 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Engineer 030

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Richard R. Beach

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Anna Taylor

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Virginia

14- (Informant) Hospital Records

(Address) M.T.H.

15- Filed MAY 22 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 21, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 13 1925 to May 21 1925

that I last saw him alive on May 21 1925

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Laboratory

(Signed) I. F. White, M. D.

5-22-, 1925 (Address) Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Woodlawn	May 25 1925
20-UNDERTAKER, Chenoweth & Son	ADDRESS 3077 Chestnut Ave

instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 98688

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98688

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 Loudon Ave. ST. 20-1 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob A. Eckman

(a) RESIDENCE. No. 123 Loudon Av. ST., ... WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Eckman

6 DATE OF BIRTH (month, day, and year) July 28, 1835

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	89	9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gardener 086

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Wm. Eckman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ary Law

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Annie E. Metz

(Address) 123 Loudon Ave

15 Filed ....., 19.... MAY 22 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20, 1925

17 I HEREBY CERTIFY, That I attended deceased from May 16, 1925, to May 20, 1925, that I last saw him alive on May 20, 1925, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

..... (duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) None

..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) John D. Preston, M. D.

5/21, 1925 (Address) 1507 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury church Cem. Reisterstown	May 23rd 1925
20 UNDERTAKER	ADDRESS
Leo G. Cook	1731 Patt Pk Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 98689

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98689

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3133 McElderry ST., 7-3 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Felty

(a) RESIDENCE No. 3133 McElderry ST., 7 WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 19th 1925

7 AGE	Years	Months	Days	If LESS than 1 day 8 hrs. or ..... min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Donald W. Felty

11 BIRTHPLACE OF FATHER (city or town) Denver Col.
(State or country)

12 MAIDEN NAME OF MOTHER Anna R. Kreifels

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.
(State or country)

14 Informant Donald W. Felty Father
(Address) 3133 McElderry St

15 Filed MAY 22 1925, 19 Robert P. Harrison,
Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20th 1925

17 I HEREBY CERTIFY, That I attended deceased from May 19, 1925 to May 20 1925
that I last saw h[illegible] alive on May 20 1925
and that death occurred on the date stated above, at 10 a. m.
The CAUSE OF DEATH* was as follows:

Premature Birth
(Two)
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uterine Hemorrhage
(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? Indigent

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) [illegible] M. D.

19 (Address) 1001 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	May 22 1925

20 UNDERTAKER Lilly & Zeiler
ADDRESS 403 S. Wolfe

CAUSE OF DEATH in plain terms, so that it may be properly coded. See instructions on back of certificates. TION is very important.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98690

CERTIFICATE OF DEATH.

161-D 98690

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3133 McElderry St.; 7-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Zielty

(a) RESIDENCE. No. 3133 McElderry ST., 7 WARD.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 19 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baby child 900

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER Donald H. Zielty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Denver Colorado

12 MAIDEN NAME OF MOTHER Anna R Kreiger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

PARENTS

Informant Donald H. Zielty
Address) 3133 Mc Elderry St.

Filed MAY 22 1925 19 Robert F. Harrison, Registrar

Vital Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1925

17

I HEREBY CERTIFY, That I attended deceased from May 19, 1925, to May 24, 1925, that I last saw h[illegible] alive on May 24, 1925, and that death occurred on the date stated above at 4 A.M.

The CAUSE OF DEATH* was as follows:

Premature Birth
Cerebral Hemorrhage

(durntion) yrs. mos. ds.

CONTRIBUTORY (Secondary) Internal Hemorrhage

(durntion) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) F. Richmond, M. D.

19 (Address) 20 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	May 22 1925

20 UNDERTAKER Lilly + Zeiler

ADDRESS 403 E. Monument

Spec- 12-23-21- E.B.R.S.—400 Bks.

D 98691 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98691

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Infirmary

City of BALTIMORE: (No. Broadway & Fairmount St., 26-57 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Barbara Platt

(a) Residence No. 3823 Fait ave St., 26 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Platt.

6-DATE OF BIRTH (month, day and year) April 26 1861

7-AGE.	If LESS than 1 day.
64 yrs. mos. 22 ds.	hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housework

(b) General nature of industry, business, or establishment in which employed (or employer). 037

(c) Name of employer.

9-BIRTHPLACE (city or town) Balto (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Schatz

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Rosa Neidner

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Henry Platt.

(Address) 3823 Fait Ave

15- Filed 2 1925 19 Robert P. Harrison, Registrar.

Burial Permit Clerk

Instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 19th 1925

17- I HEREBY CERTIFY, That I attended deceased from May 4 1925 to May 19 1925

that I last saw h.er alive on May 19 1925

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Arteriosclerosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Embolus

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of May 13 1925

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) George B Brick M. D

, 19 (Address) Church Hms & Inf.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR MEMORIAL.	DATE OF BURIAL.
Oak Lawn	May 23 19 25
20-UNDERTAKER. Lilly & Zeiler	ADDRESS 408 S. Wolfe st.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 98692

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98692

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2001 N. Pulaski St., 15-11 Ward) Registered No. 31

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME James D. Jewett.

(a) Residence No. 2001 N. Pulaski St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE. White.

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE Mamie Jewett

6-DATE OF BIRTH (month, day and year) April 16-1880

7-AGE. 45 yrs. 1 mos. 5 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Jos. B. Jewett

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Rachael Cathers

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Balto Md.

14- (Informant) Mrs Jas Jewett

(Address) 2001 N. Pulaski

15- Filed 1925 19 Robert P. Harrison, Registrar.

Burial Permit Clerk?

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 5-21-25

17- I HEREBY CERTIFY, That I attended deceased from April, 19 25 to May 16 19 25

that I last saw him alive on May 16 19 25

and that death occurred, on the date stated above, at 1.45 P.M.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs (Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

5/21/25 (Signed) H. C. Allen M.D.

(Address) 2736 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Western Cemetery	May 25 1925
20-UNDERTAKER, William Cook	ADDRESS 502 E North Ave

instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 98693

HEALTH DEPARTMENT—CITY OF BALTIMORE D 98693

CERTIFICATE OF DEATH.

74-80

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 103 E. 23rd St. 12-3 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Virginia C. Doughty

(a) RESIDENCE No. 103 E 23rd St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred fifty yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William E

6 DATE OF BIRTH (month, day, and year) Feb 17 1849.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER August Fisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs C. Doughty

(Address) 103 E 23rd St

15 Filed May 22 1925 19 Robert P. Harrison Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 1925

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1925, to May 20, 1925; that I last saw her alive on May 20, 1925; and that death occurred, on the date stated above, at 2-30 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy -

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) age, Tumor in the Abdomen (duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Symptoms Alone

(Signed) W. H. Coppage, M. D.

5/21 1925 (Address) 2306 N Calvert

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: May 23 1925

20 UNDERTAKER Wm Cook — ADDRESS 502 E Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of [illegible] TION is very important. See instructions on back of certificates.

S. A. F.

D 98694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 98694

34

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. Kernan Hospital, ST.: 9-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary Josephine Bokel -

(Residence in Baltimore: No. 1516 Abbottson. St. - St.: 13 yrs. ..... mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, ~~MARRIED WIDOWED OR DIVORCED~~ (Write the word): Single

6 DATE OF BIRTH: May (Month) 15 (Day), 1912 (Year)

7 AGE: 13 yrs. ..... mos. 5 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: School girl pd
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Bokel - Albert - (deceased)

11 BIRTHPLACE OF FATHER (State or country): Baltimore City, Md.

12 MAIDEN NAME OF MOTHER: Akehurst - Mary (deceased)

13 BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joseph A Bokel
(Address) 3400 Old York Road

15. Filed ....., 191.....
Robert P. Harrison,
Burial Permit Clerk REGISTRAR

22 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 20 (Day), 1925 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1924, to May 20 1925, that I saw her alive on May 20 - 1925, and that death occurred, on the date stated above, at 4.07 P. m.

The CAUSE OF DEATH* was as follows:
Acute Myocardial insufficiency
with Cerebral Embolus

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) Tuberculosis 2 Spine

(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) Willis D. Dawson M. D.

May 20, 1925 (Address) 1107 N. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 0 yrs. 10 mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1516 Abbottson St. Balto. Md.

19 PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: May 23, 1925

20 UNDERTAKER: W. Cook — ADDRESS: 502 E North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

COPY

Spec. 1-10-21—M&T—1500 Blks.

D 98695

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98695

84

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 879 Park Ave. ST., 11-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Acland Mackenzie.

(a) RESIDENCE NO. 879 Park Ave — ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White —	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel Clarke MacKenzie

6 DATE OF BIRTH (month, day, and year) Oct. 20th 1853

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
71 —	6 —	21 —	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland —

PARENTS

10 NAME OF FATHER John Carter MacKenzie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore — Maryland

12 MAIDEN NAME OF MOTHER Ella Acland Hood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Middlebourne Tyler Co. Virginia

14 Informant Willis MacKenzie Son — (Address) Middlebourne Tyler Co. Virginia

15 [illegible] 21 — 1925

MAY 22 1925

Robert F. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21st 1925

17 I HEREBY CERTIFY, That I attended deceased from May, 1920, to May 21st, 1925, that I last saw him alive on May 20th, 1925, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis Agitans (Parkinson's Disease)

Several (duration) yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cirrhosis of the Liver

Several (duration) yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm. T. Lockwood M. D.

(Address) 8 E. Eager St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	May 23 1925
20 UNDERTAKER	ADDRESS
Henry W. Jenkins & Son	Edmondson Village

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

D 98696 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 98696

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 7-3 WARD) 14-901

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Kramer

(a) RESIDENCE No. 529 N. Glover ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Broom Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Municipal Hospital Records (Address) Baltimore City

15 22 1925 Robert P. Harrison, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20 1925

17 I HEREBY CERTIFY, That I attended deceased from May 18, 1925, to May 20 1925, that I last saw him alive on May 20, 1925 and that death occurred, on the date stated above, at 11:45 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Hypertension

Chronic nephritis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Left Hemiplegia (cerebral hemorrhage) (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? laboratory

(Signed) W Lindsay Miller, M. D.

5/24, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL May 23 1925

20 UNDERTAKER Wm. C. McClenahan — ADDRESS 2336 Jeffries Ave

CAUSE OF DEATH: See instructions on back of certificates. IMPORTANT is very important

Spec.—1-10-21—M&T—1500 Bks.

D 98697. ~~98697~~

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98697.

CERTIFICATE OF DEATH.

t 129

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. 7-1 REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME James Young

(a) RESIDENCE NO. S. Garrett St. Henderson, WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Mal	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Francis Young

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62.	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) #

(c) Nsme of employer #

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Dr Wesley Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Anne Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAY 22 1925 . 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22, 1925

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to May 22, 1925, that I last saw him alive on May 22, 1925, and that death occurred, on the date stated above, at 11.40 A m.

The CAUSE OF DEATH* was as follows:

Chr. nephritis

Cerebro sclerosis

(duration) 1 yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Uraemia (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) Trevor Owen, M. D.

May 22, 1925 (Address) Johns Hopkins Hospital Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Henderson N C

DATE OF BURIAL 5/22/1925

20 UNDERTAKER Joseph Ahrens

ADDRESS 220 Burg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

98698 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98698

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., 13-6 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Louis Moses

(Residence in Baltimore: No. Granada apts St.; yrs. 43 mos. 5 ds. 9)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Mard

6-DATE OF BIRTH. 12 (Month) 12 (Day) 1881 (Year)

7-AGE. 43 yrs. 5 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Manufacturer
(b) General nature of industry, business, or establishment in which employed (or employer). Ladies apparel

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Myer Moses

11-BIRTHPLACE OF FATHER, (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Rae Lambert

13-BIRTHPLACE OF MOTHER, (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dan Moses

(Address) 2002 Baltoso

15- Robert P. Harrison,

MAY 22 1925 192.. Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 (Month) May 21 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~(Inquest, autopsy or inquiry.)~~ thereon and from the evidence obtained by said ~~(Inquest, autopsy or inquiry.)~~ find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(Duration) yrs. 4 mos. ds. apoplexy

CONTRIBUTORY (Secondary) Don't Know

(Duration) yrs. mos. ds.

(Signed) A K Gansch M. D.
(Coroner.)

5-24 192 5 (Address) 10 W Hamilton St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Balto Hebrew Cem	May 24 1925
20-UNDERTAKER.	ADDRESS
J. Ahrens Co	331 Penna Ave

is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 98699

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98699

132

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2015 N. Washington ST.: 8-1 WARD)

2-FULL NAME Paul A Zimmerman

(a) RESIDENCE. No. 2015 N. Washington ST., ... WARD. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 12 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	34	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hotel Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm. A. Zimmerman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine Hechter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Catherine Hechter
(Address) 2015 N. Washington St

15 FILED ....., 19.... Robert P. Harrison, Registrar

22 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20 1925

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1925, to May 20, 1925

that I last saw him alive on May 20, 1925,

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Pyelitis + Renal Calculi

(duration) ..... yrs. ..... mos. Indefinite ds.

CONTRIBUTORY (Secondary) Emphysema

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. C. Campbell M. D.

, 19 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	May 23 1925
20 UNDERTAKER	ADDRESS
Josiah Syfer	1600 W. Fayette

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 98700

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98700

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD

2-FULL NAME Thomas Moore

(a) RESIDENCE No. 817 S Ann St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
31	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sailor do

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER John Moore

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Bridget Chyffard

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Robert F. Harrison, Registrar
MAY 22 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1925

17

I HEREBY CERTIFY, That I attended deceased from May 19, 1925, to May 22, 1925; that I last saw him alive on May 22, 1925, and that death occurred, on the date stated above, at 2.50 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY
(Secondary)
Septic Edocarditis (duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Trevor Owen, M.D.

May 22, 1925 (Address) Johns Hopkins Hospital Path.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Boston Mass — DATE OF BURIAL 5/22/1925

20 UNDERTAKER Joseph Abrams — ADDRESS 221 Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 98701 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98701

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3310 E. Lombard ST., 26-5 WARD)

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ferdinand Gabardini

(a) RESIDENCE No. 3310 E. Lombard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jennie Gabardini

6 DATE OF BIRTH (month, day, and year): aug. 1873

7 AGE: Years 51 Months 9 Days If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Marble Cutter

(b) General nature of industry, business, or establishment in which employed (or employer): 076

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Andrew

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Jennie Gabardini (Address): 3310 E. Lombard St

15 F... Robert F. Harrison Registrar

Y 22 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/20 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 19 25 to 5/20 19 25.

that I last saw h... alive on 5/20 19 25;

and that death occurred, on the date stated above, at 10 45 A m.

The CAUSE OF DEATH* was as follows:

Haemorrhagic (Apoplexy)

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Last Illness (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. H. F. Leader M. D.

5-25 1925 (Address) 3323 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: May 23 1925

20 UNDERTAKER: John A Moran — ADDRESS: 2000 E. Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 98702

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98702

91-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bon Secours Convent

CITY OF BALTIMORE: (No. 2000 W Baltimore ST., 10-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sister St Osmond

(a) RESIDENCE NO. 2000 W Baltimore St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single

5a If married, widowed, or divorced (or) WIFE of ----

6 DATE OF BIRTH (month, day, and year) Mar 7, 1842

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
83	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bon Secour Sister

(b) General nature of industry, business, or establishment in which employed (or employer) 65

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Wm Moran

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mother M Benedict (Address) 2000 W Balt St

15 Filed MAY 22 1925, 19.... Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21, 1925

17

I HEREBY CERTIFY, That I attended deceased from June, 19 20 to May 21, 19 25,

that I last saw h er alive on May 21, 19 25,

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute dilitation of heart (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edward V. Coolahan, M. D.

, 19 (Address) Edward V. Coolahan, 24 N Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	5/23 1925
20 UNDERTAKER	ADDRESS
Geo C Farley Sulton	Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 98793 18193

HEALTH DEPARTMENT—CITY OF BALTIMORE D 98703

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 16-4 ST., CALVIN WARD)

REGISTERED NO. 24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard A Haigis

(a) RESIDENCE No. 1021 N. Appleton St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 4, 1925

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child, M

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER William A. Haigis

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Flora Staff

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland.

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed MAY 22 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21, 1925

17

I HEREBY CERTIFY, That I attended deceased from May 10, 1925 to May 21, 1925.

that I last saw h alive on May 21, 1925.

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Acute meningococcus meningitis

(duration) yrs. mos. 50 ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Alan Jacobson, M. D.

5-22-25 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: May 23 1925

20 UNDERTAKER: Joseph L. Cook ADDRESS: 1003 W. Balto St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT RESIDENCE must be given. OCCUPATION is very important. See instructions on back of certificates.

Spec– 12-23-21–E.B.R.S.–400 Bks.

D 98704

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98704

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2109 W. North Ave St., 15 Ward) Registered No. 91002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Ellen Thomas

(a) Residence No. 2109 W. North Ave St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~Single, Married,~~ Widowed, ~~or Divorced~~ (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Charles A. Thomas

6-DATE OF BIRTH (month, day and year) Feb 21st, 1845

7-AGE. 80 yrs. 3 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Calvert Co. Md.

PARENTS.

10-NAME OF FATHER, James Soper

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Sarah Cranford

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14-(Informant) Mrs Thos. B. Leigh
(Address) 2013 W. North Ave

15-Filed 19 Registrar.

5 22 1925 Burial Permit Clerk

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 22nd, 1925

17- I HEREBY CERTIFY, That I attended deceased from March 2, 1925 to May 22, 1925
that I last saw her alive on May 22, 1925
and that death occurred, on the date stated above, at 2.20 A. m.
The CAUSE OF DEATH* was as follows:
Cerebral Arterial Sclerosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) coma

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. S. Love, M. D.
5/22, 1925 (Address) 836 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Emmanuel M.E.CH.SO. Calvert Co. Md. DATE OF BURIAL, May 24th, 1925

20-UNDERTAKER, William Poole ADDRESS 1723 W. North Ave

Spec– 12-23-21—E.S.R.S.—400 Eks.

D 98705

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98705

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hospital St., 12-5 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary Denton

(a) Residence No. 1723 Guilford Ave St., Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Denton

6-DATE OF BIRTH (month, day and year) Aug 11, 1875

7-AGE. 49 yrs. 9 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Balto (State or Country) Md.

PARENTS.

10-NAME OF FATHER. Philip Covington

11-BIRTHPLACE OF FATHER (city or town) Md (State or Country),

12-MAIDEN NAME OF MOTHER. Charlotte Parmon

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country),

11- (Informant) Wm Denton

(Address) 1723 Guilford Ave

15- Filed ..... 192.....

Robert P. Harrison, Registrar.

Burial Permit Clerk.

instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 22. 1925

17- I HEREBY CERTIFY, That I attended deceased from 5-20 1925 to 5-22 1925

that I last saw her alive on 5-22 1925

and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Cachexia

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Malegnant tumor abdomen

(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Emil Novak M. D.

, 19 (Address)

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Woodlawn Cem Baltimore Co Md

DATE OF BURIAL. May 23, 1925

20-UNDERTAKER Wm Ewell

ADDRESS 812 E Fayette

Tyaskin, Wicomico Co. Md.

Spec.—1-18-21—M&T—1500 Bks.

Dr McCarrie

D 98706

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98706

CERTIFICATE OF DEATH.

185

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 5815 Bellona Ave ST., 27-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matilda Aro

(a) RESIDENCE No. 5815 Bellona Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John T Aro

6 DATE OF BIRTH (month, day, and year) Oct 11. 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER James Stevenson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Jane Grey.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant James Aro.

(Address) 1802 Thomas Ave

15 Filed ....., 19..... Robert P. Harrison, Registrar

Burial Permit Clerk.

CAUSE OF DEATH. Information desired in accordance with this form should be obtained if possible. Physicians are urged to fill in all items. Please write plainly. Use ink. Do not use lead pencil. Refer to instructions on back of certificates. ATTENTION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20 1925

17

I HEREBY CERTIFY, That I attended deceased from April 18, 1925, to May 20, 1925, that I last saw h alive on May 20, 1925, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Lupus Erythematosus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fracture of Neck Femur

(duration) yrs. 1 mos. 2 ds.

18 Where was disease contracted if not at place of death? — Home

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Gross Exam

(Signed) Louis D McCarrie, M. D.

, 19 (Address) 416 E Northam

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount — DATE OF BURIAL May 23 1925

20 UNDERTAKER Wm Cook — ADDRESS 532 E Pratt Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 98707. HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 98707.

CERTIFICATE OF DEATH.

NH-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4315 Ready ave ST.; 27-9 WARD.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Marion Gray.

(a) RESIDENCE. No. 4315 Ready ave ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Frances Gray

6 DATE OF BIRTH (month, day, and year) July 26-1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	9	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Weigh Master 86

(b) General nature of industry, business, or establishment in which employed (or employer) Union Stock Yards

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Chas. E Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country) England.

12 MAIDEN NAME OF MOTHER Mary E Reese

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant J K Gray. (Address) Lynchburg. Va

15 Filed ..., 19.. Robert P. Harrison. Registrar

MAY 23 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 1925

17

I HEREBY CERTIFY, That I attended deceased from April 11 1925, to May 21, 1925, that I last saw him alive on May 21, 1925, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Cortico Sclerosis Senile

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemmhage.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H O Olsen, M. D.

5-24 1925 (Address) 5600 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet DATE OF BURIAL May 25 1925

20 UNDERTAKER Jm Cook ADDRESS 502 E Fayette

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

D 98708

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98708

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 Precipice ST., 12-2 WARD) REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E. Stansbury

(a) RESIDENCE No. 403 Precipice ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	W.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah K Stansbury

6 DATE OF BIRTH (month, day, and year) Nov 1. 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	6	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Huckster
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Joshua Stansbury

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Steinsiepher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant James B Stansbury
(Address) 403 Precipice St

MAY 23 1925 192 Robert P. Harrison, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Coroner, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of Heart

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) Sam'l Hamilton, M. D. (Coroner.)

May 22, 1925 (Address) 1632 Rockland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western DATE OF BURIAL May 23 1925

20 UNDERTAKER Wm Cook ADDRESS 502 E Pratt Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. EARLY SUBSCRIPTION OF ... TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 98709

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98709

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3031 Brighton ST., 16-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary D. Demuth

(a) RESIDENCE NO. 3031 Brighton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 ~~SEX~~ Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Gen. Edwin Demuth

6 DATE OF BIRTH (month, day, and year) Dec. 7, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co. Md

PARENTS

10 NAME OF FATHER John MacFarlane

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Mary Donn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Gen. Edwin Demuth

(Address) 3031 Brighton St

15 MAY 23 1925, 19 Robert F. Garrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 21st, 1924, to May 22, 1925, that I last saw h 22 alive on May 21st, 1925, and that death occurred, on the date stated above, at 7:20 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

Symptoms (duration) 2 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Hepatic metastases — Cholaemia (duration) Symptoms yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of January 7, 1925

Was there an autopsy? No

What test confirmed diagnosis? Palpation of tumor at operation — Clinical course

(Signed) Louis P. Hamburger, M. D.

May 22, 19 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet

DATE OF BURIAL May 25, 1925

20 UNDERTAKER Robert S. Little

ADDRESS 1700 Edmondson

TION is very important. See instructions on back of certificates.

D 98710 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98710

CERTIFICATE OF DEATH. 8-2 1570 Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Philadelphia TERRACE St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Freyer

(Residence in Baltimore: No. 1809 N Durham St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	white	Divorced

6-DATE OF BIRTH. May (Month) 2 (Day) 1885 (Year)

7-AGE. 40 yrs. mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Driver
(b) General nature of industry, business, or establishment in which employed (or employer) Fulton Grand Laundry

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER. William H Freyer

11-BIRTHPLACE OF FATHER, (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Margaret —

13-BIRTHPLACE OF MOTHER, (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Sadie Smith

(Address) 1938 Pattison pl a

15- MAY 23 1925 Robert F. Harrison, Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 20 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or Inquiry.) find that said deceased came to h... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bullet wound through Heart Believed to be Homicidal

(Duration) ... yrs. ... mos. Sudden ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) James M. Fenton M. D. (Coroner.)

May 21 1925 (Address) 700 E Chase St

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Woodlawn Cemetery	May 23, 1925

20-UNDERTAKER.	ADDRESS
E. LeRoy Stiffler	125 E. North Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98711

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98711

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 904 Asquith St St., 10-2 Ward) 90

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. J. Butta Sr.

(a) Residence No. 904 Asquith St St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of ~~(or)~~ WIFE of Mary Butta

6-DATE OF BIRTH (month, day and year) Sept. 28/1865

7-AGE. 59 yrs. 7 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Shipping clerk

(b) General nature of industry, business, or establishment in which employed (or employer)..... 09

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Mathew Butta

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Austria

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country).

14-

(Informant) Mary Butta

(Address) 904 Asquith St.

15- Filed [illegible], 192.

23 1925 Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 22/1925

17- I HEREBY CERTIFY, That I attended deceased from Jan. 12 19 25 to May 22 19 25

that I last saw h[illegible] alive on May 22 19 25

and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Chronic Valvul. Hrt Dis

Coma

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wilbur H. Cavell M. D.

(Address) 806 N Eutaw

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer	May 25, 1925
20-UNDERTAKER.	ADDRESS
Frank A. Fink	915 N. Gay St

instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

98712

HEALTH DEPARTMENT—CITY OF BALTIMORE

98712

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 E. 30th ST., 9-3 WARD)

REGISTERED NO. 100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha J. Miller

(a) RESIDENCE NO. 914 E 30 st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin F. Miller

6 DATE OF BIRTH (month, day, and year) July 6, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Martha McKew

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Frank Miller

(Address) 914 E. 30 st.

15 Filed ..., 19 ...

Robert F. Harrison, Registrar

Burial Permit Clerk.

23 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1925

17

I HEREBY CERTIFY, That I attended deceased from May 17, 1925, to May 22, 1925,

that I last saw her alive on May 22, 1925,

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) L. L. Sorrell, M. D.

May 26, 1925 (Address) 4218 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cemetery	May 26 1925

20 UNDERTAKER ADDRESS

George J. Reuth 1735 Harford Ave.

CAUTION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 98713

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98713

CERTIFICATE OF DEATH.

6-2 21

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 N. Castle ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Barton

(a) RESIDENCE NO. 409 N. Castle ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. 6 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 6 03

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Driver 28

(b) General nature of industry, business, or establishment in which employed (or employer) Baker Wagon

(c) Name of employer John Hahn

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Frank Barton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger.

14 Informant Frank Barton

(Address) 409 N. Castle

MAY 23 1925 19 Robert P. Harrison, Registrar

Daniel Perrill Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-20 1925

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1925, to 5-20, 1925.

that I last saw him alive on May 6, 1925

and that death occurred, on the date stated above, at 12:30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Laryngeal TB.

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Sputum

(Signed) F. W. Burnett M. D.

(Address) 606 N. Bond St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn

DATE OF BURIAL 5/23 1925

20 UNDERTAKER Philip Henry

ADDRESS 2016 Aisquith

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.
TION is very important.

Spec.—1-10-21—M&T—1500 Bks.

D 98714 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98714

99-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 S. Curley ST., 1-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John. Czekaj

(a) RESIDENCE NO. 1109 S. Curley ST., WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary. Czekaj

6 DATE OF BIRTH (month, day, and year) May. 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer) O.H.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Blazej. Czekaj

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs. Mary. Czekaj
(Address) 1109 S. Curley Street

15 23 1925 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24, 1925

17 I HEREBY CERTIFY, That I attended deceased from May 17, 1925, to May 20, 1925.

that I last saw h.e. alive on May 20, 1925,

and that death occurred, on the date stated above, at 7.50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. S. Nowinski, M. D.

5-27, 1925 (Address) 3037 Dromedary St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem.	May 25 1925
20 UNDERTAKER	ADDRESS
John A. Weber	1803 Bank St

CAUSE OF DEATH in plain terms, so that it may be properly classified. EARLY STAGES OF [illegible] TION is very important. See instructions on back of certificates.

D 98715 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98715

CERTIFICATE OF DEATH.

6-3-90

1-PLACE OF DEATH

City of BALTIMORE: (No. 2303 Boston St., Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arnold G. Holste

(Residence in Baltimore: No. 1374 Patterson Park ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. March 24 1874
(Month) (Day) (Year)

7-AGE. 51 yrs. 1 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Receiving Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Libby Can Co

9-BIRTHPLACE. (State or Country) Balto City

PARENTS.

10-NAME OF FATHER. Frederick Holste

11-BIRTHPLACE OF FATHER. (State or Country) Germany

12-MAIDEN NAME OF MOTHER. Mary Bochamer

13-BIRTHPLACE OF MOTHER. (State or Country) Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Holste

(Address) 814 Mongrad ave

15-

Filed ..... 19.....

Robert F. Harrison
Registrar.

MAY 23 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 21, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to h... death on the day stated above.

The CAUSE OF DEATH* was as follows: Endocarditis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) 1 yrs. mos. ds.

(Signed) James M. Taylor M. D.
(Coroner.)

May 22 1925. (Address) 727 E. Chase St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mount Carmel	May 25 1925

20-UNDERTAKER.	ADDRESS
J Herman	328 Broadway

is very important. See instructions on back of Certificate.

Spec– 12-23-21–E.B.R.S.–400 Eks.

D 98716 HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98716

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) St. Agnes Hospital St., 25-W Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Dillman

(a) Residence No. Plymouth Road, Catonsville St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~. (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6-DATE OF BIRTH (month, day and year): June 24-87

7-AGE: 52 yrs. 11 mos. 2 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Produce dealer

(b) General nature of industry, business, or establishment in which employed (or employer): Store

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: George Dillman

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Amelia Tiemie

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

11-

(Informant): Sister- Mrs W. Marburg

(Address): Plymouth Road Catonsville Md

15-

Filed 23 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): May 22-25

17- I HEREBY CERTIFY, That I attended deceased from May 21st 1925 to May 22nd 1925 that I last saw him alive on 5-22 1925 and that death occurred, on the date stated above, at 4 55 P. m.

The CAUSE OF DEATH* was as follows:

Cachexia + Cardiac failure

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Melana sarcoma liver with ascites

(Duration) 7 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) H. A. Mason D Allegre M. D

, 19 (Address) 332 Eutaw St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem DATE OF BURIAL: May 25, 1920

20-UNDERTAKER: John Ellrich ADDRESS: 2008 Aliceanna

Instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98717

CERTIFICATE OF DEATH.

36-002 D 98717

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2710 Maryland Ave ST., 12-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Henry Chatain

(a) RESIDENCE NO. 2710 Maryland Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Margaret Cecil McKenney (Chatain)

6 DATE OF BIRTH (month, day, and year) Oct 11 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Publisher & Statistician (retired)

(b) General nature of industry, business, or establishment in which employed (or employer) Insurance broker

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York City

PARENTS

10 NAME OF FATHER Henri Chatain

11 BIRTHPLACE OF FATHER (city or town) France (State or country) (of South Carolina - U.S.A.)

12 MAIDEN NAME OF MOTHER L. Adelaide Kane Kelly

13 BIRTHPLACE OF MOTHER (city or town) Loudoun Co. (State or country) Virginia Va.

14 Informant Miss Eva Chatain

(Address) 2710 Maryland Ave

15 Filed MAY 23 1925 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1925

17 I HEREBY CERTIFY, That I attended deceased from February, 1925, to May, 1925, that I last saw him alive on May 22, 1925, and that death occurred, on the date stated above, at 9 30 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of bones of foot

Terminal Bronchopneumonia

About 6 mos (duration)

CONTRIBUTORY (Secondary) Old age (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of Oct 10th 1924

Was there an autopsy? No Dec 17. 1924

What test confirmed diagnosis? Microscopic Study of Excised tissue of foot.

(Signed) Edward A. Hanrahan Jr. M. D.

. 19 (Address) Sisters Hosp's - 701 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richmond Va. DATE OF BURIAL May 25 1925

20 UNDERTAKER Henry W. Jenkins Sons Co ADDRESS McCulloh & Orchard Sts

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

D 98718

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98718

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis Scott

(a) RESIDENCE No. 616 N. Bethel St., ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Widower

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE~~ of Amy Scott

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45 ?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Truck driver

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Jenkins Scott,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mray Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 informant Baltimore City Hospitals, (Address) Baltimore, Md.

15 MAY 23 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

HOW is very important—Use typewriter if possible

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1925, to May 20, 1925, that I last saw him alive on May 20, 1925 and that death occurred, on the date stated above, at 11.30 A. m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchial Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis with Lues.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical and ro

(Signed) Harry Fredsmith M. D.

5/21/25 (Address) City New Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	May 24 1925
20 UNDERTAKER	ADDRESS
Jno W. Chase & Son	1405 Madison

Spec—12-23-21—E.B.R.S.—400 Bks.

98719

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98719

CERTIFICATE OF DEATH.

16-31

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., 16-6 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Aubrey Wheeler

(a) Residence No. 1124 N. Carrollton ave. St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Colored	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6-DATE OF BIRTH (month, day and year) 1865

7-AGE. 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9-BIRTHPLACE (city or town) (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14-

(Informant) Hospital Records

(Address) M.T.H.

15-

Dec. 23 1925 Robert P. Harrison Registrar.

Burial Permit Clerk.

INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 21, 1925

17- I HEREBY CERTIFY, That I attended deceased from May 11, 1925 to May 21, 1925 that I last saw h.. alive on May 21, 1925 and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Laboratory

(Signed) C. F. White M. D.

5-21-1925 (Address) Municipal Tbc. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt. Olivet	May 25 1925
20-UNDERTAKER	ADDRESS
Sam'l F. Chase & Son	1400 Mosher

Spec.—1-12-23—M&T—500 Blks.

D 98720 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98720

CERTIFICATE OF DEATH. 113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 635 Cator Avenue ST., 9-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth Rosalee Carrick

(a) RESIDENCE NO. 635 Cator Avenue ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 21, 1924

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Earl R. Carrick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Sophia W. Grice

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Earl R. Carrick
(Address) 635 Cator Avenue

15 Filed MAY 23 1925, 19 Robert F. Harrison, Burial Permit Clerk. Registrar

TION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1925

17 I HEREBY CERTIFY, That I attended deceased from May 18, 1925, to May 22, 1925, that I last saw h alive on May 22, 1925, and that death occurred, on the date stated above, at 8.45 P m.

The CAUSE OF DEATH* was as follows:

Acute gastro-enteritis.

(duration) — yrs. — mos 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 811 N. Milton ave

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) John D. Fenby, M. D.

5-23 1925 (Address) 3522 Greenmount Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	May 25 1925
20 UNDERTAKER	ADDRESS
Joseph B. Cook	1303 N. Dallas

D 98721

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98721

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 914 Elm St. St., 17-2 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Robt. T. Thomas .....

(Residence in Baltimore: No. 914 Elm St. St.; 50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	single

6-DATE OF BIRTH. about 1875
(Month) (Day) (Year)

7-AGE. 50 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Chef
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country),

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER, (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. C. H. Young

(Address) 741 Bengs St.

15-

MAY 24 1925 [illegible] Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 22, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to death on the day stated above.
(Inquest, autopsy or inquiry.)

The CAUSE OF DEATH* was as follows:

Organic heart disease

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchial asthma

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy, M. D.
(Coroner.)

May 23 1925 (Address) 280 Madison Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	5/25, 1925

20-UNDERTAKER,	ADDRESS
Jas. H. Skinner	1620 E. Grad. St

IS VERY IMPORTANT—See Instructions on Back of Certificate.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 98722

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98722

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Womens Hosp. St., 13-5 Ward) 16

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Schwartz

(a) Residence No. 3404 Morris Ave St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	white	Infant

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6-DATE OF BIRTH (month, day and year) 5/18/25

7-AGE, ...yrs. ....mos. 5 ds. If LESS than 1 day, 16hr.-30 min. ....hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Louis Schwartz

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER, Jennie Caron

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), N.Y.

14- (Informant) Hosp

(Address)

MAY 24 1925 ROBT. R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 5/23/25

17- I HEREBY CERTIFY, That I attended deceased from May 18, 19 25, to May 23, 19 25, that I last saw h.x.c. alive on May 22, 19 25, and that death occurred, on the date stated above, at 4.30 a.m. The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? N.O

What test confirmed diagnosis? Physical Exam

(Signed) R. B. Boyd, M. D.

, 19 (Address) Womens Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL, 19
Dewees Perry Rd	5/24/25

20-UNDERTAKER Jack Lewis ADDRESS 1409 E Baltimore

Spec.—1-12-23—M&T—500 Blks.

D 98723 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98723

CERTIFICATE OF DEATH.

118-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] ST. [illegible] WARD) BALTIMORE CITY HOSPITALS - 1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Harvey

(a) RESIDENCE NO. 619 N. Caroline ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Divorced

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Central Foundry

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Sam Harvey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Katy Walters

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Baltimore City Hospital Records (Address)

MAY 24 1925 Filed ALBERT R. KRAUTER, Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20 1925

17 I HEREBY CERTIFY, That I attended deceased from April 27, 1925, to May 20, 1925, that I last saw him alive on May 20, 1925, and that death occurred, on the date stated above, at 6:00a m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Myocardial failure (duration) yrs. 8 mos (History) ds.

CONTRIBUTORY (Secondary) Cystitis

Intestinal Obstruction (duration) yrs. 6 mos. (History) 1 day ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller, M. D.

5/22/1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL May 24 1925

20 UNDERTAKER Mrs A.G. Elliott — ADDRESS 1323 Ashland Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 98724

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98724

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6012 Bellona ave ST. 27 - 7 WARD.)

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Overbeck.

(a) RESIDENCE. No. 6012 Bellona ave ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. 7 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 25 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER August H Overbeck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Mary Kemple

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. E. A. Van Trump
(Address) 6012 Bellona ave.

15 Filed ....., 19.....

MAY 24 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1925, to May 23, 1925, that I last saw h[illegible] alive on May 22, 1925, and that death occurred, on the date stated above, at 9 30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. O'Hoses, M. D.

5-23 1925 (Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem.

DATE OF BURIAL 5/25 1925

20 UNDERTAKER Philip Henry

ADDRESS 2016 Orleans

TION is very important. See instructions on back of certificates.

98725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98725

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Jones

(Residence in Baltimore: No. 1824 Division St St.; yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	col	sing

6-DATE OF BIRTH. May 11 1905
(Month) (Day) (Year)

7-AGE. 20 yrs. 0 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Maid
(b) General nature of industry, business, or establishment in which employed (or employer)... Housework

9-BIRTHPLACE. (State or Country). Burham, Va

PARENTS.

10-NAME OF FATHER. Henry Jones

11-BIRTHPLACE OF FATHER. (State or Country). Va

12-MAIDEN NAME OF MOTHER. Maud Jones

13-BIRTHPLACE OF MOTHER. (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)...Henry Jones (father)

(Address)...Q417 Myrtle Ave

15- Filed MAY 24 1925 192 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 22-25, 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

General Peritonotis

(Autopsy at Hopkins Hospital)

(Duration)...yrs...mos...ds.

CONTRIBUTORY (Secondary) Salpingitis-

(Duration)...yrs...mos...ds.

(Signed) J. Sappington M. D. (Coroner.)

5-24-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Virginia

19-PLACE OF BURIAL OR REMOVAL. Mt Olivet Cem Co Burham Va — DATE OF BURIAL. May 24 1925

20-UNDERTAKER. Samuel Hemsley — ADDRESS 578 W Baltimore St

is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 D 98726

D 98726

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1507 Madison Ave. ST. | 4-2 WARD)

2-FULL NAME Margaret Harrod

(a) RESIDENCE. No 1507 Madison Ave. ST., ... WARD. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Harrod

6 DATE OF BIRTH (month, day, and year) Jan. 13, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work General Housework

(b) General nature of industry, business, or establishment in which employed (or employer) — — 2

(c) Name of employer — — 0

9 BIRTHPLACE (city or town) (State or country) Brooklyn, N.Y.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Brooklyn N.Y.

12 MAIDEN NAME OF MOTHER Mary Wolf

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Wm. Harrod
(Address) 1507 Madison

15 Filed MAY 24 1925 ROBERT R. KRAUTER Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 1925

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1925, to May 23, 1925, that I last saw h[illegible] alive on May 23, 1925, and that death occurred, on the date stated above, at 5 15 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma uterus

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? "

What test confirmed diagnosis? Examination

(Signed) John D. Quinn, M. D.

5/24, 1925 (Address) 1507 W. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Leon Fla [illegible] Mar 25 1926

20 UNDERTAKER — ADDRESS 678

Samuel J. Hamilton Wbalt

TION is very important. See instructions on back of certificate.

D 98727. HEALTH DEPARTMENT—CITY OF BALTIMORE D 98727.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1103 Division St. - 17 - 1 St. Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cordelia Green

(Residence in Baltimore: No. 1103 Division St. St.; yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced. (Write the word.): Widowed

6-DATE OF BIRTH: about (Month) 1866 (Day) (Year)

7-AGE: 57 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: David H. Green

11-BIRTHPLACE OF FATHER, (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Clara Deaver

13-BIRTHPLACE OF MOTHER, (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) David H. Green

(Address) 508 Hanover St.

15- MAY 24 1925 ROBERT R. KRAUTER, 192 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 22, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) no other history

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D. (Coroner.)

May 23 1925 (Address) 2 E. Lexington

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, May 25 1925

20-UNDERTAKER, Samuel Hemsley — ADDRESS 518 Madison St

Spec.—6-9-19—H. P. Co.—1000 Bks.

98728

HEALTH DEPARTMENT—CITY OF BALTIMORE

98728

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST.: 15 21 WARD) 15-13

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Blanche Stevenson

(a) RESIDENCE. No. 1549 Woodyear St ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced (or) WIFE of John Stevenson

6 DATE OF BIRTH (month, day, and year) July 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	34	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Henson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Grey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant John Stevenson
(Address) 1549 Woodyear St.

15 MAY 24 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1925

17 I HEREBY CERTIFY, That I attended deceased from May 18, 1925, to May 22, 1925, that I last saw her alive on May 22, 1925, and that death occurred, on the date stated above, at 6 15 a. m.

The CAUSE OF DEATH* was as follows:

Erysipelas facialis

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Myron G. Tull, M. D.

5/22 1925 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Lawn	May 25 19x
20 UNDERTAKER Samuel B. Hemsley	ADDRESS 678 W Baltimore

TION is very important. See instructions on back of certificate.

S. A. F. ETY

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 98729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98729

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 Gilmor ST. 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Butler

(a) RESIDENCE. NO. 401 Gilmor ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 20, 1914

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	4	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Joseph M Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Georgia

12 MAIDEN NAME OF MOTHER Amy McGowan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Georgia

14 Informant (Address) Joseph M Butler 401 Gilmor

15 Filed MAY 24 1925 19 ROBERT R. KRAUTER Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1925

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1925, to May 22, 1925, that I last saw h. alive on May 21, 1925, and that death occurred, on the date stated above, at 6.40 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
Rt. Upper -

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wm H Wright, M. D.

May 22, 1925 (Address) 1209 Possession

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	5-24-1925
20 UNDERTAKER Joseph A Lively	ADDRESS 1617 Winters ave

CAUSE OF DEATH must be stated by physician, if possible. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98730 — 24-001

D 98730

1-PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 402 Lyman Grand Ave. (St.) 27-7 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur I. Buck

(a) RESIDENCE No. 402 Lyman Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. \ mos. \ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male — 4 COLOR OR RACE White — 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Lizzie Buck

6 DATE OF BIRTH (month, day, and year) April 19 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Penna

PARENTS

10 NAME OF FATHER I. I. Buck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna.

12 MAIDEN NAME OF MOTHER Margaret Brear

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant Mrs. Lizzie Buck

(Address) 402 Lyman Ave

15 Filed MAY 24 1925 HERBERT R. KRAUTER, Registrar

Vital Records Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1925

17 I HEREBY CERTIFY, That I attended deceased from April 21, 1924, to May 22, 1925, that I last saw him alive on May 22 1925, and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Contract Ch. Int. Nephritis

(duration) 6+ yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) D. L. Bishop, M. D.

(Address) 581 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: May 25 1925

UNDERTAKER: Rolf S. Lille

ADDRESS: 1760 Edmondson

IMPORTANT. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98731

CERTIFICATE OF DEATH

D 98731

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) Bay View Asylum ST., (WARD)

REGISTERED NO. 100-301

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Ockney. or McKinney

(a) RESIDENCE No. 503 Mc Mechen ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75 years.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer

9 BIRTHPLACE (City or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Aaron Ockney

11 BIRTHPLACE OF FATHER (City or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Matilda Gilbert

13 BIRTHPLACE OF MOTHER (City or town) Baltimore
(State or country) Maryland

14 Informant Hospital Records
(Address) Baltimore City Hospitals

15 Filed MAY 24 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-22 1925

17 I HEREBY CERTIFY, That I attended deceased from 4-21- , 1925, to 5-22 , 1925.

that I last saw him alive on 5-22 , 1925

and that death occurred, on the date stated above, at 2P. m.

The CAUSE OF DEATH* was as follows:

Senile ulceration of lower extremities (Non Diabetic

(duration) Unknown ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Lab. Tests

(Signed) Wm. P. Champe Jr., M. D.

Baltimore City Hospitals
(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem

DATE OF BURIAL 5/25/1925

20 UNDERTAKER David T. Easton

ADDRESS 916 Pine.

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

179676

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98732

D 98732

CERTIFICATE OF DEATH.

REGISTERED NO. 51

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 15-13 WARD)

2-FULL NAME Morris Green

(a) RESIDENCE NO. 1367 N. Gilmor St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 24 1924

7 AGE: Years 3 Months 4 Days ... If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER Ernest Green

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER Daisy Perry

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

14 Informant: Parent

(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAY 24 1925, 19 ... ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 - 1925

17

I HEREBY CERTIFY, That I attended deceased from March 24, 1925, to May 23, 1925, that I last saw him alive on May 23, 1925, and that death occurred, on the date stated above, at 12:50 m.

The CAUSE OF DEATH* was as follows:

Rheumatic heart disease

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Walter B Stewart, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 5/26/1925

20 UNDERTAKER: David Carey

ADDRESS 916 Eutaw

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98733

CERTIFICATE OF DEATH.

+ 101-001

D 98733

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eldrige F. Cothern

(a) RESIDENCE NO. Woodstock md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

TION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	19			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tobacco

(b) General nature of industry, business, or establishment in which employed (or employer) Cotton Mill

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Beamer Fretwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Emsten Harbaugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant University Hospital (Address)

MAY 24 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 1925

17

I HEREBY CERTIFY, That I attended deceased from April 25, 1925, to May 25, 1925, that I last saw him alive on May 23/ 7.45 P.M. 1925, and that death occurred, on the date stated above, at 8 P.M. m.

The CAUSE OF DEATH* was as follows:

Lobar - Pneumonia (Rt. side)

Later dwelling - Empyema -

Duration of Empyema about 15 days

(duration) of Illness mos 2 ds.

CONTRIBUTORY (Secondary) Pericarditis & Effusion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? University Hospital

Did an operation precede death? yes Date 1st op. May 7/25

Was there an autopsy? no (2nd operation May 23/25

What test confirmed diagnosis?

(Signed) R. S. Anderson, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Strasburg Va

DATE OF BURIAL 5/29 1925

20 UNDERTAKER David Eberly

ADDRESS 916 Race

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 98734 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98734

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 509 N. Norris ST. 19-1 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Scott Kessler

(a) RESIDENCE. No. 509 N. Norris ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col'd	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Kessler.

6 DATE OF BIRTH (month, day, and year) May 10 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42		12.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Va.
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Va.
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Va.
(State or country)

14 Informant Rosa Lewis
(Address) 730 W. Saratoga St

15 Filed MAY 24 1925, 19 ROBERT R. KRAUTER, Registrar

Deputy Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr 29 1925, to May 22 1925, that I last saw h alive on May 20 1925, and that death occurred, on the date stated above, at 11.20 P. a.m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) — yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) Chronic Rheumatism

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Regular

(Signed) F. C. Leuk, M. D.

May 23 1925 (Address) North Ave & Division St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	5/25/1925
20 UNDERTAKER Daniel Easton	ADDRESS 916 Pa ave

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98735

CERTIFICATE OF DEATH.

D 98735

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1372 N. Fremont Ave. (WARD) 15-13

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie Thomas

(a) RESIDENCE No. 1372 N Fremont Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: 0/0

9 BIRTHPLACE (City or town) (State or country): Balto City

PARENTS

10 NAME OF FATHER: Don't Knows

11 BIRTHPLACE OF FATHER (city or town) (State or country): Don't Knows

12 MAIDEN NAME OF MOTHER: Don't Knows

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Don't Knows

14 Informant (Address): Wm H. Thomas 1372 N Fremont Ave

15 Filed MAY 24 1925, 19 ROBERT P. KRAMER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22nd 1925

17 I HEREBY CERTIFY, That I attended deceased from May 5th, 1925, to May 22, 1925, that I last saw her alive on May 22nd, 1925, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Organic Cardiac disease and Nephritis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Russell Fenger, M. D.

, 19 (Address) 2937 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laural Bem — DATE OF BURIAL 5/25/25

20 UNDERTAKER: David Easton — ADDRESS 916 Eutaw

CAUSE OF DEATH must be stated plainly. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Bks.

D 98736 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98736

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3370 W. Biddle ST., 11-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harriet Dorsey

(a) RESIDENCE NO. 3370 W Biddle ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col-	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Dorsey

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Md General Hospital

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Carberry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Alexander Bullock (Son)

(Address) 843 Warren ave

15 Filed MAY 24 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22d 1925

17 I HEREBY CERTIFY, That I attended deceased from May 22d, 1925, to May 22d, 1925, that I last saw h[illegible] alive on May 22d, 1925 and that death occurred, on the date stated above, at 5 H 5 P. m.

The CAUSE OF DEATH* was as follows:

Bright Disease

Not Known (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uraemic Convulsions

.....(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Facts

(Signed) Samuel A Bani M. D.

, 19 (Address) 937 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 5/25/1925

20 UNDERTAKER Daniel Eaton

ADDRESS 916 Eutaw

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

D 98737. HEALTH DEPARTMENT—CITY OF BALTIMORE D 98737.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 3-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abraham L. Hughes

(a) RESIDENCE NO. 913 E. Pratt ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 27, 1869

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	6	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Helper Plumber
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Jas. W. Hughes

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Sarah Hush

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Georgina Hart
(Address) 913 E Pratt

Filed MAY 24 1925 ROBERT P. KRANTZ Registrar

Burial Permit Chart

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Fract of Skull - accidentally falling from Automobile

Duration ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

Duration ..... yrs. ..... mos. ..... ds.

(Signed) H. C. Ruby, M. D.
(Coroner.)

May 23, 1925 (Address) 1053 Boundary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death about 4 months yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore DATE OF BURIAL May 25 1925

20 UNDERTAKER Wm. Cook ADDRESS 502 E Madison

Spec—12-23-21—E.B.R.S.—400 Blks.

D 98738 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98738

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph's Hospital Registered No. 118

City of BALTIMORE. (No. 18-3 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph T. Moeller

(a) Residence No. 1240 W. Pratt St. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Unknown How long in U. S., if of foreign birth? Unknown (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE, 68 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) General retail

(c) Name of employer Unknown

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unstrig

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unstrig

14- (Informant) Chas. M. Moeller (Address) 1240 W. Pratt St

15- Filed MAY 24 1925 Registrar. ROBERT E. KRAUSE Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 5/22/25

17- I HEREBY CERTIFY, That I attended deceased from May 5th, 1925, to May 22, 1925, that I last saw h. alive on May 22, 1925, and that death occurred, on the date stated above, at 8:35 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction (Strangulated Hernia)

(a) (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (b) Acute Hypertrophy

(c) (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of May 18, 1925

Was there an autopsy? No.

What test confirmed diagnosis? Clinical and Operation

(Signed) E. M. Rodgers M. D.

, 19 (Address) St Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cedar Hill DATE OF BURIAL, May 25, 1925

20-UNDERTAKER W. A. Cook ADDRESS 502 E. Fort Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

98739

CERTIFICATE OF DEATH. -3rd D 98739

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 22 - 4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Giles

(a) RESIDENCE No. 1002 N. Gay St. Brooklyn, Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 3 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) January the 30th 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	3	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Brooklyn Md.

PARENTS

10 NAME OF FATHER Louis Giles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Anna Ripken

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant University Hospital (Address)

15 MAY 24 1925 ROBERT R. KRAUTER, Registrar

Assistant Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23rd 1925

17

I HEREBY CERTIFY, That I attended deceased from May 18, 1925 to May 23rd, 1925.

that I last saw him alive on May 23, 1925.

and that death occurred, on the date stated above, at 7:20 p.m.

The CAUSE OF DEATH* was as follows:

1. Tuberculous Meningitis

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Albert L. Linden M. D.

5/23, 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL 5/26 1925

20 UNDERTAKER Tony Cook — ADDRESS 502 E. Balt

CAUSE OF DEATH must be filled in. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Bks.

D 98740

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98740

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital St. 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alban Leslie Hopkins

(a) RESIDENCE NO. Darlington Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 11 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of Industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Darlington Md

PARENTS

10 NAME OF FATHER Samuel W. Hopkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lucy M. Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Alan L. Hopkins

(Address) ~~Darlington Md~~

15 Filed MAY 25 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

CAUSE OF DEATH in plain terms. No abbreviations or symptoms. Name of contagious disease, if any, to be plainly stated. Physician's name and address must be given. Read carefully the instructions on back of certificates. TION is very important. See instructions on back of c

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 26, 1925, to May 24, 1925,

that I last saw him alive on May 24, 1925,

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis -

(Acute Exacerbations)

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) F. W. Krantz, M. D.

, 19 (Address) Md Genl Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Darlington Cem DATE OF BURIAL May 27, 1925

20 UNDERTAKER H. L. Bailey ADDRESS Darlington Md

Spec.—5-19-13—M. & T.—500 Bks.

D 98741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001 D 98741

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Park Heights & Glen Ave ST.) 27-2 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miriam Joyce Lake

(Residence in Baltimore: No. Park Heights & Glen Ave St.; 45 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Mch 17, 1877.
(Month) (Day) (Year)

7-AGE, 48 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): 045

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Chas. H. Lake

11-BIRTHPLACE OF FATHER (State or Country), Mass

12-MAIDEN NAME OF MOTHER, Susan A. Joyce

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles O. Lake

(Address) 1538 Linden Ave

15- MAY 25 1925, 191.. ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 22, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 16. 1925, to May 22 1925, that I saw h[illegible] alive on May 22 1925, and that death occurred, on the date stated above, at 10:45 p m.

The CAUSE OF DEATH* was as follows:

Ill. 5 wks.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

Cause (Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

5/25/25 191.. (Address) Park Heights

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery — DATE OF BURIAL, May 25, 1925

20-UNDERTAKER H. Womeas & Son — ADDRESS 805 N. Calvert St.

Infant Mc Cullough

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 98742 HEALTH DEPARTMENT—CITY OF BALTIMORE 1001

CERTIFICATE OF DEATH. 16 D 98742

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4019 W Franklin ST. 20-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Premature birth

(a) RESIDENCE. No. 4019 W Franklin ST., 20 WARD.

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S., If of foreign birth? ... yrs. ... mos. ... ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 5-22-25

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			2	

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Thos. J. Mac Cullough

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Eliz Schelshorn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Long Island N.Y.

14 Informant Father Henry J McCullough

(Address) 4019 Franklin St

15 Filed MAY 25 1925 ROBERT R. KRAMER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1925

17 I HEREBY CERTIFY, That I attended deceased from May 22, 1925, to May 24, 1925, that I last saw h[illegible] alive on May 23, 1925, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) ... yrs. ... mos. 2 ds

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? Date of

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) Benj. O. McCleary, M. D.

May 26, 1925 (Address) 400 N Payson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
John B. Spence	May 25 1925
20 UNDERTAKER	ADDRESS
Oakmont Cemetery	1325 N Carrollton Ave

TION IS very important. See instructions on the BACK OF CERTIFICATE.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98743

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

D 98743

Registered No.....

City of BALTIMORE: (No. 546 Hoffman St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Elizabeth Dipp

(a) Residence No.... 546 Hoffman St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem.

4-COLOR OR RACE, Col

5-~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (Write the word.) Married

5a-If married, ~~widowed~~, or ~~divorced~~ ~~HUSBAND of (or)~~ WIFE of Mr. Dipp

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE, 62 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14-
(Informant) William Tripp
(Address) 546 Hoffman St

MAY 25 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 23, 25

17- I HEREBY CERTIFY, That I attended deceased from May 16, 1925, to May 23, 1925, that I last saw her alive on May 22, 1925, and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

Cor Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Exam

(Signed) David E. Wagner M. D.

5/23, 1925 (Address) 1005 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Auburn — DATE OF BURIAL, May 26, 1925

20-UNDERTAKER, Joseph A Farrell — ADDRESS 2349 Division St

Spec—12-23-21—E.B.R.S.—400 Blu.

D 98744 HEALTH DEPARTMENT—CITY OF BALTIMORE

38 D 98744

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 7 E. Ware St., 12th Ward) Registered No.....

2-FULL NAME Franklin B. Winters

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 7 E. Ware Av. St., Ward 12th

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-~~Single,~~ Married, ~~Widowed, or Divorced,~~ (Write the word.) Married

6-If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Susan Winters

6-DATE OF BIRTH (month, day and year) Not Known

7-AGE. 54 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Penn.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Not Known

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Not Known

14- (Informant) Samuel Winters

(Address) 11 Ware St. E. Sou.

15- Filed MAY 25 1925 19... ROBT. R. KRAUTER, Registrar.

Burial Permit Clerk.

INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 23 1925

17- I HEREBY CERTIFY, That I attended deceased from May 21st 19 25 to May 23rd 19 25

that I last saw h... alive on May 23rd 19 25

and that death occurred, on the date stated above, at 3.30 p. m.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo. H. E. Cross M. D.

19 (Address) 28 W. 25th St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	May 25 1925
20-UNDERTAKER, Joseph A Farrell	ADDRESS 2317 Division St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98745 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98745

CERTIFICATE OF DEATH. 5-10

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. 635 Sterling St., 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Belle Anderson

(a) Residence No. 635 Sterling St., ... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F. | 4-COLOR OR RACE, C | 5-Single, Married, Widowed, or Divorced, (Write the word.) S

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of no

6-DATE OF BIRTH (month, day and year) 2/1903

7-AGE. 22 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Hw.

(b) General nature of Industry, business, or establishment in which employed (or employer) 0

(c) Name of employer .....

9-BIRTHPLACE (city or town) City (State or Country),

PARENTS.

10-NAME OF FATHER, Thomas H. Anderson

11-BIRTHPLACE OF FATHER (city or town) Md. (State or Country),

12-MAIDEN NAME OF MOTHER, Mary Wilson

13-BIRTHPLACE OF MOTHER (city or town) Md. (State or Country),

14- (Informant) Father

(Address) 635 Sterling St.

15- MAY 25 1925 Albert R. KRAUTER, Filed ..... Burial Permit (Registrar.

MEDICAL CERTIFICATE OF DEATH.

*16-DATE OF DEATH (month, day and year). 5/23/25

17. I HEREBY CERTIFY, That I attended deceased from May 15, 1925, to May 23, 1925

that I last saw h[illegible] alive on May 23/25, 19.....

and that death occurred, on the date stated above, at 8.30 p.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) yrs. 8 mos. — ds.

CONTRIBUTORY (Secondary) Laryngeal Diphtheria

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Albert L. Levy, M. D.

(Address) 1202 E. Lexington St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) Ch.

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Asbury — DATE OF BURIAL 5/25/25

20-UNDERTAKER, R. L. Gross — ADDRESS 1400 McElderry

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98746

CERTIFICATE OF DEATH.

D 98746

1-PLACE OF DEATH

City of BALTIMORE: (No. 1004 S. East ave St., 1 Ward) Registered No. 74-001

2-FULL NAME James B. Stansbury

(a) Residence No. 1004 S. East ave St., 1 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced. (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Laura T. Stansbury

6-DATE OF BIRTH (month, day and year) Oct. 23-1851

7-AGE. 73 yrs. 7 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Foreman 886

(b) General nature of industry, business, or establishment in which employed (or employer) Fertilizer Mfg.

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Harford Co, Md.

PARENTS.

10-NAME OF FATHER, Wm. Stansbury

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Harford Co, Md

12-MAIDEN NAME OF MOTHER, Not known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Not known

14- (Informant) W. J. Stansbury

(Address) 5218 N. 6th St. Phila, Pa.

15- MAY 25 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 24-1925

17- I HEREBY CERTIFY, That I attended deceased from May 21 1925 to May 24 1925 that I last saw h. alive on May 23 1925 and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Arterio - Sclerosis

unknown

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Wm. J. McAvoy M. D

May 24 1925 (Address) 839 S. Ellwood Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Mt. Cathedral	May 26 1925
20-UNDERTAKER. Zickler Zickler	ADDRESS 1739 Eager

Spec.—1-12-23—M&T—500 Blks.

D 98747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Registered 24-001 D 98747

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 Maryland Ave ST., 76 WARD)

2-FULL NAME Elizabeth Amelia Kunkelman

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO. 101 Maryland Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. 1 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Kunkelman

6 DATE OF BIRTH (month, day, and year) March 30-1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	1	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Chas W. Kelbing

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna E. Rehmuth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant William Kunkelman

(Address) 101 Maryland Ave

15 Filed MAY 25 1925 HERBERT R. KRAUTER, Registrar

Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1925

17

I HEREBY CERTIFY, That I attended deceased from May 23, 1925, to May 24, 1925, that I last saw her alive on May 24, 1925 and that death occurred, on the date stated above, at 12:05 a.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Hemiplegia

(duration) yrs. 4 mos. hours ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Albert Richter M.D.

(Address) 702 Belair Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem

DATE OF BURIAL May 26 1925

20 UNDERTAKER John Ellis

ADDRESS 2008 Orleans

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98748

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St., 12-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Marion Rebecca Welslager

(a) Residence No. 2414 N. Charles St - St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (write the word) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Nov. 30, 1840

7-AGE. 84 yrs. 5 mos. 24 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore, Md. (State or Country),

PARENTS.

10-NAME OF FATHER, Absalom Hancock

11-BIRTHPLACE OF FATHER (city or town) Balto, Md (State or Country),

12-MAIDEN NAME OF MOTHER, Sophia Turner

13-BIRTHPLACE OF MOTHER (city or town) Balto, Md (State or Country),

14- (Informant) J. Henry Stephmeyer

(Address) 2414 N. Charles St

15- Filed MAY 25 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 24, 1925

17. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1924 to May 24, 1925

that I last saw h.er alive on May 23, 1925

and that death occurred, on the date stated above, at 3.00 A m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) P.B. Price M. D.

, 19 (Address) Union Memorial Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Druid Ridge — DATE OF BURIAL, May 26 1925

20-UNDERTAKER, John Oetterich — ADDRESS 1320 W. Fayette

Spec—12-23-21—E.B.R.S.—400 Blks.

D 98749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16-5

+D 98749

1-PLACE OF DEATH

City of BALTIMORE: (No. 8067 Fulton ave. Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Emma E Bush

(a) Residence No. 8067 Fulton ave St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or WIFE) of Edward R Bush

6-DATE OF BIRTH (month, day and year) Oct 18 1871

7-AGE. 53 yrs. 7 mos. 4 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)..... 0

(c) Name of employer..... 0

9-BIRTHPLACE (city or town) (State or Country). Balto, Md.

PARENTS.

10-NAME OF FATHER, Henry Davis

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Phila Pa.

12-MAIDEN NAME OF MOTHER, Harriet Bright

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), England

14- (Informant) Robert E. Bush

(Address) 8067 N. Fulton ave

15- MAY 25 1925 HUBERT R. KRAUTS Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 22-25

17- I HEREBY CERTIFY, That I attended deceased from May- 1913 to May-22 1925

that I last saw h[illegible] alive on May-22 1925

and that death occurred, on the date stated above, at 11,55 A.M.

The CAUSE OF DEATH* was as follows:

Inoperable Carcinoma of Rectum

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Martin W Stork M. D

(Address) 8067 Fulton ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, London Park DATE OF BURIAL, May 25, 1925

20-UNDERTAKER, John Whitehead ADDRESS 1201 W. Fayette

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98750

CERTIFICATE OF DEATH.

D 98750

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1201 W. Fayette ST., 18-2 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ezelia Cassell

(a) RESIDENCE NO. 1201 W. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. 11 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo M. Cassell

6 DATE OF BIRTH (month, day, and year) June 10 1839

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	85	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, (State or country) Maryland

PARENTS

10 NAME OF FATHER Louis Black

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Hannah Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant G. Edward Wagner

(Address) 1201 W. Fayette St.

15 Filed ....., 19 .... Burial Permit (illegible) Registrar

MAY 25 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23. 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 22, 1925, to May 22, 1925, that I last saw her alive on May 22, 1925, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis + Senile Arterio sclerosis

(duration) over yrs. 3 mos ✓ ds.

CONTRIBUTORY (Secondary) None

(duration) - yrs. - mos. - ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Henry C. Kohler, M. D.

May 23. 1925 (Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	May 24 1925

UNDERTAKER John O. Mitchell ADDRESS 1201 W. Fayette

CAUSE OF DEATH to be filled in plain terms, so that a Registrar can classify it correctly. ATTENTION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

D 98751

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-801 D 98751

CERTIFICATE OF DEATH

1-PLACE OF DEATH Bay View Hospital
BALTIMORE CITY HOSPITALS 1-4
CITY OF BALTIMORE: (No. ..... ST., ... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Hennicks

(a) RESIDENCE NO. 512 S. Edmund Ave ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Lifetime yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Augusta Hennicks

6 DATE OF BIRTH (month, day, and year) July 14 18 52

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73.			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Do
12 MAIDEN NAME OF MOTHER Do
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do

14 Informant Bay View Hospital
(Address)

15 MAY 25 1925 Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23, 1925

17 I HEREBY CERTIFY, That I attended deceased from April 12, 1925 to May 23 1925
that I last saw him alive on May 23 1925
and that death occurred, on the date stated above, at 2.05 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia (terminal)
(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Hypostatic congestion
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) Harry S. Grimes M. D.

5/24/1925 (Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cemetery	May 26 1925
20 UNDERTAKER	ADDRESS
Geo. L. Ruth	1735 Harford Ave

Leaman.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98752 HEALTH DEPARTMENT—CITY OF BALTIMORE 90 D 98752

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. 1607 Harford av. St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara C. Leaman

(a) Residence No. 1607 Harford av St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles W Leaman

6-DATE OF BIRTH (month, day and year): 7/15/1860

7-AGE: 64 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Germany

PARENTS.

10-NAME OF FATHER: John Wynjcks

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14- (Informant) C. Tillman
(Address) 1607 Harford Ave

15- Filed ..... 192.....
ROBERT R. KRAUTER, Registrar.
MAY 25 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): May 22/25

17- I HEREBY CERTIFY, That I attended deceased from Jan 7 1925 to May 22 1925

that I last saw him alive on May 22 1925

and that death occurred, on the date stated above, at .....m.

The CAUSE OF DEATH* was as follows:

Chronic valvular disease of heart

(Duration) yrs. 3 mos. 15 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John W Donderson M. D.

May 25 1925 (Address) 1714 N Caroline St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL, 5/26/1925

20-UNDERTAKER: George J Ruth — ADDRESS: 1735 Harford Ave

INSTRUCTIONS ON BACK OF CERTIFICATE

Spec.--1-10-21--M&T--1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98753

CERTIFICATE OF DEATH.

15-190

D 98753

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3804 Liberty Heights Ave. ST., 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Sykes.

(a) RESIDENCE NO. 3804 Liberty Heights Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 82 yrs. 4 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Widower.

5a If married, widowed, or HUSBAND of Lutichy Sykes.

6 DATE OF BIRTH (month, day, and year) December 29, 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	82	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired produce

(b) General nature of industry, business, or establishment in which employed (or employer) merchant.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant John T. Sykes.(son)

(Address) 3804 Liberty Heights Ave.

15 Filed MAY 25 1925 19 Albert R. Krantz, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23, 19 25

17

I HEREBY CERTIFY, That I attended deceased from May 15, 19 25, to May 23, 19 25.

that I last saw him alive on May 23, 19 25;

and that death occurred, on the date stated above; at 3.45 p. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Acute dilatation of the Heart (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ---------

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Diagnosis.

(Signature) Otto M Reinhardt, M. D.

5/25 19 25 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill	May 26 1925
20 UNDERTAKER George J. Smith	ADDRESS 53[illegible] Hollins

TION is very important. See instructions on

Spec.—1-10-21—M&T—1500 Bks.

D 98754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 D 98754

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 W Fayette ST., 18-2 WARD)

2-FULL NAME Elizabeth M Coale

(a) RESIDENCE NO. 906 W Fayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5c If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Coale

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Catonsville Md
(State or country)

PARENTS

10 NAME OF FATHER August Young

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Christiana Gerwig

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant Mrs A R Clarke
(Address) Paradise Ave Catonsville Md

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

TION is very important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1925, to May. 22, 1925, that I last saw h— alive on May 22, 1925, and that death occurred, on the date stated above, at 10 00 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Diag.

(Signed) Herbert C Blake, M. D.

, 19 (Address) 1014 W Fa Wyeth

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	May 25 1925
20 UNDERTAKER George J Smith	ADDRESS 1532 Hollins

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98755

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98755

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 108 S. Stockton St., 18-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Alice Barnett

(a) Residence No. 108 S. Stockton St., ... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, Col

5-Single, ~~Married, Widowed, or Divorced~~ (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6-DATE OF BIRTH (month, day and year) May 29th 1890

7-AGE, 34 yrs. 11 mos. ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer.....

9-BIRTHPLACE (city or town). (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John H Barnett

11-BIRTHPLACE OF FATHER (city or town). (State or Country), West River Md

12-MAIDEN NAME OF MOTHER, Theresa Golden

13-BIRTHPLACE OF MOTHER (city or town). (State or Country), Balto Md

14-

(Informant) John Salisbury

(Address) 108 S. Stockton St

15-

Filed MAY 25 1925, 192.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 22, 1925

17- I HEREBY CERTIFY, That I attended deceased from May 6, 1925, to May 22, 1925, that I last saw her alive on May 22, 1925, and that death occurred, on the date stated above, at 3.40 P m.

The CAUSE OF DEATH* was as follows:

Ulcer Stomach

(Duration) yrs. ~~mos.~~ mos. ~~ds.~~ ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. — mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Frank E. Wagner M. D.

5/26/1925 (Address) 1116 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, May 25th 1925

20-UNDERTAKER, A. Jones — ADDRESS 1112 S. Fulton St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98756

161-001

D 98756

1-PLACE OF DEATH D 98756 16 1/6 Registered No. C.....

City of BALTIMORE: (No. Johns Hopkins Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arizona Jones/ Carroll

(Residence in Baltimore: No. 1116 N. Carey st. St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	col	sing

6-DATE OF BIRTH. April 11-25 1 (Month) (Day) (Year)

7-AGE. 5 weeks yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Balto.Md

PARENTS.

10-NAME OF FATHER. Walton Mason

11-BIRTHPLACE OF FATHER, (State or Country). "Md.

12-MAIDEN NAME OF MOTHER. " Ida Carroll

13-BIRTHPLACE OF MOTHER, (State or Country). " Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hopkins Hospital

(Address)

MAY 25 1925 Filed 192 ROBERT R. KRAUTH, Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 15-25 192 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity

(Autopsy at Hospital)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) John Calhoun M. D. (Coroner.)

5-22-25 192 (Address) 508 3E. North Av

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State. yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
	MAY 25 1925 19

20-UNDERTAKER. ADDRESS

JOHNS HOPKINS HOSPITAL Commissioner Health

Be very important. See instructions on back of Schedule.

Spec.—1-12-23—M&T—500 Blks.

D 98757

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98757

CERTIFICATE OF DEATH.

100-09

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sharon and Prestertown Rd ST., 28-1 (WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Hofstetter

(a) RESIDENCE NO. Sharon & Prestertown Road WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 87 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Hofstetter

6 DATE OF BIRTH (month, day, and year) June 13 1837

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	87	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Truck Farming

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Joseph Hofstetter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Joseph Hofstetter
(Address) 2315 Lyon St

15 Filed MAY 25 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1925

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1925, to May 22, 1925, that I last saw him alive on May 21, 1925 and that death occurred, on the date stated above, at 4:40 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) General debility

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical.

(Signed) Charles J Wells, M. D.

, 19 (Address) 2 W Belvedere Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wood Lawn — DATE OF BURIAL May 25 1925

20 UNDERTAKER Wendell Bethel Son — ADDRESS 373 Mun

Spec–12-23-21–E.B.R.S.–400 Bks.

D 98758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98758

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., Ward) B-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Tillery

(a) Residence No. 312 S. Albemarle st. St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1859

7-AGE.	If LESS than 1 day,
66 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Sailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Tillery

11-BIRTHPLACE OF FATHER (city or town) (State or Country), England

12-MAIDEN NAME OF MOTHER, Margaret Fisher

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) Hospital Records

(Address) M.T.H.

15- Filed 192 Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 23, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 20 19 25 to May 23 19 25

that I last saw h. im alive on May 23 1925

and that death occurred, on the date stated above, at 6.40 A m.

The CAUSE OF DEATH* was as follows:

Aortic insufficiency

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) J. E. White, M. D.

5-23-. 1925 Address Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Mt Carmel	May 26, 1925
20-UNDERTAKER,	ADDRESS
Wendell Diffendoon	378 Penn

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98759

CERTIFICATE OF DEATH.

51 D 98759

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 9334 Madiera ST., 7-2 WARD)

2-FULL NAME Mary Horak

(a) RESIDENCE No. 933 N. Madiera ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

TION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

8a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 23 1910

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	15	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Vaclav Horak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Agnes Hrdlay

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Vaclav Horak

(Address) 933 N. Madeira

15 Filed ....., 19 .... ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICAT OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 1925

17 I HEREBY CERTIFY, That I attended deceased from April 15th, 1925, to May 23rd, 1925, that I last saw h[illegible] alive on May 22nd, 1925, and that death occurred, on the date stated above, at 4.30A m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilitation

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Acute Influenza, Pneumonia

(duration) yrs. mos. 3 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Phy. diagnosis

(Signed) L. B. Mearbourn, M. D.

(Address) 1901 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill

DATE OF BURIAL May 27 19

20 UNDERTAKER Hunt & Enochs Son

ADDRESS 1906 Eutaw Place

Mearbourn 1901 Eutaw Place

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

98760

CERTIFICATE OF DEATH.

6-2 90 D 98760

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 136 N Castle ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Vesely

(a) RESIDENCE NO. 136 N Castle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 4 Yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Vesely

6 DATE OF BIRTH (month, day, and year): Not Known

7 AGE: Years 77; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bohemia

PARENTS

10 NAME OF FATHER: Joseph Vesely

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

14 Informant: John Vesely (Address) 136 N Castle St

15 Filed ....., 19 ..... HUBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 23 19 25

17 I HEREBY CERTIFY, That I attended deceased from April 25, to May 23 19 25, that I last saw h[illegible] alive on May 21 19 25, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows: Arteriosclerosis Pulmonary

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) [illegible] M. D.

5-25-25 19 (Address) 800 N. Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: June 27 1925

20 UNDERTAKER: Frank Cracklon — ADDRESS: 1706 Eastern

TION is very important. See instructions on back

Spec.—1-10-21—M&T—1500 Blks.

D 98761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

D 98761

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 N Caroline ST., 5-2 WARD)

2-FULL NAME Randall Jackson

(a) RESIDENCE NO. 618 N Caroline ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Hyley Jackson

6 DATE OF BIRTH (month, day, and year) May 14, 1843

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82		1 wk	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Talbot Co. Maryland

PARENTS

10 NAME OF FATHER William Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Julia Ann Blenby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Sarah Jackson (daughter)

(Address) 618 N. Caroline St.

15 Filed ..... 19 ..... Burial Permit Issued

ROBERT H. KRAUTER, Registrar

MAY 25 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. , 1925, to May 23, 1925, that I last saw him alive on May 22, 1925, and that death occurred, on the date stated above, at 1.40 A. m.

The CAUSE OF DEATH* was as follows:

Parenchymatous Nephritis with General Anasarca

(duration) yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. ... mos ... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. Ly ..... M. D.

6/25, 1925 (Address) 1429 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cemetery	May 26 1925
20 UNDERTAKER	ADDRESS
Theodore L. White	113 S. Wolfe

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98762

CERTIFICATE OF DEATH.

129

D 98762
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 143 Dorchester Ave St., 27-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julius Hamburger.

(a) RESIDENCE No. 143 Dorchester Ave St. WARD
(Usual place of abode)
Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sophie Hamburger

6 DATE OF BIRTH (month, day, and year) March 7 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager- 080

(b) General nature of industry, business, or establishment in which employed (or employer) Tailor Shop.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Moritz Hamburger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline ——

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Miss. Carlyn Hamburger
(Address) 143 Dorchester Ave

MAY 25 1925

HUBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/24/1925.

17 I HEREBY CERTIFY, That I attended deceased from May 11, 1925, to May 24, 1925, that I last saw him alive on May 22, 1925, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis + Endocarditis
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic (Bright's) Nephritis (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam. + Chemical analysis

(Signed) C. F. D. Emmer, M. D.

5-24 1925 (Address) 5106 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Cem	5/26/1925.
20 UNDERTAKER David Sondheim	ADDRESS 118-20 W. Mt. Royal Ave.

CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificate.
TION is very important. See instructions

Spec.—1-10-21—M&T—1500 Bks.

D 98763

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98763

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2536 E. Fayette ST., 6-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H.H. Dawson

(a) RESIDENCE NO. 2536 E. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Laura O. Dawson

6 DATE OF BIRTH (month, day, and year) July 4, 1841

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
83	10	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of Industry, business, or establishment in which employed (or employer) 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Laura O. Dawson

(Address) 2536 E. Fayette

15 Filed MAY 25 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1925, to May 22, 1925, that I last saw h/M alive on May 21, 1925, and that death occurred, on the date stated above, at 1.30 m.

The CAUSE OF DEATH* was as follows:

arterio-sclerosis

(cardio Renal disease)

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) uremia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Lyman S. Abbott, M. D.

, 19 (Address) 1832 N. Carlin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Louden Park Cem. DATE OF BURIAL May 25 1925

20 UNDERTAKER Wm. J. Sickner & Son ADDRESS Heath & Penn.

TION is very important. See instructions on back of Certificate.

A.K.S.

Spec.—1-10-21—M&T—1500 Bks.

D 98764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98764

1-PLACE OF DEATH Hebrew Hospital

REGISTERED NO. 74-29

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 1-1 WARD)

2-FULL NAME Mrs Yoffe

(a) RESIDENCE NO. 2214 E Lombard ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. — mos. — ds. How long in U. S., if of foreign birth? 13 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) 880

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Wolf Yaffe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Benj Yaffe (Address) 2214 E Lombard st

15 Filed MAY 25 1925 ROBERT R. KRAUTER, Registrar, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1925

17

I HEREBY CERTIFY, That I attended deceased from May 22, 1925, to May 25, 1925, that I last saw h[illegible] alive on May 25, 1925, and that death occurred, on the date stated above, at 6:40 A.m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Isidor I. Levy M. D.

May 26, 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Southern ave	5/25/1925
20 UNDERTAKER Aol Levinson & Bro	ADDRESS 1627 E Balto st

TION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98765 HEALTH DEPARTMENT—CITY OF BALTIMORE -001

CERTIFICATE OF DEATH.

D 98765

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hosp St., 8-2 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Alice Hood

(a) Residence No. 738 N. Bradford St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, ~~widowed, or divorced~~ HUSBAND ~~of (or)~~ WIFE of James Hood

6-DATE OF BIRTH (month, day and year) June 1 1869

7-AGE, 54 yrs. 11 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housework

(b) General nature of industry, business, or establishment in which employed (or employer). Home

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore Westminster Md

PARENTS.

10-NAME OF FATHER, John Henrix

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Talbot County

12-MAIDEN NAME OF MOTHER, Mary Upshur

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Talbot County

14-

(Informant) James Hood

(Address) 1101 W. Lexington St

15- MAY 25 1925 ROBERT E. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 25 1925

17- I HEREBY CERTIFY, That I attended deceased from May 15, 1925 to May 25, 1925

that I last saw her alive on May 25, 1925

and that death occurred, on the date stated above, at 4.10 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis & Uremia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis?.....

(Signed) J. B. Gilbert M. D.

May 25. 1925 (Address) St. Joseph's Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, St Mary's Hampden | DATE OF BURIAL, 5/27 1925

20-UNDERTAKER, Edward Nor E. Ford | ADDRESS

Spec.—1-10-21 - M&T - 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98766

CERTIFICATE OF DEATH.

91-002 D 98766

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1518 Bolton St ST., 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Heinrich Buhstrat (Buhstrat)

(a) RESIDENCE NO. 1518 Bolton St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. — mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of >

6 DATE OF BIRTH (month, day, and year) July 8th 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tobacco merchant

(b) General nature of industry, business, or establishment in which employed (or employer) 043

(c) Name of employer

9 BIRTHPLACE (city or town) Oldenburg Germany
(State or country)

PARENTS

10 NAME OF FATHER Friedrich A. Buhstrat

11 BIRTHPLACE OF FATHER (city or town) Oldenburg
(State or country) Germany

12 MAIDEN NAME OF MOTHER Coudanee Mutzenbecker

13 BIRTHPLACE OF MOTHER (city or town) Oldenburg
(State or country) Germany

14

Informant Dr. C. Deetjen

(Address) 1702 Eutaw Place

MAY 25 1925 (Filed) Ernest B. Kraus, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24th 1925

17

I HEREBY CERTIFY, That I attended deceased from May 23, 1925, to May 24, 1925,

that I last saw h.. alive on May 24, 1925,

and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

Embolus of Heart

(duration) yrs. mos and ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & high Blood Pressure (duration) several yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. C. Deetjen, M. D.

, 19 (Address) 1702 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL May 26 1925

20 UNDERTAKER Henry J. Jenkins & Son — ADDRESS Richard & Gallatin St

TION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98767.

CERTIFICATE OF DEATH.

38D 98767.

REGISTERED NO. 15-13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 N. Carey ST.; WARD)

2-FULL NAME John Edward Lee

(a) RESIDENCE. NO. 1712 N. Carey ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	C	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) June 13, 1912

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	12	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Green St Hospital Baltimore Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) ✓

12 MAIDEN NAME OF MOTHER Elizabeth Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Maggie Lee (Foster Mother)
(Address) 1712 N. Carey St.

15 Filed MAY 25 1925 19 ROBERT R. KRAUSE Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1925

17 I HEREBY CERTIFY, That I attended deceased from April 28, 1925, to May 24, 1925.

That I last saw h— alive on May 22 1925.

and that death occurred, on the date stated above, at 12 Noon m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis (Hereditary)
Luesl (duration) 3 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Imbecile
(duration) 12 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wm. H. Wright, M. D.

24. 1925 (Address) 1209 Presstman

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	May 26 1925

20 UNDERTAKER Virginia A. Brooks ADDRESS 1463 N. Carey St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

60-001

D 98768

1.-PLACE OF DEATH D 98768

REGISTERED NO.

CITY OF BALTIMORE: (No. Mercy Hospital St., 17-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Isabel Donovan

(a) RESIDENCE NO. 3120 Guilford Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph F. Donovan

6 DATE OF BIRTH (month, day, and year) Apl 7-1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D. C.

PARENTS

10 NAME OF FATHER Joseph C. Moran

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Susan Coho

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Joseph F. Donovan (Address) 3121 Guilford Ave

15 Filed MAY 25 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/23/25

17 I HEREBY CERTIFY, That I attended deceased from 5/22/25, 19..., to 5/23/25. that I last saw h[illegible]ive on 5/23/25 and that death occurred, on the date stated above, at 3.10 P. m.

The CAUSE OF DEATH* was as follows:

Toxic Adenoma of Thyroid

Acute Dilatation (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? Yes Date of 5/22/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) K. W. Goldsborough, M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery | DATE OF BURIAL 5/26 1925

UNDERTAKER Chas. G. Krause & Son | ADDRESS 1180 W. Royal

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 98769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) U.S. Marine Hospital (ST., WARD) — REGISTERED NO. D 98769

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nicholas Endicott

(a) RESIDENCE NO. 2343 E. Clearfield St. Philadelphia Penn

(Usual place of abode) (ST., WARD) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 9 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) ? ? 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	63	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: seaman

(b) General nature of industry, business, or establishment in which employed (or employer): ships

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): New Jersey

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: See Nicholas Endicott (Address) Phila. Pa

15 MAY 25 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

TION is very important. See instructions on

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1925

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1925, to May 24, 1925, that I last saw h. in alive on May 24, 1925, and that death occurred, on the date stated above, at 11.40 a m.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease, Mitral insufficiency

(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Nephritis. parenchymatous Chronic (duration) 5 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) J. J. Rather, M. D.

5/24, 1925 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Phila. Pa — DATE OF BURIAL: 5/25/1925

UNDERTAKER: Chas E. Marshlow — ADDRESS: 1180 N. Royal ave

D 98770 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98770

CERTIFICATE OF DEATH.

15-24-001

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. 1511 N. Calhoun St., 15 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Harper.

(Residence in Baltimore: No. 1514 N. Calhoun St. St.; 35 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female | 4-COLOR OR RACE: colored | 5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-DATE OF BIRTH: About (Month) (Day) 1865 (Year)

7-AGE: 60 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): Own

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: David Blackwell

11-BIRTHPLACE OF FATHER, (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Mahoney

13-BIRTHPLACE OF MOTHER, (State or Country):

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence Nelson

(Address) 1511 N. Calhoun St.

MAY 25 1925 Filed ..... 192 ROBERT R. KRAUTER, Burial Permit Clerk (Registrar)

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: May 23, (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) No other history.

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy, M. D. (Coroner.)

May 24, 1925 (Address) 2812 Edmondson Ave

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: May 25, 1925

20-UNDERTAKER: J. Leon Hall ADDRESS 753 Fayette St.

Spec.—1-10-21—M&T—1500 Bks.

D 98771 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98771

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1511 Ramsay ST., 19 WARD) 2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Ebberts

(a) RESIDENCE No 1511 Ramsay ST., 19 WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	N.	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Francis A. Ebberts

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H W. 037

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Jr. Ripley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Francis A. Ebberts

(Address) 1511 Ramsay St

15 FILED MAY 25 1925 HUBERT R. KRAUTER, Registrar

Vital Records Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/23 1925

17 I HEREBY CERTIFY, That I attended deceased from 3/3/25, 19..., to 5/23/25, 19..., that I last saw her alive on 5/23, 1925, and that death occurred, on the date stated above, at 9 p. m.

The CAUSE OF DEATH* was as follows:

Asthenia

(duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) Colon T.

(duration) 5 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) [illegible], M. D.

5/25/25 (Address) 3755 Ravenwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	May 26 1925
20 UNDERTAKER	ADDRESS 1532
George J. Smith	Hollins St

TION is very important. See instructions on back

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98772 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98772

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 611 Hayward Ave St., 27 Ward) Registered No. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Emma E Gillespie

(a) Residence No. 611 Hayward Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Oct 3 1853

7-AGE, 71 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, William Catt

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER, Mary Litchfield

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore Md

14- (Informant) Pauline Summerville

(Address) 611 Hayward Ave

15- Filed MAY 25 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 24 1925

17- I HEREBY CERTIFY, That I attended deceased from March 1925, to May 24 1925, that I last saw h[er] alive on May 24 1925, and that death occurred, on the date stated above, at 7.30 P m.

THE CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Apoplexy due to Hemiplegia

(Duration) yrs. mos. 2 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Palm E Lee Pos M. D.

(Address) 34 a Gaither

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park — DATE OF BURIAL, May 27 1925

20-UNDERTAKER, George J Smith — ADDRESS 1734 Hollins St

Cor.—1-12-23—M&T—100 Bks.

D 98773 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98773

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Jail ST., 5-1 WARD)

REGISTERED NO. 10108

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Solinger Plier or Plier

(a) RESIDENCE NO. 1121 E. Lexington ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 9y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leon Plier

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 0
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) [illegible]
(State or country)

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) [illegible]
(State or country)

14 Informant [illegible]
(Address)

15 Filed MAY 25 1925, 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Duration

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) [illegible], M. D.
(Coroner.)

May 24 192 7 (Address) 1639 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	5/26 1925
20 UNDERTAKER [illegible]	ADDRESS 131 E. Eighteen

Spec.—1-10-21 M&T 1500 Blks.

D 98774 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98774

CERTIFICATE OF DEATH. 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 757 E Lombard ST., 25th WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chas Emory Willett Jr.

(a) RESIDENCE NO. 257 E Monument ST., 7th WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Sing

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 11/27/1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto (State or country)

PARENTS

10 NAME OF FATHER Chas Emory Willett Sr.

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER Elma Estelle Myers

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant Chas Emory Willett (Address)

15 Filed MAY 25 1925 H. Lamm Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25/25 19

17

I HEREBY CERTIFY, That I attended deceased from May 22/25, 19.., to May 25/25, 19.., that I last saw him alive on May 25/25, 19.., and that death occurred, on the date stated above, at 2P m.

The CAUSE OF DEATH* was as follows:

Abs Pneumonia

Primal (duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? yes Date of 2

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) H. B. Hall, M. D.

19 (Address) 1102 Eyler

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 5/26 1925

20 UNDERTAKER J. J. Daley & Sons

ADDRESS 131 E Lights

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98775 — 91-002 — D 98775

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 1206 E Chase St., 10-2 Ward)

(If death occurred in a hospital or institution, give Its NAME instead of street and number.)

2-FULL NAME. Mary E Chase

(a) Residence No. 1206 E Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. white

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of James W Chase

6-DATE OF BIRTH (month, day and year) Jan 18, 1874

7-AGE. 51 yrs. 5 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). General
(c) Name of employer. Mrs. Stafford

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. James Holland

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto Co Md

12-MAIDEN NAME OF MOTHER. Not Known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Not Known

13- (Informant) Mrs. Mary E. Kelly
(Address) 1104 E. Preston St.

MAY 25 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 24/25

17- I HEREBY CERTIFY, That I attended deceased from Feb 6, 1925 to May 24, 1925 that I last saw him alive on May 23, 1925, and that death occurred, on the date stated above, at 6 A m. The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) General Aledsan

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Benton, M. D.

May 25 1925 (Address) 700 E Chase

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Holy Cross Hanover Rd	May 24. 1925
20-UNDERTAKER.	ADDRESS
Elmer W. Cosselin	1242 E. Eager St.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98776 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98776

161-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Woman's Hospital

City of BALTIMORE: (No. Lafayette & John St., 16-9 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Collins

(a) Residence No. Colgate, Md. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Single Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) May 20, 1925

7-AGE, ...yrs....mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Kieran Collins

11-BIRTHPLACE OF FATHER (city or town) Scottdale Penna (State or Country),

12-MAIDEN NAME OF MOTHER, Marie Panter

13-BIRTHPLACE OF MOTHER (city or town) Baltimore Md. (State or Country),

14- (Informant) Kieran Collins

(Address) Colgate Md.

15- Filed MAY 26 1925, 192 Robert P. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 23rd 25

17- I HEREBY CERTIFY, That I attended deceased from May 20th, 1925, to May 23rd, 1925, that I last saw h.m. alive on May 23rd, 1925, and that death occurred, on the date stated above, at 2:45 P.m.

The CAUSE OF DEATH* was as follows:

Prematurity 6-7 months

Toxemia (albuminuria) of Pregnancy.

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) J. Clyde Warfield, Jr., M. D.

May 23, 1925 (Address) Woman's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. HOPKINS HOSPITAL

DATE OF BURIAL, ..., 1925

20-UNDERTAKER. Commissioner Health.

MAY 25 1925

Spec.—1-10-21—M&T—1500 Bks.

D 98777

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98777

CERTIFICATE OF DEATH.

161-601

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2310 Hunter St.) 17-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby West

(a) RESIDENCE NO. 2310 Hunter St ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: FW

4 COLOR OR RACE: Aa

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): May 23 25

7 AGE: Years ..... Months ..... Days ..... If LESS than 1 day, ... hrs. or 1 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: no

(b) General nature of industry, business, or establishment in which employed (or employer): no

(c) Name of employer: no

9 BIRTHPLACE (city or town) (State or country): Baltimore Md / Maryland

PARENTS

10 NAME OF FATHER: Samuel Bright

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va / Virginia

12 MAIDEN NAME OF MOTHER: Annie West

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Augusta / Georgia

14 Informant.....
(Address)

15 Filed ..... Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 23 1925

17 I HEREBY CERTIFY, That I attended deceased from May 23, 1925, to May 23, 1925, that I last saw h alive on May 23, 1925, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Physical Candidate Dr
Mothers Premature
Birth

(duration) ..... yrs. 7 mos. ..... ds.

CONTRIBUTORY (Secondary) Physical Condition
B Mother (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Ted Hall, M. D.

19 (Address) 426 E 23rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: MAY 25 1925 19

20 UNDERTAKER: (Commissioner Health)

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. DESCRIPTION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 98778

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98778

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 N. Glover St. ST., 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob G. Schussele

(a) RESIDENCE NO. 13 N. Glover St. ST., 6 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Schussele

6 DATE OF BIRTH (month, day, and year) June 24-1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	10	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Conrad Schussele

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger

12 MAIDEN NAME OF MOTHER Contoinette ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary Schussele (Address) 13 N. Glover St.

25 1925 Robert P. Harrison, , 19 Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 1925

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1925, to May 23, 1925, that I last saw h[illegible] alive on May 21, 1925, and that death occurred, on the date stated above, at 9.45 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Pyloricus

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Harris S. Fisher M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	May 26 1925
20 UNDERTAKER Lilly and Zeiler	ADDRESS 403 S. Wolfe St

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

D 98779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

123 D 98779

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. 25-2 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sister Marie Louise Murphy

(a) RESIDENCE No. Emmitsburg, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
white female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) February 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sister of Charity

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER ? Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Sister Mary Clare

(Address) St Agnes Hospital, Baltimore, Md.

25 1925 , 19 Robert P. Harrison, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-24 1925

17

I HEREBY CERTIFY, That I attended deceased from Mch 18, 1925, to May 24, 1925, that I last saw her alive on May 23, 1925 and that death occurred, on the date stated above, at 11 a m

The CAUSE OF DEATH* was as follows:

Empyema of Gall Bladder with cholelithiasis

Operation; removal of G.B.

(duration) yrs. 2 mos 15 ds.

CONTRIBUTORY (Secondary) Terminal Pneumonia

(duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys Ex. of lungs & operation

(Signed) Thos B. E. Deegan, M. D.

, 19 (Address) 904 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	May 26 1925
20 UNDERTAKER	ADDRESS
Martin Fahey & Son	1728 Eutaw Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98780 D 98780

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2818 Elliott St., 1-3 Ward) Registered No. 90

2-FULL NAME Susan Bayner

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 2818 Elliott St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? 54 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Peter Bayner

6-DATE OF BIRTH (month, day and year): Dec. 19-1864

7-AGE: 60 yrs. 5 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town). (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Adam Pfeiffer

11-BIRTHPLACE OF FATHER (city or town). (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Mary Bode

13-BIRTHPLACE OF MOTHER (city or town). (State or Country): Germany

14- (Informant): Mrs. Anna Fischer

(Address): 2818 Elliott St

15- 25 1925 19 Robert P. Harrison, Registrar. [Burial Permit Clerk.]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): May 24-1925

17- I HEREBY CERTIFY, That I attended deceased from March 10 19 to May 23 19 25, that I last saw h[er] alive on May 24 19 25, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular-Renal disease

Arteriosclerosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Louis A. M. Krause, M. D

, 19 (Address) 2500 E. Madison St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem. DATE OF BURIAL, May 27, 19 25

20-UNDERTAKER: Zickler & Zickler ADDRESS 1739 Eager

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98781 — CERTIFICATE OF DEATH. — 129 — D 98781

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 728 E. 41st ST., 9-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E. Oliver

(a) RESIDENCE No. 728 E. 41st ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H. Oliver

6 DATE OF BIRTH (month, day, and year) Sept. 29, 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	7	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va. Hunter

PARENTS

10 NAME OF FATHER Wm Hunter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Caroline Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Susan M. Courtney

(Address) 728 E. 41st st

Filed May 25, 1925, 19 Robert P. Harrison, Registrar

[Burial Permit Clerk]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1925

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1925, to May 25, 1925, that I last saw her alive on May 24, 1925, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Arteri Sclerosis

(duration) several yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Int. Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) G. E. Buxton, M. D.

5/25/25 (Address) 301 E. Lenox St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	May 26, 25
20 UNDERTAKER Zirkler & Zirkler	ADDRESS 1739 Eager

THION is very important. See instructions on

Spec.—1-10-21—M&T—1500 Bks.

D 98782

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98782

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 N. Pat. Pk. Ave. ST. 7 WARD) -2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John F. Degele

(a) RESIDENCE NO. 812 N. Pat. Pk. Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. 3 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Catherine Christina Degele

6 DATE OF BIRTH (month, day, and year) Feb 9/61

7 AGE: Years 64 | Months 3 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Wire 086

(b) General nature of industry, business, or establishment in which employed (or employer): Worker

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER John F. Degele

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Sophia P

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant Sophia Schmidt

(Address) 812 N. Pat. Pk. Ave

15 25 1925

16 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/23 1925

17 I HEREBY CERTIFY, That I attended deceased from March, 1922, to May 23, 1925, that I last saw him alive on May 23, 1925, and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. Gage, M. D.

, 19 (Address) 709 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel — DATE OF BURIAL 5/26 1925

20 UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98783 ✓ D 98783

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. St. Joseph's Hosp ST., 2-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard W Kesenfield

(a) RESIDENCE No. 612 E. Broadway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 20, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchmaker

(b) General nature of industry, business, or establishment in which employed (or employer) 039

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER William Weissenfeld

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rosalie Wezke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant William Rader

(Address) 612 E. Broadway

15 Filed MAY 25 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1925

17

I HEREBY CERTIFY, That I attended deceased from May 24, 1925, to May 24, 1925,

that I last saw him alive on May 24, 1925,

and that death occurred, on the date stated above, at 9.15 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos 17 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) G. B. Lybeck M. D.

May 25 1925 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
First Evangelical Cemetery	May 26 1925
20 UNDERTAKER	ADDRESS
Henry Sander & Sons, Inc	1710 Fleet St

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

98784 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98784

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH Baltimore City Hospitals REGISTERED NO.

CITY OF BALTIMORE: (No.) ST., 26 WARD 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Melvin Hayden

(a) RESIDENCE NO. 333 S. Clinton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry Hayden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Helen White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Balto. City Hospitals (Address)

15 Filed May 25 1925 Robert F. Hamilton, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24, 1925

17 I HEREBY CERTIFY, That I attended deceased from April 30, 1925 to May 24, 1925

that I last saw him alive on May 23, 1925

and that death occurred, on the date stated above, at 2:30 A. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia (Tent.)

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Senile Psychosis with delirium (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No What were findings

What test confirmed diagnosis?

(Signed) Henry F. Smith M. D.

, 19 (Address) Bayview Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery — DATE OF BURIAL May 27 1925

20 UNDERTAKER Henry Sandler & Sons, Inc. — ADDRESS 1710 Fleet St

98785 HEALTH DEPARTMENT—CITY OF BALTIMORE 98785

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. Johns Hopkins Hospital St., 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Baker

(Residence in Baltimore: No. Easton Md (805 St. Paul St) St.; yrs. 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	Mar

6-DATE OF BIRTH.

..... 1..... (Month) (Day) (Year)

7-AGE. If LESS than 1 day,

about 46 yrs. mos. ds. hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Attorney at Law
(b) General nature of industry, business, or establishment in which employed (or employer): 042

9-BIRTHPLACE. (State or Country): New York City

PARENTS.

10-NAME OF FATHER. Thomas A. Baker

11-BIRTHPLACE OF FATHER. (State or Country). N.Y.

12-MAIDEN NAME OF MOTHER. Charlotte Browning

13-BIRTHPLACE OF MOTHER. (State or Country). N.Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. M. Whiteley

(Address) 3931 Canterbury Rd.

15- Date 25 1925 192.. Robert P. Harrison, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 23-25 192.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock- cut hid throat with safety razor blade - suicide

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. S. Hollins M. D. (Coroner.)

5-24-25 192.. (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New York. N.Y.	May 25, 1925
20-UNDERTAKER	ADDRESS
Richard F. Curley	1621 W. Wash. St.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98786

D 98786 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4003 Fernhill Ave St., 15-1 Ward) 45

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Sarah Ellen Chew

(a) Residence No. 4003 Fernhill Ave St., ...Ward.....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Nathaniel S. Chew

6-DATE OF BIRTH (month, day and year) Nov 2 1842

7-AGE. 82 yrs. 6 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country) West River Anne Arundel Co

PARENTS.

10-NAME OF FATHER, William Peake

11-BIRTHPLACE OF FATHER (city or town) (State or Country), St Marys Co.

12-MAIDEN NAME OF MOTHER, Margaret Gardner

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) West River Anne Arundel Co

14- (Informant) Mrs T. S. Chew

(Address) 4003 Fernhill Ave

15- Filed 25 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 25- 1925-

17- I HEREBY CERTIFY, That I attended deceased from April 25 1925 to May 25 1925

that I last saw h[illegible] alive on May 24 1925

and that death occurred, on the date stated above, at 3.25 a m.

The CAUSE OF DEATH* was as follows:

(Intestinal) Carcinoma:

(unknown (Duration)) yrs. mos. ds.

Diagnosed April 25. when Dr Irving Miller saw her.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no -

What test confirmed diagnosis? —

(Signed) Irving Miller M. D.

May 25. 1925 (Address) 108 E. North Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery West River Md

DATE OF BURIAL. May 26 1925

20-UNDERTAKER. Harry R Linwood

ADDRESS 4204 Ridgewood Ave

Spec.—1-12-23—MAT—500 Blks.

D 98787

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98787

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2242 Fred. ave ST., 20 - 4 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Ellen Rush

(a) RESIDENCE NO. 2242 Fred ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of John M. Rush

6 DATE OF BIRTH (month, day, and year) Apr 22, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Humbry Jones

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Susan Ware

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant William Rush
(Address) 2726 Kinsey Ave.

15 Filed ..... 19 .....
25 1925 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-23- 1925-

17 I HEREBY CERTIFY, That I attended deceased from Jan. 25 to May 23 1925-, that I last saw her alive on May 23 1921-, and that death occurred, on the date stated above, at 330 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) one yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Arterial sclerosis

(duration) 2 yrs. 7 mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no —

What test confirmed diagnosis? Sight. Blood pressure cond. Irregular Heart

(Signed) Thos. H. Phillips, M. D.

. 19 (Address) 2300 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	May 26 1925
20 UNDERTAKER W. M. Cook	ADDRESS 502 E Hoffman

Spec.—1-12-23—M&T—500 Bks.

D 98788 ✓ D 98788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. ST., 11-3 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Sweeney

(a) RESIDENCE No. 302 E. Biddle St. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 7, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Unknown

14 Informant Baltimore City Hospitals (Address) Baltimore, Md.

15 Filed MAY 25 1925, 19 ..... Robert P. Harrison, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 19 25

17

I HEREBY CERTIFY, That I attended deceased from May 21, 1925, to May 25, 19 25, that I last saw him alive on May 25, 1925, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchial Pneumonia

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Status Epilepticus

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Harry Goldsmith M.D.

(Address) Baltimore City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Cathedral — DATE OF BURIAL Nov 27 1925

20 UNDERTAKER W M Cook — ADDRESS 502 E Fayette

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98789

D 98789

CERTIFICATE OF DEATH.

4-1

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 224 Jasper ST., ... WARD)

2-FULL NAME Annie E. Ringgold

(a) RESIDENCE NO. 224 Jasper ST., ... WARD Centreville Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Ringgold EEM

6 DATE OF BIRTH (month, day, and year) June 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
45y EEM	44	11	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook 021

(b) General nature of industry, business, or establishment in which employed (or employer) Private Cook

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Q. A. Co Md

PARENTS

10 NAME OF FATHER Daniel Hooper

11 BIRTHPLACE OF FATHER (city or town) — (State or country) Q. A. C. Md

12 MAIDEN NAME OF MOTHER Sarah Mitchell

13 BIRTHPLACE OF MOTHER (city or town) — (State or country) Q A C. Md

14 Informant Emma Washington (Address) 224 Jasper St

15 Filed ..... 19 Robert P. Harrison, Registrar

25 1925 Burial Permit Clerk.

TION is very important. See instructions on

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1925

17

I HEREBY CERTIFY, That I attended deceased from May 6th, 1925, to May 24, 1925, that I last saw her alive on May 21st, 1925, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer (duration) — yrs. 9 mos — ds.

CONTRIBUTORY (Secondary) Gastritis and Gall Cholecystitis (duration) — yrs. 9 mos. — ds.

18 Where was disease contracted if not at place of death? Q A Co Md

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Edward E. Blackerby Jr., M. D.

May 27, 1925 (Address) 1339 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Centreville Md	May 26 1925
20 UNDERTAKER John H. Trader	ADDRESS 1027 Penn Ave

Spec.—1-10-21—M&T—1500 Bks.

D 98790

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98790

CERTIFICATE OF DEATH.

82

REGISTERED NO. 15-11

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1834 Clifton Avenue ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elmer B. Clay

(a) RESIDENCE NO. 1834 Clifton Avenue ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widower

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) June, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer) 104

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Atlanta Ga.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs. Blanche Weber (Address) 1834 Clifton Ave.

15 MAY 25 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 1925

17 I HEREBY CERTIFY, That I attended deceased from April 9, 1925, to May 23, 1925, that I last saw him alive on May 23, 1925, and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

Multiple Neuritis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Fred V. Jewett, M. D.

, 19 (Address) 2516 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL All Saints Reisterstown — DATE OF BURIAL May 26 1925

20 UNDERTAKER E. LeRoy Stiffler — ADDRESS 1256 N. Howard St.

CAUSE OF DEATH must be plainly written. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Bks.

D 98791

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98791

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 S. Charles ST. 23-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace V. Dubs.

(a) RESIDENCE NO. 1410 S. Charles ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. 3 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female,	White,	Married.

5a If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ William A. Dubs.

6 DATE OF BIRTH (month, day, and year) Feb, 17, 1897.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	28,	3,	7.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home.

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Wright.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Laura V. Moon.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14

Informant John Wright. (Father)

(Address) 1410 S. Charles St.

15 MAY 25 1925

Robert F. Harrison,

Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1925

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1924, to May 24, 1925,

that I last saw her alive on May 24, 1925,

and that death occurred, on the date stated above, at 5:40 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) [illegible], M. D.

May 25, 1925 (Address) Light & Mason Sts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oakland Cemetery	May 27 1925
20 UNDERTAKER	ADDRESS
A. Howard Evans	38 E Fort Ave

TION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 98792

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98792

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1846 Light ST.; 23 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James E. Robertson

(a) RESIDENCE. No. 1846 Light ST., 23 WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 14/1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Geo. S. Robertson

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Curry

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant Geo S. Robertson

(Address) 1846 Light St.

15 Filed 25 1925, 19 Robert F. Garrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 1925

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1925, to May 23, 1925,

that I last saw h alive on May 23, 1925

and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. & R. Campbell M. D.

1926 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem.	May 26 1925
20 UNDERTAKER	ADDRESS
Margaret J. Flynn	142 N Eight St.

Spec.—1-10-21—M&T—1500 Bks.

D 98793 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ 100-001 D 98793

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals REGISTERED NO.

CITY OF BALTIMORE: (No. Bay View Asylum ST., H-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Aglakzos or Alexis

(a) RESIDENCE NO. 658 W. Saratoga ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occ Unknown 25 mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE 53	Years —	Months —	Days	If LESS than 1 day, ...hrs. or ....min.
~~52 years~~				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Miner

(b) General nature of industry, business, or establishment in which employed (or employer) 686

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland Lithuania

PARENTS

10 NAME OF FATHER Joseph Alakzos

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland Lithuania

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland Lithuania

14 Informant Hospital Records. (Address) Baltimore City Hospitals

Filed MAY 26 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/25 1925

17 I HEREBY CERTIFY, That I attended deceased from 5/14/ 1925, to 5/25/ 1925, that I last saw him alive on 5/25/ 1925, and that death occurred, on the date stated above, at 6 30 a m.

The CAUSE OF DEATH* was as follows:

Senile gangrene of both feet (Arteriosclerotic).

(duration) yrs. Unknown

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & Lab. Tests

(Signed) Ira P. Kemp Jr, M. D.

Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	May 27 1925
20 UNDERTAKER	ADDRESS
John Grabkowski	425 S Pora St

TION is very important. See instructions on

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98794

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98794

CERTIFICATE OF DEATH.

15-90

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 3306 Liberty Heights Avenue Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Westley Shinnick

(a) Residence No. 3306 Liberty Heights Avenue Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 3 mos. 6 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

3a-If married, widowed, or divorced HUSBAND of (or) WIFE of Clara L. Frey

6-DATE OF BIRTH (month, day and year) Feb. 18, 1859

7-AGE.	If LESS than 1 day,
66 yrs. 3 mos. 6 ds.	....hrs. or....min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work State Pilot

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore
(State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John H. Shinnick

11-BIRTHPLACE OF FATHER (city or town) Baltimore
(State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Frances Willis

13-BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or Country), Maryland

14- (Informant) Mrs. Clara L. Shinnick
(Address) 3306 Liberty Heights Ave.

15- Filed MAY 26 1925 193 ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 25, 1925

17- I HEREBY CERTIFY, That I attended deceased from 5/24 1925 to 5/25 1925

that I last saw h alive on 5/25 1925

and that death occurred, on the date stated above, at 1.00 a.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Endocarditis & Myocarditis

(Duration) ...yrs. ...mos. 6 0 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Otto A. Schaupert, M. D.

5/25, 1925 (Address) 2806 Lawnview

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
Loudon Park Cemetery	5/27 ..., 19...25
20-UNDERTAKER. Henry W. Mears & Son	ADDRESS 805 N. Calvert St.

Instructions on Back of Certificate

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

31 D 98795

D 98795
1-PLACE OF DEATH

Registered No.....

12-6

City of BALTIMORE: (No. 225 E. Lafayette Avenue St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Oliver Griffith Hook

(a) Residence No. 225 E. Lafayette Avenue St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of -------

6-DATE OF BIRTH (month, day and year) June 15, 1871

7-AGE,	If LESS than 1 day,
53 yrs. 11 mns. 9 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer) J. Frank Eline Co.

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country), Cockeysville Maryland

PARENTS.

10-NAME OF FATHER, Cumberland O. Hook

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto. Co. Maryland

12-MAIDEN NAME OF MOTHER, Elizabeth A. Lee

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto. Co. Maryland

14- (Informant) Mrs. Annie K. Eline
(Address) 225 E. Lafayette Avenue

15- MAY 26 1925 HUBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 24, 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1 1925 to May 23 1925

that I last saw him alive on May 23 1925 and that death occurred, on the date stated above, at 3.15 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(Duration) ..... yrs. 3 mns. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Lab. & Clinical Signs

(Signed) D. M. Bowers M. D.

, 19 (Address) 812 W. Broadway

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cemetery	5/26 ..... 19..25

20-UNDERTAKER.	ADDRESS
Henry W. Spears & Son	805 N. Calvert

D 98796 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98796

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., | 2 - 4 Ward) 69 v

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Donald West

(Residence in Baltimore: No. 402 E. 23rd St St.; yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	col	sing

6-DATE OF BIRTH. Jan 6 1925 (Month) (Day) (Year)

7-AGE. yrs. 4 mos. 17 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. child
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Herrman West

11-BIRTHPLACE OF FATHER. (State or Country). Va

12-MAIDEN NAME OF MOTHER. Hazel [illegible]

13-BIRTHPLACE OF MOTHER. (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. R.A.Elliott

(Address) 1754 Ashland Ave

15-

Filed MAY 26 1925 192 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 24-25 (Month) (Day) 23 (Year) 192

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acidosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) [signature] M. D. (Coroner.)

5-24-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Laurel Cemetery DATE OF BURIAL. May 25 1925

20-UNDERTAKER. Mac R.G. Elliott ADDRESS 1725 Ashland ave

Spec.—1-10-21—M&T—1500 Blks.

D 98797 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98797

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 Penna ave ST., 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucile Boggs

(a) RESIDENCE NO. 1212 Penna ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 8/924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		6	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work nv

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Balto City.
(State or country)

PARENTS

10 NAME OF FATHER Harrison Boggs

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va.

12 MAIDEN NAME OF MOTHER Minnie Mills

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va

14 Informant Hadley Boggs
(Address) 1212 Penna Ave

15 MAY 26 1925 Vincent A. KRAUER, Burial Permit Clerk. Relative

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1925

17 I HEREBY CERTIFY, That I attended deceased from May 22, 1925 to May 24, 1925, that I last saw h[illegible] alive on May 25, 1925 and that death occurred, on the date stated above, at 8.30P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Thos D Woolsey Jr M. D.

5-25-1925 (Address) 1903 Wolfe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	5/26/1925
20 UNDERTAKER Daniel Easton	ADDRESS 916 Pa ave

TION is very important. See instructions on

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98798 D 98798

CERTIFICATE OF DEATH.

REGISTERED No. C 1279

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1141 Carroll ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christoph Strecker

(Residence in Baltimore: No. 1141 Carroll Street St.; 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, September 24th, 1850
(Month) (Day) (Year)

7-AGE, 74 yrs. 8 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) Self

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. M. Treeck

(Address) 1141 Carroll St

15-

Filed....., 191.. ROBERT P. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 24th, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 5th, 1923, to May 24th, 1925, that I saw h.im alive on May 24th, 1925, and that death occurred, on the date stated above, at 6.25 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Pneumonia a Week of Hemp

(Duration) — yrs. — mos. 7 ds.

(Signed) Wm S. Perkins M. D.

May 24th, 1925. (Address) Rochambeau Apts. 1112 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, May 27, 1925.

20-UNDERTAKER Geo. Liemlach

ADDRESS 647 W. Pratt St

Spec.—1-10-21—M&T—1500 Nks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98799 D 98799

CERTIFICATE OF DEATH.

10 2/2

11-3 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 E. Biddle ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dennis Francis Mc Glaskey

(a) RESIDENCE NO. 222 E. Biddle St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widower.

6 DATE OF BIRTH (month, day, and year) Oct. 4, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	7	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Londonderry, (State or country) Ireland.

PARENTS

10 NAME OF FATHER Dennis Mc Glaskey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Bridget Doherty.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Mrs. Amelia Feuerhel (Address) 222 E. Biddle St

15 MAY 26 1925 ROBERT R. KRAUTER, Registrar

TION is very important. See instructions on

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1925

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1925, to May 24, 1925, that I last saw him alive on May 24, 1925, and that death occurred, on the date stated above, at 11 30 P. m.

The CAUSE OF DEATH* was as follows:

Pleurisy.

(duration) yrs. 2 mos. 1/2 ds.

CONTRIBUTORY (Secondary) Pulmonary Infarct. Pulmonary Edema. Acute Dilatation.

(duration) yrs. mos. 5 min.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Williams Elwell Gale, M. D.

5/24 1925 (Address) 6014 York Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL May 27 1925

20 UNDERTAKER H. C. Friedfeld — ADDRESS 914 Greenmt Ave

Spec.—1-10-21—M&T—1500 Blks.

D 98800 HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98800

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2009 N. Payson ST., 15-12 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2-FULL NAME Mary Ellen Jones

(a) RESIDENCE NO. 2009 N. Payson ST., WARD 28

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm H Jones

6 DATE OF BIRTH (month, day, and year) Dec 4 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Geo. McCullough

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.Y.

12 MAIDEN NAME OF MOTHER Mary E. Griffith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wash. DC

14 Informant Wm H Jones

(Address) 2007 W. Payson st.

15 Filed MAY 26 1925 ROBERT R. KRAMER Registrar

Burial Permit Clerk

TION is very important. See instructions on

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/24 1925

17

I HEREBY CERTIFY, That I attended deceased from May 14th, 1925, to May 24, 1925, that I last saw h[illegible] alive on May 24, 1925, and that death occurred, on the date stated above, at 7.00 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Geo G Corbett, M. D.

May 27 1925 (Address) Woodlawn P.O. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olive Cem. Randallstown

DATE OF BURIAL May 27 1925

20 UNDERTAKER Chas. E. Franck

ADDRESS 802 Madison Ave

Spec.—1-10-21—M&T—1500 Bks.

98801

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 D 98801

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Mercy Baltimore General Hospital

CITY OF BALTIMORE: (No. Keyser & Dukeland Aves ST.. 12 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Clement

(a) RESIDENCE NO. 1626 Friendsbury ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Febry 27 - 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	22.	2	28.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dressmaker.

(b) General nature of industry, business, or establishment in which employed (or employer) 686

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER Louis J. Clement

11 BIRTHPLACE OF FATHER (city or town) Wash DC

(State or country)

12 MAIDEN NAME OF MOTHER Virginia Dorney

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md.

14 Informant M. Jones E. Clements

(Address) 1626 Friendsbury St

15 Filed MAY 26 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1925

17

I HEREBY CERTIFY, That I attended deceased from May 11, 1925 to May 25, 1925.

that I last saw her alive on May 25, 1925,

and that death occurred, on the date stated above, at 7.10 a. m.

The CAUSE OF DEATH* was as follows:

Abdominal Adhesions

(duration) Indefinite yrs. mos ds.

CONTRIBUTORY (Secondary) Labor pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of May 22-25

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Jas Hubert Wilkerson, M. D.

19 (Address) West Balto Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem.	May 27 1925
20 UNDERTAKER	ADDRESS
John F. Gannon & Son John F. Gannon.	901 Holliday St.

D 98802

HEALTH DEPARTMENT—CITY OF BALTIMORE

86-002

D 98802

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., 17 Ward 6

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian May Crabill

(Residence in Baltimore: No. 1727 Guilford av St.; yrs. 27 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Single

6-DATE OF BIRTH: July 15, 1898
(Month) (Day) (Year)

7-AGE: 27 yrs. 10 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Saleswoman
(b) General nature of industry, business, or establishment in which employed (or employer): 067

9-BIRTHPLACE, (State or Country): Va.

PARENTS.

10-NAME OF FATHER: James Crabill

11-BIRTHPLACE OF FATHER, (State or Country): Va.

12-MAIDEN NAME OF MOTHER: Nellie Mallin

13-BIRTHPLACE OF MOTHER, (State or Country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Nellie Campbell

(Address) Timberville Va.

15- MAY 26 1925 ROBERT R. KRAUTER, Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 25 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Mastoiditis

a few days
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Gresch M. D.
Coroner.

5-26-1925 (Address) 1107 W. Saratoga St

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Timberville Va	May 27 1925
20-UNDERTAKER.	ADDRESS.
Sullivan Cook	502 E. Monument

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98803

CERTIFICATE OF DEATH.

X179 D 98803

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Nmersity Hospital St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Grace Williamson

(Residence in Baltimore: No. Hilton ave & Park drive Catonsville St.; yrs. ..... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

6-DATE OF BIRTH. August 24 (Day), 1919 (Year)
(Month)

7-AGE. 5 yrs. 9 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto city

PARENTS.

10-NAME OF FATHER, Edgar P. Williamson

11-BIRTHPLACE OF FATHER, (State or Country). Balto city

12-MAIDEN NAME OF MOTHER, Flossie B. Wickers

13-BIRTHPLACE OF MOTHER, (State or Country). Balto city

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edgar P. Williamson

(Address) Hilton ave & Park Drive

15-

Filed MAY 26 1925 [illegible] Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 24 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ~~the~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns on body

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Clothing caught fire from burning rubber

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. R. Gorman M. D.
(Coroner.)

5-26-1925 (Address) 117 W. Saratoga St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

? Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Western Cemetery	May 26 1925

20-UNDERTAKER. George L. Schmidt ADDRESS 1101 Fulton Ave.

Spec.—1-10-21—M&T—1500 Blks.

Laura Kennedy -

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98804 D 98804

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) 1422 Duke Alley WARD 1-5 11-00

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Kennedy

(a) RESIDENCE No 1422 Duke Alley WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1917

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	8	1	15	

8 OCCUPATION OF DEACEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) N. C (State or country)

PARENTS

10 NAME OF FATHER William H. Kennedy

11 BIRTHPLACE OF FATHER (city or town) D. C (State or country)

12 MAIDEN NAME OF MOTHER annie michel

13 BIRTHPLACE OF MOTHER (city or town) D. C (State or country)

14 Informant William H Kennedy (Address) 1422 Dukes alley

15 Filed MAY 26 1925 ROBERT P. KRAUTER, Registrar

Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1925

17 I HEREBY CERTIFY, That I attended deceased from May 19 1925, to May 24 1925, that I last saw h[illegible] alive on May 24 1925, and that death occurred, on the date stated above, at 2 p m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. F. Coleman M. D.

May 25 1925 (Address) 2039 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemetery — DATE OF BURIAL May 27, 1925

20 UNDERTAKER Edward Bryan — ADDRESS 1691 Orleans st

TION is very important.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98805

CERTIFICATE OF DEATH.

90 D 98805

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 249 Colvin ST., 5-1 WARD) REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucy Smith

(a) RESIDENCE NO. 249 Colvin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 2 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo Charles Smith

6 DATE OF BIRTH (month, day, and year) Mar. 10, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 10 01

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Perry Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Chas Lee Smith (Husband)
(Address)

15 Filed MAY 26 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1925

17

I HEREBY CERTIFY, That I attended deceased from May 23, 1925, to May 24, 1925, that I last saw her alive on May 24, 1925, and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) William Lohr Berry M. D.

, 19 (Address) 1520 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery — DATE OF BURIAL May 26 1925

20 UNDERTAKER Edward Bryan — ADDRESS 1651 Orleans St

IT IS VERY IMPORTANT THAT ALL QUESTIONS BE ANSWERED

98806 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98806

CERTIFICATE OF DEATH.

8-154-002

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. Johns Hopkins Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin Famback

(Residence in Baltimore: No. 1115 N. Broadway St.; 9 mos. yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced. (Write the word.)
male	white	sing

6-DATE OF BIRTH. July 8-1923 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
1 yrs. 10 mos. 16 ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country.) Balto. Md

PARENTS.

10-NAME OF FATHER. John M. Famback

11-BIRTHPLACE OF FATHER. (State or Country.) Balto.Md

12-MAIDEN NAME OF MOTHER. Mary Bohlman

13-BIRTHPLACE OF MOTHER. (State or Country.) Balto.Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John M. Famback

(Address) 1115 N Broadway

15- MAY 26 1925 192 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 24-25 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Congenital Heart

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Hoch (Coroner.) M. D.

5-26-25 192.... (Address) 508 E. North Av

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19-PLACE OF BURIAL OR REMOVAL. Holy Cross Cem Brooklyn 99 E Z — DATE OF BURIAL. May 26 1925

20-UNDERTAKER. Henry Hoeck Son — ADDRESS 1301 E Eager St

Spec.—1-10-21—M&T—1500 Blks.

D 98807 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98807

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1722 Aisquith ST., 9-6 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry A. Mehling

(a) RESIDENCE NO. 1722 Aisquith ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. — mos. — ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Supt. of Harness

(b) General nature of industry, business, or establishment in which employed (or employer) Factory for. 886

(c) Name of employer Western Maryland Dairy

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) Not Known (State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Not Known (State or country)

14 Informant Miss Josephine Mehling

(Address) 1722 Aisquith St

15 Filed MAY 26 1925 19.. ROBERT B. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1925

17 I HEREBY CERTIFY, That I attended deceased from May 6 1925 to May 24 1925

that I last saw him alive on May 23 1925

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Virginia Pneumonia

Contributory Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. D. Stern, M. D.

(Address) 1801 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	May 27 1925
20 UNDERTAKER	ADDRESS
Henry Hoeck Son	1301 E Eager St

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98808

CERTIFICATE OF DEATH.

D 98808

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1534 McElderry ST., 7-15 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matilda Gray

(a) RESIDENCE NO. 1534 McElderly ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widowed.

5a If married, widowed, or divorced (01) ~~HUSBAND~~ WIFE of Addison Gray

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	approx 39	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of Industry, business, or establishment in which employed (or employer) 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va,

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Augustus Blackwell friend (Address) 1534 McElderry st

15 FILED MAY 26 1925 Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 1925

17 I HEREBY CERTIFY, That I attended deceased from May 9, 19 25, to May 23, 19 25, that I last saw h. alive on May 22, 19 25, and that death occurred, on the date stated above, at 10 20 A m.

The CAUSE OF DEATH* was as follows:

Diabetis Mellitus

unknown

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Diabetic Coma

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory test & Physical

(Signed) R J Young M. D.

5/26 19 25 (Address) 1429 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cashing Cemetery	May 26 1925
20 UNDERTAKER Mrs R.A. Elliott	ADDRESS 725 Carlton ave

TION IS VERY IMPORTANT. SEE INSTRUCTIONS ON REVERSE SIDE.

Spec.—1-12-23—M&T—500 Blks.

D 98809

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98809

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] ST., BALTIMORE CITY HOSPITALS WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Barton (Brown)

(a) RESIDENCE NO. [redacted] Lutherville, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [redacted] yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Issac Barton

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Barton

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant [redacted] Baltimore City Hospitals
(Address)

15 Filed ..... 19 ..... ROBERT R. KRA[redacted]
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1924, to May 22, 1925,

that I last saw her alive on May 22, 1925,

and that death occurred, on the date stated above, at 9:10 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Hypertension
Chronic nephritis
Diabetes Mellitus
(History)

(duration) 1 yrs. 7 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller, M. D.

5/25, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	May 26, 25
UNDERTAKER Emmert Hendry	ADDRESS 1738 Bolton

Spec.—1-10-21—M&T—1500 Blks.

1872. HEALTH DEPARTMENT—CITY OF BALTIMORE.

1 D 98810

CERTIFICATE OF DEATH.

D 98810

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 23-1 WARD)

2-FULL NAME George Connor

(a) RESIDENCE NO. 130 Winter St ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
1	2	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Fletcher Connor

11 BIRTHPLACE OF FATHER (city or town) Va.
(State or country)

12 MAIDEN NAME OF MOTHER Elsie Barker

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23, 1925

17

I HEREBY CERTIFY, That I attended deceased from May 18, 1925, to May 23, 1925, that I last saw him alive on May 23, 1925, and that death occurred, on the date stated above, at 9:55 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) ..... yrs. ..... mos. 26 ds.

CONTRIBUTORY
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Walter B. Stewart, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem DATE OF BURIAL May 26 1925

20 UNDERTAKER Samuel L. Smedley ADDRESS 1 E Eddel

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98811 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98811

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 161 W Hamilton St., 23 Ward 1) Registered No. 129

2-FULL NAME Nancy Wesley

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 161 W Hamilton St., 23 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem'

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mother Wesley

6-DATE OF BIRTH (month, day and year)

7-AGE, 68 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laundress

(b) General nature of Industry, business, or establishment in which employed (or employer) Priv Fam

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER, Stewart Price

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Lenhoun

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14-

(Informant) Eva Dilon

(Address) 161 W Hamilton St.

15-

Filed MAY 26 1925 192 C. R. KRAUTER, Registrar.

Board of Permit Clerks.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 5/23/25

17- I HEREBY CERTIFY, That I attended deceased from 5/21/25, 19..., to 5/23/25, 19...

that I last saw h... alive on 5/23/25, 19...,

and that death occurred, on the date stated above, at 11.00 A.M.

The CAUSE OF DEATH* was as follows:

Uremia Coma

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchopneumonia

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Brandon Carey, M. D.

5/25, 192 (Address) 100 Shorb St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem DATE OF BURIAL, May 25, 1925

20-UNDERTAKER Frank T Kinsley ADDRESS 1128 Eden St

Spec.—6-9-12—H. P. C.—1000 ltrs.

D 98812 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98812

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1518 Rice St ST. 16 WARD.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Payne

(a) RESIDENCE. No. 1518 Rice St ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Payne

6 DATE OF BIRTH (month, day, and year) Unknown 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER John Payne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Sarah Payne
(Address) 1518 Rice St

15 Filed ..... 19 ..... ROBERT R. KRAMER Registrar

MAY 26 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 1925

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1925, to May 23, 1925, that I last saw h— alive on May 23, 1925, and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Bernard R. Smith M. D.

5/25, 1925 (Address) 707 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Lebanon Cem	May 26 1925
20 UNDERTAKER Samuel T. Hemsley	ADDRESS 578 N Eutaw

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98813

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

D 98813

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2319 Linden ave St., 13-6 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Lanitz

(a) Residence No 2319 Linden ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 34 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Simon Lanitz

6-DATE OF BIRTH (month, day and year) Aug 1 1861

7-AGE, 63 yrs. 9 mos. ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Poland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Poland

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Poland

14- (Informant) Jack Lewis

(Address) 1439 E Balto St

15- Filed MAY 26 1925 By ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 25 25

17- I HEREBY CERTIFY, That I attended deceased from April 28, 1925 to May 25, 1925 that I last saw h. alive on May 25 1925 and that death occurred, on the date stated above, at 1040 a. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(Duration) yrs. mos. 28 ds.

CONTRIBUTORY (Secondary) Dilated Heart

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Physical Signs

(Signed) M. Schwartz, M. D.

, 19 (Address) 2308 Madison ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Hebrew Friendship Cem	5/26, 19 25
20-UNDERTAKER.	**ADDRESS**
Jack Lewis	1439 E Balto St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98814

CERTIFICATE OF DEATH.

100-001

D 98814

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgianna Harris

(a) RESIDENCE NO. 122 East St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1870(?)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55 yr.(?)			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 10 01

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) W. Va

PARENTS

10 NAME OF FATHER John Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va.

12 MAIDEN NAME OF MOTHER Hattie Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va.

14 Informant Baltimore City Hospital Records (Address)

15 Filed MAY 26 1925 ROBERT R. KRAMER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1925

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1925, to May 23, 1925, that I last saw her alive on May 23, 1925 and that death occurred, on the date stated above, at 9:20 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Chronic bronchitis, decubitus ulcers

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller, M. D.

5/26 1925 Address Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	May 26 25
20 UNDERTAKER	ADDRESS
Mrs J. G. Locke	1382 Jeffery

Spec—12-23-21—E.B.R.S.—400 Bks. FRANK SLONSKI

D 98815 HEALTH DEPARTMENT—CITY OF BALTIMORE 101-001 D 98815

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hosp St., V-1 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Salonski

(a) Residence No. 2042 Fountain Av St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept 28 1914

7-AGE, (11) 10 yrs. 7 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Michal Slonski

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Poland

12-MAIDEN NAME OF MOTHER, Magdalena Daniuk

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Poland

14-
(Informant) Mrs. Magdalena Slonski
(Address) 2042 Fountain Av

MAY 26 1925 HUGO R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 5/25/25

17- I HEREBY CERTIFY, That I attended deceased from May 23, 1925 to May 25, 1925

that I last saw him alive on May 25 1925

and that death occurred, on the date stated above, at 5.40 m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? St Joseph's Hosp

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. D. Gilbert M. D.

May 25. 1925 (Address) St Joseph's Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Rosary DATE OF BURIAL. May 25 1925

20-UNDERTAKER. John A Weber ADDRESS 1803 Bank St

Spec.—1-10-21—M&T—1500 Bks. JOHN KOLODZIEJSKI

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98816 100-09 D 98816

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST., 25-9 WARD

2-FULL NAME John Kolodziejewski

(a) RESIDENCE NO. Fairfield Md. Negro ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

REGISTERED NO.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 1040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: John Kolodziejewski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Baltimore City Hospitals (Address)

Filed MAY 26 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-22 1925

17

I HEREBY CERTIFY, That I attended deceased from 5-13, 1925, to 5-22, 1925,

that I last saw him alive on 5-22, 1925,

and that death occurred, on the date stated above, at 7 15 P.m.

The CAUSE OF DEATH* was as follows:

Senile Gangrene of foot

(Contributory) (duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical History

(Signed) Thomas L. Jensen, M. D.

5/23, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem	May 26 1925
20 UNDERTAKER	ADDRESS
John M Weber	1803 Bank St

TION is very important. See instructions on back

Spec.—1-12-23—M&T—500 Bks.

) 98817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

D 98817

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] ST. BALTIMORE CITY HOSPITALS 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie Lee

(a) RESIDENCE No. 717 Sarah Ann ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Charles Toogood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Sarah Smyth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Baltimore City Hospital Records (Address)

15 MAY 26 1925 ROBERT H. KRAUSE Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1925

17

I HEREBY CERTIFY, That I attended deceased from May 13, 1925, to May 22, 1925

that I last saw her alive on May 22, 1925

and that death occurred, on the date stated above, at 5:45 p.m.

The CAUSE OF DEATH* was as follows:

lobar pneumonia

lung abscess

(duration) yrs. mos 13 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) H. Lindsay Miller, M. D.

5-23-1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Elkridge Cemetery Elkridge Md.

DATE OF BURIAL May 26 1925

20 UNDERTAKER Wm Geo Hooper

ADDRESS 406 W Conway St

Spec.—1-10-21—M&T—1500 Bks.

D 98818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118-901 D 98818

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1719 Baker ST., 15-13 WARD

2-FULL NAME John Edward Campbell

(a) RESIDENCE NO. 1719 Baker ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Madeline Campbell

6 DATE OF BIRTH (month, day, and year) June 17 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	11	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore 074

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Atlantic Coast Steamship Co.

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Nathan Campbell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Elmira Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Madeline Campbell

(Address) 1719 Baker St

15 Filed MAY 26 1925 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 1925

17 I HEREBY CERTIFY, That I attended deceased from May 21, 1925, to May 23, 1925, that I last saw h[illegible] alive on May 23, 1925, and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Right Inguinal Hernia

(duration) about 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) yrs. mos. 2½ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. William Frey, M. D.

5/25, 1925 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL May 27th 1925

20 UNDERTAKER A. Jones — ADDRESS 111 S. Gilmor St

TION is very important. See instructions

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98819

98819

CERTIFICATE OF DEATH.

+100-001

1-PLACE OF DEATH U of Md Hospital

CITY OF BALTIMORE: (No. Linstead & Grove ST., 26-6 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Ellis.

(a) RESIDENCE NO. 33 Colgate St. 25th Ass't ST., WARD Virginia

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Sept 5 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	20			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Moulder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER William Ellis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Victoria Wilkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Wife. Friends (Address)

15 Filed MAY 26 1925, 19.... HERBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-25-1925

17

I HEREBY CERTIFY, That I attended deceased from 5-20, 1925, to 5-25, 1925, that I last saw h, alive on 5-25, 1925, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Empyema - R Side (Thoracic)

(duration) yrs. mos 2 6 ds.

CONTRIBUTORY (Secondary) Lobular Pneumonia Bil

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes - Date of 5-20-25

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) A. Anderson M. D.

5/25, 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Suffolk Va — DATE OF BURIAL May 26 1925

20 UNDERTAKER John Ellis — ADDRESS 207 Crocus

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98820

CERTIFICATE OF DEATH.

129 D 98820

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp ST., 3-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Norberg

(a) RESIDENCE No. 1407 Eastern Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widower

6 DATE OF BIRTH (month, day, and year) Nov. 6, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tin worker

(b) General nature of industry, business, or establishment in which employed (or employer) 084

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Va

PARENTS

10 NAME OF FATHER Louis Norberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Wintramma

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Charles Norberg

(Address) 55 S Carey

15 Filed Robert P. Harrison, Registrar

26 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26 1925

17

I HEREBY CERTIFY, That I attended deceased from May 23, 1925, to May 26, 1925, that I last saw him alive on May 26 1925, and that death occurred, on the date stated above, at 1 15 m.

The CAUSE OF DEATH* was as follows: Nephritis and myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. P. Hebert M. D.

May 26 1925 (Address) St. Joseph's Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cem	May 28 1925
20 UNDERTAKER Wendell Dipple & Son	ADDRESS 378 Ostend

Spec.—1-10-21—M&T—1500 Blks.

98821

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98821

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1204 N. Chester ST., 8-4 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Collins

(a) RESIDENCE No. 1204 N. Chester ST., 8 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Capt. James H. Collins

6 DATE OF BIRTH (month, day, and year) May. 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS

10 NAME OF FATHER Michael Fleming

11 BIRTHPLACE OF FATHER (city or town) Ireland. (State or country)

12 MAIDEN NAME OF MOTHER Eliz. M'Avoy.

13 BIRTHPLACE OF MOTHER (city or town) Ireland. (State or country)

14 Informant Mary E. Eaby (Daughter)

(Address) 1204 N. Chester St.

15 Filed 5-26-1925. 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May. 24th 1925

17 I HEREBY CERTIFY, That I attended deceased from May 20. 1925 to May 24 1925.

that I last saw h alive on May 22 1925

and that death occurred, on the date stated above, at 9.40 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) ,, , ,

(duration) " yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Geo. Fellers, M. D.

5/25. 1925 (Address) 1937 Gough St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL May. 27th 1925

20 UNDERTAKER Lilly & Zeiler

ADDRESS 403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

D 98822

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98822

CERTIFICATE OF DEATH.

+90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 4 & 3rd Ave Fairfield ST., 25 WARD) 9

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sallie Mayhue

(a) RESIDENCE (Usual place of abode) NO. 6 4 & 3rd Ave. Fairfield ST., 25 WARD S. Carolina

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married.

5a If married, widowed, or divorced (or) WIFE of Lewis Mayhue

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70 yr	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W.

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) South Carolina.

PARENTS

10 NAME OF FATHER Green Wright.

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina.

14 Informant Mamie Hampton

(Address) Fairfield Md.

15 Filed May 26 1925

16 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1925

17

I HEREBY CERTIFY, That I attended deceased from May 14, 1925, to May 22, 1925,

that I last saw her alive on May 21, 1925,

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation,

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) William H. Scott, M. D.

May 24, 1925 (Address) 816 Pennsylvania Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL McCaulleys

DATE OF BURIAL May 27 1925

20 UNDERTAKER Robert T. Williams

ADDRESS 1511 McCulloh St

IMPORTANCE—THE INFORMATION REQUESTED IN THIS CERTIFICATE IS VERY IMPORTANT. PLEASE GIVE IT CAREFUL ATTENTION.

98823 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98823

CERTIFICATE OF DEATH

1-PLACE OF DEATH Pronounced Dead at 3-27 Registered No. C.....

City of BALTIMORE: (No. St. Joseph's Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Crowley

(Residence in Baltimore: No. 313 S Dallas St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Mar 17 (Month) (Day) 1874 (Year)

7-AGE.	If LESS than 1 day,
41 yrs. 2 mos. 7 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Produce dealer
(b) General nature of industry, business, or establishment in which employed (or employer): Self 045

9-BIRTHPLACE, (State or Country): Balto City

PARENTS.

10-NAME OF FATHER, Crowley

11-BIRTHPLACE OF FATHER, (State or Country). Ireland

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Crowley

(Address) 313 S. Dallas St

15- Filed MAY 26 1925 192.... Robert P. HARRISON, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 24 (Month) (Day) 192.5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Nephritis
Probably alcoholic

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) 11 yrs. 2 mos. ....ds.

(Signed) James H. Hamilton M. D. (Coroner.)

May 26 1925 (Address) 700 E. Chase St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Olivet Cemetery DATE OF BURIAL. May 27, 1925

20-UNDERTAKER. John A Moran ADDRESS 3000 E. Balto St.

Spec.—1-10-21—M&T—1500 Blks.

D 98824 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98824

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH Maryland Gen. Hosp. H-1 REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Ella Green

(a) RESIDENCE NO. 308 N. Green st. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 17-1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50		8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Helper in

(b) General nature of industry, business, or establishment in which employed (or employer) Bakery 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. md.

PARENTS

10 NAME OF FATHER William H. Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. md

12 MAIDEN NAME OF MOTHER Margaret Cross

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. md.

14 Informant Miss Ella Green
(Address) 308 N. Green st.

15 Filed 26 1925, 19 Robert P. Harrison, Registrar
(Burial Permit Clerk.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/25/25

17 I HEREBY CERTIFY, That I attended deceased from 5/9/25, 19, to 5/25/25, 19, that I last saw her alive on 5/25/25, 19, and that death occurred, on the date stated above, at 8 40 a. m.

The CAUSE OF DEATH* was as follows: Cardio-Nephritis

(duration) mos. yrs. mos. ds.

CONTRIBUTORY (Secondary) acute dilatation of Heart (duration) 5 mos. yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Jno A Tompkins, M. D.

. 19 (Address) N Gay & Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL May 27 19

20 UNDERTAKER W M Rouleau ADDRESS 2238 N Balto

Siegelin

D 98825

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98825

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2915 Riggs Avenue St., 16-24 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernardine C. Siegelin

(Residence in Baltimore: No. 2915 Riggs Avenue St.; yrs. life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. September 18th, 1872
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
52 yrs. 8 mos. 7 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): 070

9-BIRTHPLACE, (State or Country). Baltimore, Maryland

PARENTS.

10-NAME OF FATHER. John Siegelin

11-BIRTHPLACE OF FATHER, (State or Country). Saxony, Germany

12-MAIDEN NAME OF MOTHER. Dorothea Muller

13-BIRTHPLACE OF MOTHER, (State or Country). Saxony, Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas F. Clarke

(Address) 2915 Riggs Avenue

15- Robert P. Harrison,

MAY 26 1925 19?. Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 25th, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) no other history

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D.
(Coroner.)

5-25 1925 (Address) 2802 Edmondson Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (I) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Trinity Cemetery	May 27, 1925
20-UNDERTAKER. Joseph B. Call	ADDRESS 1003 N. Dallas St.

Spec.—1-10-21—M&T—1500 Blks.

D 98826

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98826

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. 3-1 REGISTERED NO. 9

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vincent Clementone

(a) RESIDENCE NO. 37 albemarle ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 6/10/1924

7 AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	0	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Mary Land
(State or country)

PARENTS

10 NAME OF FATHER Angelo Clementone

11 BIRTHPLACE OF FATHER (city or town) Italy
(State or country)

12 MAIDEN NAME OF MOTHER Adeline Esposte

13 BIRTHPLACE OF MOTHER (city or town) Italy
(State or country)

14 Informant Records.
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Registrar
Robert P. Hartman
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25' 1925'

17 I HEREBY CERTIFY, That I attended deceased from April, 1925' to May 25' 1925'

that I last saw him alive on " " 19.....

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. ..... mos. 15 ds.

CONTRIBUTORY (Secondary) Pertussis

(duration) yrs. 1 mos. 12 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) W. J. Cole, M. D.

5-25 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	5/27/1925
20 UNDERTAKER	ADDRESS
Geo. Rentz Sons	1736 Mad

FROM A very important

Spec.—1-10-21 M&T 1500 Blks.

D 98827

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98827

CERTIFICATE OF DEATH.

1-4 162

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 S. Robson ST., ... WARD)

2-FULL NAME Thomas Weber

(a) RESIDENCE NO. 430 S Robson ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Mal	Wht	Sngl

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 25 75

7 AGE	Years	Months	Days	If LESS than 1 day, ~~24~~ hrs. or ..... min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Ry

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John B. Weber

11 BIRTHPLACE OF FATHER (city or town) C
(State or country) Md Virginia

12 MAIDEN NAME OF MOTHER Sarah Sanders

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant John B Weber
(Address) 430 S. Robson St

15 Filed ..... 1925 Robert F. Harrison,
Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26 1925

17 I HEREBY CERTIFY, That I attended deceased from May 25 1925 to May 26 1925

that I last saw h— alive on May 26 1925

and that death occurred, on the date stated above, at 2 p m.

The CAUSE OF DEATH* was as follows:

Acidosis

(duration) ..... yrs. ..... mos 1 ds.

CONTRIBUTORY
(Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) William J. Rynarck M. D.

May 27 1925 (Address) 801 S Caton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	May 27 1925
20 UNDERTAKER	ADDRESS
George A Weber	2206 Eastern Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98828

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98828

CERTIFICATE OF DEATH.

138

1-PLACE OF DEATH Church Home and Infirmary 7-3 Registered No.....

City of BALTIMORE: (No.....St.,.....Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Mrs Rose Paluzzi.....

(a) Residence No... 2504 Eager Place St.,.....Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? 8 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Joseph Paluzzi

6-DATE OF BIRTH (month, day and year) Not known

7-AGE.	If LESS than 1 day,
29 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)...

(c) Name of employer...

9-BIRTHPLACE (city or town) (State or Country). Italy

PARENTS.

10-NAME OF FATHER, Joseph Gargulio

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Italy

12-MAIDEN NAME OF MOTHER, Not known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Italy

14-

(Informant)... Joseph Paluzzi

(Address)... 2504 Eager Place

15-

Filed 2 6 1925 192

Robert P. Harrison, Registrar.

(Burial Permit Clerk)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 26/25

17- I HEREBY CERTIFY, That I attended deceased from May 22 19 25 to May 26 19 25

that I last saw h.. alive on May 26 19 25

and that death occurred, on the date stated above, at 1:40 P m.

The CAUSE OF DEATH* was as follows:

Peritonitis, General

(Duration)... yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Salpingitis bilateral acute

(Duration)... yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death?...

Did an operation precede death?... yes no Date of May 22-1925

Was there an autopsy?...

What test confirmed diagnosis? Operative findings

(Signed) Keith C. Rice M. D

, 19 (Address) Church Home & Infy.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cem. DATE OF BURIAL. May 30 1925

20-UNDERTAKER. Hurt Brochhon ADDRESS 1406 Gilmor

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98829 D 98829

CERTIFICATE OF DEATH.

15-37

REGISTERED NO. C 15-13

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 Gilmor ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lessie Perry

(Residence in Baltimore: No. 610 Gilmore St ST. 6 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb 7 (Month) (Day) 1885 (Year)

7-AGE, 40 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) South Carolina Lexington

PARENTS.

10-NAME OF FATHER. Jefferson Cruttlebrum

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lessie Perry

(Address) 610 Gilmore

15- Robert P. Harrison,

Filed 26 1925 191 Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 23 (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 7th 1925, to May 23 1925, that I saw h[illegible] alive on 5-23 1925, and that death occurred, on the date stated above, at 5-15 p.m.

The CAUSE OF DEATH* was as follows:

(a) Endocarditis Tuberculosis

(b)

(c)

New Years (Duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Gastritis

(Duration) yrs. 2 mos. ds.

(Signed) [illegible] M. D.

1925 (Address) 615 Calhoun

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Batesburg S. C

DATE OF BURIAL, May 27, 1925

20-UNDERTAKER Mrs Jas H. Dennis per T. E. Kelson

ADDRESS 1303 Preston St

Spec.—1-12-23—M&T—500 Bks.

D 98830

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98830

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. ST., 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Turner

(a) RESIDENCE No. 1511 Winchester Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Laundress

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Lamuel Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Eliza Hamilton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Baltimore City Hospitals (Address) Baltimore, Md.

15 Filed 26 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1925

17 I HEREBY CERTIFY, That I attended deceased from March 27, 1925, to May 25, 1925, that I last saw her alive on May 25, 1925, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Cardiac Exhaustion

(duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary) Manic Depressive Psychosis

Acute Manic Excitement

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Mary A. Smith M. D.

5/25/1925 (Address) Baltimore Psychopathic Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL May 28 1925

20 UNDERTAKER Mrs Isaac H. Dennis per. To E. Nelson

ADDRESS 1303 Pressman St

Spec.—1-12-23—M&T—500 Bks.

98831

HEALTH DEPARTMENT—CITY OF BALTIMORE B 98831

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 3-1 WARD)

REGISTERED No. 100 801

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Brown

(a) RESIDENCE No. 1030 E. Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1829

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	96 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Jacob Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Margaret Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Baltimore City Hospitals Records (Address)

Filed 5 26 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 1925

17 I HEREBY CERTIFY, That I attended deceased from May 18, 1925, to May 23 1925 that I last saw him alive on May 23, 1925 and that death occurred, on the date stated above, at 11 a m

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H Lindsay Miller, M. D.

5/25 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 5/27 1925

20 UNDERTAKER J. J. Flaherty & Sons

ADDRESS 315 Light St.

Spec.—1-10-21—M&T—1500 Bks.

D 98832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4-10-001

D 98832

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St. (Ward) 9

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine McCourt (McCOURT)

(a) RESIDENCE NO. 1523 Willow St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

Female White Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Jas McShane

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Treacy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Baltimore City Hosp Records
(Address)

15 5 26 1925 Robert P. Harrison, Registrar

Burial Permit Clerk's

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-24 1925

17 I HEREBY CERTIFY, That I attended deceased from 5-18, 1925, to 5-24, 1925

that I last saw her alive on 5-24, 1925

and that death occurred, on the date stated above, at 2:40 p. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Pelvic cyst suppurated

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Autopsy

(Signed) James B. Jamison M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park (Rural)	5/27 1925
20 UNDERTAKER	ADDRESS
J. F. Tabb & Sons	1318 Light St.

TION is very important. See instructions.

Spec.—1-10-21—M&T—1500 Blks.

D 98833

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98833

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3232 Colgate ST., N-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura V. McGrail

(a) RESIDENCE No. 3232 Colgate ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John W. McGrail

6 DATE OF BIRTH (month, day, and year) Jan 19 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none Housework

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER William Meeks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mary E. Mullaney

(Address) 200 E. Clinton St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/25 1925

17

I HEREBY CERTIFY, That I attended deceased from ..... to ....

that I last saw her alive on May 23 1925

and that death occurred, on the date stated above, at 9 00 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Syncope

Contrib. Debilitation following

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) hypertrophy (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) J. A. V. Mayer, M. D.

5/25, 1925 (Address) 1014 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL May 28 1925

20 UNDERTAKER Philip Henrig — ADDRESS 2016 Orleans St

HENRY R. KRAUTER, Registrar

OKS·ARK

Spec.—1-10-21—M&T—1500 Blks.

D 98834 (4499)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98834

161-001

1-PLACE OF DEATH Johns Hopkins Hospital.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME Margaret Wall.

(a) RESIDENCE NO. 908 Shuter St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 25 1925 Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		1	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child (d)

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Wall

11 BIRTHPLACE OF FATHER (city or town) N. C.
(State or country)

12 MAIDEN NAME OF MOTHER Hattie Branch

13 BIRTHPLACE OF MOTHER (city or town) N. C.
(State or country)

14 Informant Parents
(Address) Johns Hopkins Hospital

15 Filed MAY 27 1925 19.. Robert P. Krauter, Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1925

17

I HEREBY CERTIFY, That I attended deceased from May 22, 1925, to May 25, 1925, that I last saw her alive on May 25, 1925, and that death occurred, on the date stated above, at 12.04 P m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. 4 weeks mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Walter B. Stewart, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	May 27 1925
20 UNDERTAKER Mrs Ida Snowden	ADDRESS 725 Ashland Ave

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

D 98835

CERTIFICATE OF DEATH.

D 98835

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 N. Spring ST., 10-2 WARD)

2-FULL NAME Aileen Vernelle James

(a) RESIDENCE NO. 704 N. Spring ST. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) NOV. 17, 22

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	2	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Earl C. James

11 BIRTHPLACE OF FATHER (city or town) Oconomowoc Wis.
(State or country)

12 MAIDEN NAME OF MOTHER Anda Jones

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Earl C. James
(Address) 704 N. Spring

Filed MAY 27 1925 Burial Permit Clerk.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1925

17 I HEREBY CERTIFY, That I attended deceased from May 4, 1925, to May 25, 1925, that I last saw h[illegible] alive on May 25, 1925, and that death occurred, on the date stated above, at 7:50 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Resp. Exa

(Signed) W. S. Berry, M. D.

, 19 (Address) 1520 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	May 27, 25
UNDERTAKER	ADDRESS
Mc R. G. Elliott	225 Eastlander.

D 98836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5-188-003

D 98836

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Dichter

(Residence in Baltimore: No. 421 Mott St St.; yrs. life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	Sing

6-DATE OF BIRTH. June 23-20, 1..... (Month) (Day) (Year)

7-AGE.	If LESS than 1 day
4 yrs. 11 mos. 3 ds.	....hrs. or....min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Abraham Dichter

11-BIRTHPLACE OF FATHER, (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Rose Korn

13-BIRTHPLACE OF MOTHER, (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Abraham Dichter

(Address)..... 421 Mott St

15-

Filed MAY 27 1925, 192.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 26-25, 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage- fractured skull

Autotruck accident

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Koen M. D. (Coroner.)

5-26-25 192.. (Address) 508 E. North Ave

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Hebrew Mt Carmel	5/27 1925
20-UNDERTAKER.	ADDRESS
Jack Lewis	1139 E Balto St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

8837

CERTIFICATE OF DEATH.

5 D 98837

1-PLACE OF DEATH

CITY OF BALTIMORE (NO. Mercy Hospital ST., 13-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mendel Levin

(a) RESIDENCE NO. 2304 Park Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 17 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W.

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dena Molly Levin

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hebrew Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) 068

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Sam Navid Levin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Minnie —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Dena Molly Levin (Address) 2304 Ruskin Ave.

15 Filed MAY 27 1925, 19.... ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-26- 1925

17 I HEREBY CERTIFY, That I attended deceased from May 22, 1925, to May 26, 1925, that I last saw him alive on May 26, 1925, and that death occurred, on the date stated above, at 10:20 a. m.

The CAUSE OF DEATH* was as follows: Chronic Nephritis Diabetes

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia Anasarca

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical —

(Signed) K. W. Goldzier M.D.

(Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship	5-29 1925

20 UNDERTAKER Jack Lewis 1437 E Balto

ADDRESS

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98838

D 98838

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Linwood & Brosius Av ST., 7 WARD)

2-FULL NAME Fritz Don Kriegsheim

(a) RESIDENCE No. Linwood & Brosius Av ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma Yost

6 DATE OF BIRTH (month, day, and year) June 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Manager
(b) General nature of industry, business, or establishment in which employed (or employer) Bdw & May
(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Germany

PARENTS

10 NAME OF FATHER Carl Von Kriegsheim

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) " "

14 Informant Mrs Emma Von Kriegsheim
(Address) Linwood & Brosius Av

MAY 27 1925 FILED ROBERT R. KRAUTER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edw. Hoffman, M. D.
(Coroner.)

May 26, 1925 (Address) 923 N Rolland Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cremation London Park DATE OF BURIAL May 28 1925

20 UNDERTAKER John O. Mitchell ADDRESS 1014 Fayette

Spec—12-23-21—E.B.R.S.—400 Bks.

98839

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98839

CERTIFICATE OF DEATH.

12-5

1-PLACE OF DEATH Union Memorial Hospital Registered No.....

City of BALTIMORE: (No. Calvert & 33rd St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George E. Barry Jr.

(a) Residence No. 2126 Maryland ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? X yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced ~~HUSBAND of~~ ~~WIFE of~~ Mrs George E Barry

6-DATE OF BIRTH (month, day and year) May 25, 1925

7-AGE. 70 yrs. 11 mos. 23 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Representative

(b) General nature of industry, business, or establishment in which employed (or employer). Cotton Mills

(c) Name of employer. 0

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George E Barry

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Ellen Emory

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) George E Barry

(Address) 2126 Maryland Ave

15- MAY 27 1925 VINCENT H. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 25, 1925

17- I HEREBY CERTIFY, That I attended deceased from May 19, 1925 to May 25, 1925

that I last saw him alive on May 25, 1925

and that death occurred, on the date stated above, at 11 05 P m.

The CAUSE OF DEATH* was as follows:

Stone in Common bile duct

(Duration) 11 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death? Baltimore City

Did an operation precede death? Yes Date of May 21, 1925

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Donald C Chandler M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Green Mount | DATE OF BURIAL, May 28 1925

20-UNDERTAKER, John O Mitchell | ADDRESS 120 W. Fayette St.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12-31

D 98840 Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No.) Municipal tuberculosis hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew W. Ballard

(a) Residence No. 2218 Oak st. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	white	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mae E. Ballard

6-DATE OF BIRTH (month, day and year) 1881

7-AGE.	If LESS than 1 day,
44 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Chef

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Charles Ballard

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Martha Jenkins

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Virginia

11- (Informant) Hospital Records

(Address) M.C.H.

13- MAY 27 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 26, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 30, 1925, to May 26, 1925

that I last saw him alive on May 26, 1925

and that death occurred, on the date stated above, at 10.15 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Cirrhosis of Liver

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) J. F. White, M. D.

5-26-1925 (Address) Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Dr. Mary's Hampden	May 27, 1925
20-UNDERTAKER	ADDRESS
Copenwerth & Son	3615 Chestnut ave

Spec.—1-10-21—M&T—1500 Blks.

D 98841

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 001 D 98841

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 401 N. Streeper ST., 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude M. Geare

(a) RESIDENCE NO. 401 N. Streeper ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 11 mos. ✓ ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 23 / 24

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): ~~Clifford L. Geare~~ Balto Md

PARENTS

10 NAME OF FATHER: Clifford L. Geare

11 BIRTHPLACE OF FATHER (city or town) (State or country): Birmingham Alabama

12 MAIDEN NAME OF MOTHER: Esther Wehner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto, Md

14 Informant: Father

(Address): 401 N. Streeper St

15 Filed MAY 27 1925

ROBERT F. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1925

17

I HEREBY CERTIFY, That I attended deceased from May 22, 1925, to May 25, 1925, that I last saw h[illegible] alive on May 25, 1925, and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L. E. Lobitad, M. D.

, 19 (Address) 4471 N. Linwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: May 28 1925

20 UNDERTAKER: Jos. F. Herr — ADDRESS: 156 N. Luzerne

Spec.—1-10-21—M&T—1500 Rks.

D 98842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 ✓

D 98842

REGISTERED NO.

1-PLACE OF DEATH 2819 E. Jefferson ~~St~~

CITY OF BALTIMORE: (NO. 6-3 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Diem

(a) RESIDENCE NO. 2819 E. Jefferson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. 9 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Mathew Diem

6 DATE OF BIRTH (month, day, and year) Aug. 21, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	60	9	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Joseph Stotler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Daughter (Address) 2819 E Jefferson St

15 Filed ....., 19 .... Registrar

JOHN R. KRAUTER, MAY 27 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1925

17 I HEREBY CERTIFY, That I attended deceased from April 24, 1925 to May 25, 1925, that I last saw her alive on May 25, 1925, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Hypertension, carditis, arterio-sclerosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L. C. Sobital M. D.

, 19 (Address) 447 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem DATE OF BURIAL May 27 1925

20 UNDERTAKER Jos. J. Herr ADDRESS 156 N. Luzerne

Spec—12-23-21—E.B.R.S.—400 Bks.

98843

HEALTH DEPARTMENT—CITY OF BALTIMORE

98843 + 45 D 98843

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Infirmary 6-1 Registered No.....

City of BALTIMORE: (No. Broadway & Boyle St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Clara Eastburn

(a) Residence No. 630 4th St Huntington W Va ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel E. Eastburn

6-DATE OF BIRTH (~~month, day~~ and year) 1862.

7-AGE.	If LESS than 1 day,
63 yrs. ... mos. ... ds.	... hrs. or ... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), W Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Harriet B. Pumphrey

(Address) Rockville Md

15- MAY 27 1925 ROBERT N. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 26, 1925

17- I HEREBY CERTIFY, That I attended deceased from May 13 1925 to May 26 1925

that I last saw h. alive on May 26 1925,

and that death occurred, on the date stated above, at 4:45 P m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of May 15 1925

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) George Forbes, M. D

, 19 (Address) Church Home & Infirmary

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF INTERMENT, REMOVAL, Rockville Md ... DATE OF BURIAL, May 29 1925

20-UNDERTAKER, H. R. Pumphrey Sons ADDRESS Rockville Md

Spec.—1-10-21—M&T—1500 Bks.

Spivey

98844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+37 D 98844

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2600 Reisterstown Rd. ST., 15-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Henry Spivey

(a) RESIDENCE No. 2600 Reisterstown Rd. ST. WARD 7a

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lula Spivey

6 DATE OF BIRTH (month, day, and year) Mar 20 1888

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
37	2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Railroad Executive 073

(b) General nature of industry, business, or establishment in which employed (or employer) Am. Railroad Assn.

(c) Name of employer W. W. E. Kendall

9 BIRTHPLACE (city or town) Franklin

(State or country) Va.

PARENTS

10 NAME OF FATHER Jackson Spivey

11 BIRTHPLACE OF FATHER (city or town)

(State or country) North Carolina

12 MAIDEN NAME OF MOTHER Rose Rayor

13 BIRTHPLACE OF MOTHER (city or town) Franklin

(State or country) Va.

14 Informant Lula Spivey

(Address) 2600 Reisterstown Rd.

15 Filed MAY 27 1925 ROBERT A. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1925, to May 25, 1925.

that I last saw h[illegible] alive on May 25, 1925

and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonary Chronic active all lobes both lungs.

(duration) 2 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Washington D.C.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum Exams.

(Signed) C. Howard Donella M. D.

, 19 (Address) 1300 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL 5/27 1925

20 UNDERTAKER Wm J. Dickson Sons — ADDRESS Broad Northern

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98845 | CERTIFICATE OF DEATH. | D 98845

1-PLACE OF DEATH

City of BALTIMORE: (No. 132 So London Ave St., 20-1 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Virginia Luckett

(a) Residence No. 132 So London Ave St., Ward Charles Co: Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 7 mos. — ds. — How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Jas. H. Luckett

6-DATE OF BIRTH (month, day and year) Nov 25 - 1859

7-AGE. 65 yrs. 6 mos. 1 ds. If LESS than 1 day, ~ hrs. or ~ min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Charles County Md.

PARENTS.

10-NAME OF FATHER, John Goodrich

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Charles Co. Md.

12-MAIDEN NAME OF MOTHER, Rebecca Bevans

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Charles Co. Md.

11- (Informant) George E. Shannon
(Address) 700 Fulton Ave

15- MAY 27 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 26-25

17- I HEREBY CERTIFY, That I attended deceased from Nov 2, 1924, to May 26, 1925, that I last saw h~~er~~ alive on May 25, 1925, and that death occurred, on the date stated above, at 3.45 a m.

The CAUSE OF DEATH* was as follows:

Cancer of Neck

(Duration) ~ yrs. 9 mos. ~ ds.

CONTRIBUTORY (Secondary) Pneumonia (Hypostatic)

(Duration) ~ yrs. ~ mos. 7 ds.

18-Where was disease contracted if not at place of death? ~

Did an operation precede death? Yes Date of Dec 3. 1924

Was there an autopsy? Yes -

What test confirmed diagnosis? Usual

(Signed) George E. Shannon, M. D

5/26, 1925 (Address) 700 Fulton Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Londonderry — DATE OF BURIAL, 5/28, 1925

20-UNDERTAKER, Wm J Tickner & Sons — ADDRESS Baltimore

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98846 — 1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 Caswell St. 9-3 WARD)

2-FULL NAME Gertrude V Long

(a) RESIDENCE NO. 1700 Oldenborough St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

31

D 98846 — REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: single

6 DATE OF BIRTH (month, day, and year): Feb 21 1910

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	15	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Charles Long

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Agnes Waldeck

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Medford Murphy

(Address): 1706 Caswell St

Filed MAY 27 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 24 1925

17 I HEREBY CERTIFY, That I attended deceased from July, 1924, to May 24, 1925, that I last saw h[er] alive on May 24, 1925 and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. D. Kinzer, M. D.

May 25, 1925 (Address) 2700 Harford Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Park Wood Cemetery	May 27 1925
20 UNDERTAKER: Gaddis Turner	ADDRESS 1442 Broadway

TION IS VERY important

Spec.—1-10-21—M&T—1500 Blks.

98847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

D 98847
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1805 N Bethel ST., 8-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E Howard.

(a) RESIDENCE NO. 1865 N Bethel. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 19 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Michael J Guy.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Dont know 5/25/1925

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Fannie Krummick.
(Address) 1805 N Bethel

15 Filed MAY 27 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1925

17 I HEREBY CERTIFY, That I attended deceased from March 16, 1925, to ~~April 24~~ May 24, 1925, that I last saw her alive on May 24, 1925, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Heart complications

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of ——

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fenby, M. D.

(Address) 1223 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore	May 27 1925
20 UNDERTAKER Robt J Turner Inc	ADDRESS 1611 E Broadway

TION IS very important. Co

Spec.—1-10-21—M&T—1500 Blks.

181495

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98848

CERTIFICATE OF DEATH.

3VD 98848

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 18 - 1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Norma Medairy

(a) RESIDENCE NO. 401 N. Schroeder St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Five yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	4	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Cesar Medairy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Laurena Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records

(Address): JOHNS HOPKINS HOSPITAL

15 Filed MAY 27 1925 Burial Permit Issued Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26 1925

17 I HEREBY CERTIFY, That I attended deceased from May 23 —, 1925, to May 26 —, 1925,

that I last saw her alive on May 26 —, 1925,

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Acute General Miliary Tuberculosis

(duration) yrs. 1 mos. 18 ds.

CONTRIBUTORY (Secondary) Tuberculous Meningitis

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes.

What test confirmed diagnosis? None

(Signed) C. G. Scott, M. D.

(Address) 519 N. Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: May 28 1925

20 UNDERTAKER: Wilbur W. Divine — (ADDRESS) Mt Edmondson Ave

Tillie White

HEALTH DEPARTMENT—CITY OF BALTIMORE

98849

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

86 B 98849

Registered No. C.....

City of BALTIMORE: (No. Balto City Hospital St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Tillie White

(Residence in Baltimore: No. 614 N. Dallas St.; yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH. March 3 (Month) (Day) 1923 (Year)

7-AGE. 2 yrs. 1 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto City

PARENTS.

10-NAME OF FATHER. Tillie White

11-BIRTHPLACE OF FATHER. (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Ester Dennis

13-BIRTHPLACE OF MOTHER. (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ester White

(Address) 614 N. Dallas St

15- Filed MAY 27 1925 19... Robert R. KRAUER Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 24 (Month) (Day) 192.5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Basal meningitis
Septic

(Duration) ...yrs. ...mos. 1 ...ds.

CONTRIBUTORY (Secondary) Otitis media

(Duration) ...yrs. ...mos. 4 ...ds.

(Signed) James M. Henson M. D. (Coroner.)

May 24 1925 (Address) 700 E. Chase

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
asbury cemetery	May 27 1925
20-UNDERTAKER, Edward Bryan	ADDRESS 1681 Orleans st

Spec.—8-24-14—M. & T.—2000 Blks.

D 98850

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98850

CERTIFICATE OF DEATH.

8-23

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1801 N. Washington ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dora A. Reynolds

(Residence in Baltimore: No. 1801 N. Washington St.; 55 yrs., 4 mos., 1 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Jan. (Month) 24 (Day), 1870 (Year)

7-AGE.	If LESS than 1 day,
55 yrs. 4 mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Spouse Work
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Jacob Strieb

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dora Lutz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Harry Reynolds

(Address) 1801 N. Washington

15-

Filed....., 191.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 25 (Day), 1925 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Nov 13 1924, to May 26 1925, that I saw her alive on May 24 1925, and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

Cystitis - Pyelo-nephritis

(Duration)..... yrs. 7 mos..... ds.

CONTRIBUTORY (Secondary) Myelitis

(Duration)..... yrs..... mos..... ds.

(Signed) C. Gill Hall M. D.

May 26, 1925. (Address) 1631 E North Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	May 28, 1925
20-UNDERTAKER Henry Lutz	ADDRESS 1203 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

D 98851 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98851

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1919 Gough St. ST., 21-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Conrad Ditzel

(a) RESIDENCE NO. 1919 Gough St. ST., 2 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Marie Ditzel

6 DATE OF BIRTH (month, day, and year) Nov. 23-1839

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	86	6	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Ditzel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Harry Ditzel Son

(Address) 1919 Gough St.

15 Filed MAY 27 1925 ROBERT P. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1925

17

I HEREBY CERTIFY, That I attended deceased from July 2, 1923, to May 25, 1925, that I last saw h alive on May 25, 1925, and that death occurred, on the date stated above, at 10.40 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Leo Heller, M. D.

5/26, 19 (Address) 1437 Gough St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem.	May 27 1925
20 UNDERTAKER	ADDRESS
Lilly & Zeiler	403 S. Wolfe St.

Spec—12-23-21—B.H.R.S.—400 lbs.

98852

HEALTH DEPARTMENT—CITY OF BALTIMORE

3.20
1.M

CERTIFICATE OF DEATH.

6-3-21 D 98852

1-PLACE OF DEATH

City of BALTIMORE: (No. 518 N. Linwood Ave St., 6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Charles Stewart Hihn

(a) Residence No. 518 N. Linwood Ave St., 6 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced. (Write the word.): married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertha K.

6-DATE OF BIRTH (month, day and year): Jan. 8, 1894

7-AGE: 31 yrs. 4 mos. 17 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Household Furnishings

(b) General nature of industry, business, or establishment in which employed (or employer): manager & owner

(c) Name of employer: none

9-BIRTHPLACE (city or town) (State or Country): Baltimore Maryland

PARENTS.

10-NAME OF FATHER: John Benjamin Hihn

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Mary E. Secates

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Baltimore Md.

14-

(Informant): Master M. Hihn

(Address): 1303 N. Longwood St.

15-

MAY 27 1925 ROBERT F. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): May 26/25

17- I HEREBY CERTIFY, That I attended deceased from May 20, 1925, to May 26/25, 1925, that I last saw him alive on May 25, 1925, and that death occurred, on the date stated above, at 3.20 a.m.

The CAUSE OF DEATH* was as follows:

Acute Meningitis

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & Chronic Nephritis

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. L. Milton M.D.

, 19 (Address) 2246 39th

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL, May 28, 1925

20-UNDERTAKER: Geo Schilling & Sons — ADDRESS: Monument & Fayette Sts

Cor.—1-12-23—M&T—100 Blks.

D 98853 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 D 98853

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3905 Clover Hill Road ST., 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James F. Dunn Jr

(a) RESIDENCE No. 3905 Clover Hill Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lucie F. Dunn

6 DATE OF BIRTH (month, day, and year) June 17th 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43 yrs.	10	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Undertaker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER James Dunn Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Sarah Henderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs. Lucie F. Dunn

(Address) 3905 Clover Hill Road

15 Filed MAY 27 1925 ROBERT R. KRAUTER, Registrar

Assistant Records Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun Shot wound through his heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) John Morrison M. D.
(Coroner.)

May 26, 1925 (Address) 3612 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	May 28 1925
20 UNDERTAKER George J. Smith	ADDRESS 1532 Hollins St

Spec.—I-12-23—M&T—500 Bks.

D 98854. HEALTH DEPARTMENT—CITY OF BALTIMORE D 98854

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp ST., 19-1 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David O Fouche

(a) RESIDENCE No. 126 N Calhoun St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 17, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West Indies.

PARENTS

10 NAME OF FATHER George Fouche.

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Indies.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Indies

14 Informant Samuel Reginald Fouche
(Address) 126 N Calhoun St

15 Filed ....., 19 ..... Registrar

MAY 27 1925 ROBERT R. KRAUTER, Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26th 1925

17 I HEREBY CERTIFY, That I attended deceased from May 20th, 1925, to May 26th, 1925, that I last saw him alive on May 26th, 1925 and that death occurred, on the date stated above, at 2.35 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia - lobar

(duration) yrs. — mos 7 ds.

CONTRIBUTORY (Secondary) Chr Nephritis and Uraemia (duration) yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Newman B Friedman, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	May 28 1925
20 UNDERTAKER	ADDRESS 1532
George J Smith	Hollins

Spec.—1-10-21—M&T—1500 Bks.

) 98855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

114 D 98855

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 Ruller ST., 14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James B. Barnett Jr

(a) RESIDENCE NO. 1406 Ruller ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 6 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 21, 1920

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
4	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER James B. Barnett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Barbara Bland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant James B. Barnett (Address) 1406 Ruller St

15 Filed MAY 27 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25, 1925

17 I HEREBY CERTIFY, That I attended deceased from 5/20, 1925, to 5/25, 1925, that I last saw him alive on 5/24, 1925, and that death occurred, on the date stated above, at 6:15 P.m.

The CAUSE OF DEATH* was as follows:

Endocarditis

Form Influenza ?

(duration) 4 yrs. mos ✓ ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Ellis, M. D.

5/26. 1925 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn — DATE OF BURIAL 5/27/25

20 UNDERTAKER Jno. Geo. H. Holland — ADDRESS 1631 Druid Hill Ave

93856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98856

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Anselmi

(Residence in Baltimore: No. 1127 William St. St.; 2 yrs., 7 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word)
female	white	single

6-DATE OF BIRTH. Oct. 5, 1922 (Month) (Day) (Year)

7-AGE. 2 yrs. 7 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS:

10-NAME OF FATHER. Michael Anselmi

11-BIRTHPLACE OF FATHER, (State or Country). Italy.

12-MAIDEN NAME OF MOTHER. Josephine Monte

13-BIRTHPLACE OF MOTHER, (State or Country). Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Anselmi

(Address) 1127 William St.

MAY 27 1925

Filed ..... 19.. ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 25, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Appendicitis

.....(Duration).....yrs.....mos. 2 ds.

CONTRIBUTORY (Secondary).....

.....(Duration).....yrs.....mos.....ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

May 26, 1925. (Address) 2802 Edmondson Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Cross A.A.C.	May 28 1925
20-UNDERTAKER.	ADDRESS
Margaret J. Flynn	1422 Light St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

98857

98857

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U.S. Marine Hospital # 1 — REGISTERED NO.

CITY OF BALTIMORE: (NO. ..... ST., 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Kelly.

(a) RESIDENCE NO. U.S. Marine Hospital # 1 ST., ... WARD .....
(Usual place of abode) Baltimore, Md. (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Anne Kelly

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman 086

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Self (Address)

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1925

17

I HEREBY CERTIFY, That I attended deceased from May 2, 1925, to May 25, 1925, that I last saw him alive on May 25, 1925, and that death occurred, on the date stated above, at 10 00 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobular

(duration) ... yrs. ... mos. 15 ds.

CONTRIBUTORY (Secondary) Myocarditis, Chronic (duration) 10 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical findings & Laboratory tests.

(Signed) [illegible] M. D.

5/26, 1925 (Address) U.S.M. Hospital No 1 Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Trinity Cemetery	5/27 1925
20 UNDERTAKER Sol Levinson	ADDRESS 1127 E Balto St

Spec.—1-10-21—M&T—1500 Blks.

D 98858 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98858

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1920 Schroud ave ST., 9-5 WARD

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob T. Holmes.

(a) RESIDENCE (Usual place of abode) NO. 1920 Schroud av ST., WARD

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Betty Holmes.

6 DATE OF BIRTH (month, day, and year) May 15 1865

7 AGE: Years 60 Months Days If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) City.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt

PARENTS

10 NAME OF FATHER Jacob T. Holmes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt.

14 Informant Geo. W. Holmes.

(Address) 1920 Schroud ave

15 MAY 27 1925 Hazel R. Krauter, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-24 1925

17 I HEREBY CERTIFY, That I attended deceased from 5-1, 1925, to 5-24, 1925.

that I last saw him alive on 5-23, 1925;

and that death occurred, on the date stated above, at 7-50 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical signs

(Signed) C. F. Unglebart, M. D.

5/27, 1925 (Address) 870 Rolling Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary. Cemetery. Hampstead. DATE OF BURIAL: May 28 1925

20 UNDERTAKER: Geo. F. Roth ADDRESS: 1735 Harford ave.

Spec.—1-12-23—M&T—500 Bks.

D 98859 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-901 D 98859

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5198 Decker Ave ST., 1-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph H Carroll

(a) RESIDENCE NO. 5198 Decker Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ada Bunch

6 DATE OF BIRTH (month, day, and year): Aug 2 1876

7 AGE: Years 48; Months 9; Days 23; If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Charles E Carroll

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Margaret Hopkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Ada Bunch

(Address): 5198 Decker Ave

15 Filed MAY 27 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 25 1925

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1925, to May 25, 1925,

that I last saw h alive on May 25, 1925,

and that death occurred, on the date stated above, at 1 a 8 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) Abt 7 days

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Calvert H. Patterson, M. D.

(Address) May 27 1925 100 S. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem

DATE OF BURIAL: May 28 1925

20 UNDERTAKER: John Ulrich

ADDRESS 2008 Aliceanna

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98860 CERTIFICATE OF DEATH. 38 D 98860

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 10-2 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfred Johnson

(a) RESIDENCE No. 737 Sterling ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) D. C.

PARENTS

10 NAME OF FATHER Albert Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospital Records (Address)

15 Filed MAY 27 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1925

17 I HEREBY CERTIFY, That I attended deceased from March 17, 1925, to May 24, 1925, that I last saw him alive on May 24, 1925 and that death occurred, on the date stated above, at 3:40 p.m.

The CAUSE OF DEATH* was as follows:

Paraplegia (syphilitic?)

Decubitus ulcers

(duration) 1 (history) yrs. mos ds.

CONTRIBUTORY (Secondary) lobar pneumonia

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W Lindsay Miller, M. D.

5/27, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL MAY 27 1925

20 UNDERTAKER

ADDRESS

D 98861

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98861

CERTIFICATE OF DEATH.

B-17

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 1159 E Lombard St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Horne

(Residence in Baltimore: No. 1159 E. Lombard St.; yrs., 40 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	Widower

6-DATE OF BIRTH. July (Month) 14 (Day) 1867 (Year)

7-AGE. About 58 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... unknown
(b) General nature of industry, business, or establishment in which employed (or employer) ... 087

9-BIRTHPLACE. (State or Country) Phila Pa

PARENTS.

10-NAME OF FATHER. Robert Horne

11-BIRTHPLACE OF FATHER. (State or Country) England

12-MAIDEN NAME OF MOTHER. Angie Temple

13-BIRTHPLACE OF MOTHER. (State or Country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A M Dermott

(Address) 2257 N. 17th St Phila Pa

15- Filed MAY 27 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Found dead May (Month) 24 (Day) 1925 (Year)

I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or Inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
probably alcoholic

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) James M Lawton M. D. (Coroner.)

May 25 1925 (Address) 200 E Chase

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal**, or **Homicidal**.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL. New Cathedral — DATE OF BURIAL. May 27 1925

20-UNDERTAKER. John C. Mitchell — ADDRESS 201 W Fayette

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98862
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

Registered No. D 98862

City of BALTIMORE: (No. 1143 N. Carrollton av. St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leslie Bailey

(Residence in Baltimore: No. 1143 N. Carrollton av St.; yrs. 1 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	colored	Single

6-DATE OF BIRTH, Aug 15, 1906 (Month) (Day) (Year)

7-AGE, 18 yrs. 9 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): Ott

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Wm. Bailey

11-BIRTHPLACE OF FATHER, (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Alphonsus Thacker

13-BIRTHPLACE OF MOTHER, (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Willetta Robinson

(Address) 1143 N. Carrollton av.

15- MAY 27 1925 Dec. 192 ROBERT H. KRAUTER, Burial Permit Clerk-Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 26, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) no other history

(Duration) yrs. mos. ds.

(Signed) J. C. Hennessy M. D. (Coroner.)

May 26 1925 (Address) 28 W. Lanvale St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, May 28 1925

20-UNDERTAKER, Sam'l W. Glass Sons — ADDRESS 1400 Mosher

Spec.—1-10-21—M&T—1500 Bks.

(Frances Jankowiak,)

D 98863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

D 98863

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Mercy Hospital H-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Jankowiak

(a) RESIDENCE No. 2935 Hudson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? 21 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stanislaus Jankowiak.

6 DATE OF BIRTH (month, day, and year) — 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of Industry, business, or establishment in which employed (or employer) Housework.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) A. A. Co., Md.

PARENTS

10 NAME OF FATHER Henry. —

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Elizabeth —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Mrs Eva Siminski (Address) 2935 Hauson st

15 Filed ..... 19 .....

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-23-21

17 I HEREBY CERTIFY, That I attended deceased from 5-16-21, 19 ..... to 5-23-21.

that I last saw h~~e alive~~ on 5-20-21.

and that death occurred, on the date stated above, at 2.10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

Duration Probably 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) K. W. Goldberg M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus — DATE OF BURIAL May 28. 1921

20 UNDERTAKER M. F. Sadowski. — ADDRESS 705 S. Ann.

98864

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98864

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Taken ill suddenly at Fayette & Appeal Sts. Removed to Central
City of BALTIMORE: (No.) Pronounced dead at Franklin Square Hospital
(If death occurred in hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles J. Subock

(Residence in Baltimore: No. 525 N. Fulton Ave St.; yrs. 25 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

6-DATE OF BIRTH June 25 1863
(Month) (Day) (Year)

7-AGE. 61 yrs. 10 mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Md

PARENTS.

10-NAME OF FATHER, Charles Subock

11-BIRTHPLACE OF FATHER, (State or Country) Germany

12-MAIDEN NAME OF MOTHER, Katherine Keeb

13-BIRTHPLACE OF MOTHER, (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Subock

(Address) 525 N. Fulton ave

15- Filed 1925 Robert P. Harrison, 192 Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH May 25 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

a Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Thos. B. Norton M. D.
(Coroner)

May 26 1925 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Base, Hem

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Westwood Cemetery DATE OF BURIAL, May 28 1925

20-UNDERTAKER, ADDRESS George L. Schwartz 21 E. Fulton Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

98865

HEALTH DEPARTMENT—CITY OF BALTIMORE

(Luther)

31 D 98865

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2522 W. Fayette ST.; 20 WARD 3

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Luther Wells

(Residence in Baltimore: No. 2522 W. Fayette St.; 20 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan. (Month) 6 (Day), 1879 (Year)

7-AGE, 46 yrs. 4 mos. 17 da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Odd

9-BIRTHPLACE, (State or Country), A. A. Co, Md

PARENTS.

10-NAME OF FATHER John E. Wells

11-BIRTHPLACE OF FATHER (State or Country), A. A. Co, Md.

12-MAIDEN NAME OF MOTHER Connie Smith

13-BIRTHPLACE OF MOTHER (State or Country), A. A. Co, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Golch

(Address) 2522 W. Fayette St.

15-

Filed ... 1925 E. J. Harrison Registrar.

27 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 25th, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 19 1925, to May 25 1925, that I saw h.— alive on May 24th 1925, and that death occurred, on the date stated above, at 10:30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 9 mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) C. B. Culbertson M. D.

May 25, 1925. (Address) 1901 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery DATE OF BURIAL, May 28, 1925

20-UNDERTAKER, George L. Lohmaier ADDRESS 2101 Brdwy ave.

Spec.—1-10-21—M&T—1500 Blks.

D 98866

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98866

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2600 Foster Ave ST., 1-2 WARD) 129

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Antonina Byczynska

(a) RESIDENCE No. 2600 Foster Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 25 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	68	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER William Granza

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs Stanislawa. Franckowiak

(Address) 2600 Foster Ave

15 Filed 27 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25, 1925

17

I HEREBY CERTIFY, That I attended deceased from May 23, 1925, to May 25, 1925, that I last saw her alive on May 25, 1925, and that death occurred, on the date stated above, at 8 P M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Chronic Myocarditis

Uraemia

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P. S. & S.

(Signed) John J. Kruger, M. D.

, 19 (Address) 262 E Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	May 29 1925
20 UNDERTAKER	ADDRESS
John M Weber	1803 Bank

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 98867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-81 D 98867

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1726 Gough st ST.: W-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby. Lace

(a) RESIDENCE. NO. 1726 Gough st ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marangi.

6 DATE OF BIRTH (month, day, and year) May 26 - 25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or 20 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Marangi.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER William Lace

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Rose Strayne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna Col.

14 Informant Mrs William Lace (Address) 1726 Gough Street

15 Filed ..... 19 ..... Robert P. Harrison, Registrar

MY 27 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26 1925

17

I HEREBY CERTIFY, That I attended deceased from May 26, 1925, to May 26, 1925, that I last saw h. alive on May 26, 1925, and that death occurred, on the date stated above, at 10.15 a. m.

The CAUSE OF DEATH* was as follows:

Lyte's mouth marasmus

Due to Ante Partum Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph L. Valentine M. D.

May 26. 1925 (Address) 14 So Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	May 27 1925
20 UNDERTAKER	ADDRESS
John F. Weber	1803 Bank St

D 98868 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98868

66

CERTIFICATE OF DEATH.

3 - 3

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 233 President St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vernon King

(Residence in Baltimore: No. 233 President St.; yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH.

..... 1..... (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
About 37 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, bnsiness, or establishment in which employed (or employer)..... Common

9-BIRTHPLACE, (State or Country). Balto City

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER, (State or Couutry),

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER, (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Robert P. Harrison,

Filed ..... 192.....

Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 19 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

.....

.....

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY .....
(Secondary)

.....(Duration).....yrs.....mos.....ds.

(Signed) James M. Fenton M. D.
(Coroner.)

May 19 1925 (Address) 704 E. Chase

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL. DATE OF BURIAL, 19.....

20-UNDERTAKER, Daniel Easton ADDRESS 916 N. Wolfe St.

MAY 27 1925

Commissioner Health,

27 1925

UNIVERSITY OF MARYLAND.

CORSUS. MORGUE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98869

D 98869

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital ST., 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ferdinand Pechi

(a) RESIDENCE NO. 506 N. Fremont ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	W

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widower

6 DATE OF BIRTH (month, day, and year) January 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Leather trimmer

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Godfrey Pechi

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothea Kloss

13 BIRTHPLACE OF MOTHER (city or town) Germany

(State or country)

14 Informant Henry Scheidt

(Address) 506 Fremont ave

15 Robert F. Harrison Registrar

27 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-25- 1925

17

I HEREBY CERTIFY, That I attended deceased from 4-7-, 1925, to 5-25-, 1925, that I last saw him alive on 5-25-, 1925, and that death occurred, on the date stated above, at 1230 P m.

The CAUSE OF DEATH* was as follows:

Hemiplegia (left side)

Arteriosclerosis

Mitral Stenosis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) N. T. Parr, M. D.

5/26, 1925 (Address) Franklin Sq. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem Co

DATE OF BURIAL May 28 1925

20 UNDERTAKER Edith Schuster

ADDRESS 14 W Fay

Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Bks.

D 98870

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98870

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 Carroll ST., 21-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Menkemeier

(a) RESIDENCE NO. 1213 Carroll ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or ~~Divorced~~, (write the word)
Male	White	Widow.

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Emma. Menkemeier

6 DATE OF BIRTH (month, day, and year) June 22. 1848.

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
76	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber.

(b) General nature of industry, business, or establishment in which employed (or employer) 004

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Menkemeier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

14 Informant Annie Menkemeier

(Address) 1213 Carroll st

15 Filed ....., 19.... Robert P. Harrison Registrar

27 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1925

17

I HEREBY CERTIFY, That I attended deceased from April 3, 1925, to May 25, 1925

that I last saw him alive on May 25, 1925

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma

of Stomach

(duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. B. L. Campbell, M. D.

May 26, 1925 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL May 28 1925

20 UNDERTAKER Robt J Turner Inc

ADDRESS 1442 N Broadway

ec—12-23-21—E.B.R.S.—400 Bks.

D 98871 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98871

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 1820 W. North Ave 15 -11 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Hibner

(a) Residence No. 1820 W. North Ave St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Widower

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Harriet Hibner

6-DATE OF BIRTH (month, day and year) Aug 20 1829

7-AGE. 95 yrs. 9 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Carpenter

(b) General nature of Industry, business, or establishment in which employed (or employer) 015

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), York. Pa.

PARENTS.

10-NAME OF FATHER, Frederick Hibner

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Pa.

12-MAIDEN NAME OF MOTHER, Sarah Dunlap.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Pa.

14- (Informant) Evelyn Mae Allison

(Address) 1820 W. North Ave

15- 27 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 27, 1925

17- I HEREBY CERTIFY, That I attended deceased from May 15, 1925 to May 27, 1925 that I last saw him alive on May 26, 1925, and that death occurred, on the date stated above, at 6 P. m. The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia (congestion)

(Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of –

Was there an autopsy? No

What test confirmed diagnosis? Routine

(Signed) Herman J. Dorf, M. D.

, 19 (Address) 3730 Park Heights Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
York. Pa.	May 30, 1925

20-UNDERTAKER.	ADDRESS
Mrs. Mrs. Jno W. Zepfel & Son	801 W. Fayette

Spec.—1-10-21—M&T—1500 Bks.

D 98872

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98872

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 S. Durham ST., 7 WARD 1

2-FULL NAME Janina. Goszczynska

(a) RESIDENCE NO. 421 S. Durham ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 2 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Teofil. Goszczynski

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Mary. Kasztelan

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant Mr Teofil . Goszczynski
(Address) 421. S. Durham Street

Filed 27 1925, 19 Robert P. Harrison, Registrar

Burial Permit Cl...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/26/25

17 I HEREBY CERTIFY, That I attended deceased from May. 18 , 19 25 , to May 26 , 19 25 ,
that I last saw him alive on May 26 , 19 25 ,
and that death occurred, on the date stated above, at 6.40 P m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Rogers M. D.

5-27-25, 19 (Address) 501 N Bond St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem.

DATE OF BURIAL 19

20 UNDERTAKER John M Weber

ADDRESS 1803 Bank...

pec.—1-12-23—M&T—500 Bks.

98873

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 D 98873

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 434 S. Stricker Street, ST., 19-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Inez Anna Nash

(a) RESIDENCE NO. 439 S. Stricker Street, ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 19, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Lewis A. Nash

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Barbara Wiebking

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant John T. Joyce
(Address) 434 S. Stricker St.

15 5-27-1925 Filed

16 Robert P. Harrison, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 19 25

17 I HEREBY CERTIFY, That I attended deceased from May 15 , 19 25 , to May 27 , 19 25 ,

that I last saw her alive on May 27 , 19 25 ,

and that death occurred, on the date stated above, at 12 15 m.

The CAUSE OF DEATH* was as follows:

Lobular pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) A Chronic Bronchitis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Bernard French, M. D.

5-27-25 19 (Address) 1707 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	May 29 1925
20 UNDERTAKER Joseph B Cook	ADDRESS 1003 W. Balto St

D 98874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98874

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 533 W. Lee St. St., 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles G. Brown. (C)

(Residence in Baltimore: No. 533 W. Lee St. St.; yrs. 24 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Male.	Colored.	Single.

6-DATE OF BIRTH. November 30, 1895.
(Month) (Day) (Year)

7-AGE. 29 yrs. 5 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country.) A. A. Co. Md.

PARENTS.

10-NAME OF FATHER. James Brown. (C)

11-BIRTHPLACE OF FATHER, (State or Country). A. A. Co. Md.

12-MAIDEN NAME OF MOTHER. Mary Blake. (C)

13-BIRTHPLACE OF MOTHER, (State or Country). Calvert Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Brown. (C) mother.

(Address) 533 W. Lee St.

MAY 28 1925 Vincent R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 25, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis.
Septic
Appendicitis.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner.)

May 27, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Calvary & Odenton	May 28 1925
20-UNDERTAKER.	ADDRESS
L. L. Brown & Son	108 N. Montgomery St.

Form.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

98875 ✓ 109-82 98875

98875

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 Sharp St. 22 - 1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Darcen

(a) RESIDENCE NO. 704 Sharp ST., 22 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5/10/1885

7 AGE: Years 40 | Months | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Day laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER John Darcen

11 BIRTHPLACE OF FATHER (city or town) Calvert (State or country) Co. Md.

12 MAIDEN NAME OF MOTHER Emma Rafe

13 BIRTHPLACE OF MOTHER (city or town) Calvert (State or country) Co. Md

14 Informant Emma Rafe

(Address) 704 Sharp St

MAY 28 1925

ROBERT R. KRAUER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/27/1925

17 I HEREBY CERTIFY, That I attended deceased from 3/22/, 1925, to 5/27/, 1925, that I last saw him alive on 5-/26/, 1925, and that death occurred, on the date stated above, at 7.20 A m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis, followed by Myocarditis, and pneumonia Externa

(duration) yrs. 2 mos ' ds.

CONTRIBUTORY (Secondary) Follicular Tonsilitis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical

(Signed) W. D. Baisdet, M. D.

, 19 (Address) 704 Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn St

DATE OF BURIAL: May 30 1925

20 UNDERTAKER: J. F. Broud & Son

ADDRESS: 1611 Mad

pec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98876

CERTIFICATE OF DEATH.

90 D 98876

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 6-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Israel

(a) RESIDENCE No. 114 Jackson Place ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: ? Ida

6 DATE OF BIRTH (month, day, and year): 1870

7 AGE: Years 55 yr. | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cigar Maker

(b) General nature of industry, business, or establishment in which employed (or employer): O'N

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Paul Israel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Louise Israel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Baltimore City Hospital Records (Address)

15 Filed MAY 28 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 27 1925

17 I HEREBY CERTIFY, That I attended deceased from May 26, 1925, to May 27, 1925, that I last saw him alive on May 27, 1925 and that death occurred, on the date stated above, at 5-a m

The CAUSE OF DEATH* was as follows:

Bacterial Endocarditis

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) Coronary Embolus

(duration) Instantaneous yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W Lindsay Miller, M. D.

5/27 1925 (Address) Baltimore City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: 5/28 1925

20 UNDERTAKER: Sol. Leinson & Bro — ADDRESS 1127 E Balto st

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 98877

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

001 D 98877

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 193 Hilton ST. 20-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida M. Auld

(a) RESIDENCE. No. 193 Hilton ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of wife of Benj F. Auld

6 DATE OF BIRTH (month, day, and year) Feb 18-1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Black

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Adline Wollslayer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Benjamin F. Auld
(Address) 193 Hilton St

15 Filed MAY 28 1925 19 ROBERT R. KRAUTER, Registrar
Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26 — 1925

17 I HEREBY CERTIFY, That I attended deceased from May 25 —, 1925, to May 26 —, 1925, that I last saw h— alive on May 26 —, 1925, and that death occurred, on the date stated above, at 5 A — m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage
with hemiplegia

(duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) Unknown

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Phys. Exam.

(Signed) Chas. J. Keller, M. D.

19 (Address) 222 Whitmore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	May 28 19
20 UNDERTAKER Franklin W Leitz	ADDRESS 709 W 33rd St

Spec.—1-10-21—M&T—1500 Bks.

D 98878

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

124 D 98878

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 1-3 WARD)

2-FULL NAME Mrs. Amanda Schlegel.

(a) RESIDENCE No. 2834 Dillon ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	~~Widowed~~

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Otto Schlegel

6 DATE OF BIRTH (month, day, and year) Aug 6. 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54 yrs.	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Fischer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Frederick Schlegel (Address) 2834 Dillon St

15 Filed MAY 2[illegible] 19[illegible] ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26 1925

17 I HEREBY CERTIFY, That I attended deceased from May 8, 1925, to May 26, 1925; that I last saw h[illegible] alive on May 26, 1925; and that death occurred, on the date stated above, at 11.45 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial Failure

10 minutes

(duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary) Gangrene of Gall-bladder

(duration) 3. yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 5/24/25.

Was there an autopsy? Yes.

What test confirmed diagnosis? Operation

(Signed) Jos. M. Fleming M. D.

5/26 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL May 29 1925

20 UNDERTAKER Percy Sander Sons Inc

ADDRESS 1700 Eutaw St.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 98879

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98879

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 843 East Lombard St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Lipman

(a) Residence No. 843 E. Lombard St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Dora Lipman

6-DATE OF BIRTH (month, day and year)

7-AGE. 68 yrs. mos. ds. If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Watch Maker

(b) General nature of industry, business, or establishment in which employed (or employer) 039

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Meyer Lipman

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) Dora Lipman

(Address) 843 E. Lombard St

15- MAY 28 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 27/25

17- I HEREBY CERTIFY, That I attended deceased from Apr. 15th, 19 25 to May 27, 19 25

that I last saw h[illegible] alive on May 27, 19 25

and that death occurred, on the date stated above, at 10-30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. Graber M. D.

5/27, 19 25 (Address) 1826 E. Baltimore St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Wilson Memorial

DATE OF BURIAL, May 28, 19 25

20-UNDERTAKER, Jack Levinson

ADDRESS 1 E. Baltimore St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98880

CERTIFICATE OF DEATH.

D 98880

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Found dead May 24. 25 — Ver 3. Pratt St ST., 21 WARD 3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rev. M. Mitchell

(a) RESIDENCE NO. 415 W. Hamburg St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE: Years 37 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Peter Mitchell

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Annie Hill

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Mary Green
(Address) 1426 Madison

15 Filed ....., 192 ....

ROBERT R. KRAUTER, Registrar

MAY 26 1925 Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Found dead May 24 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowned.

Accidental

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) W. O. Foley, M. D.
(Coroner.)

May 26 1925 (Address) 103 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: 5/28/25

20 UNDERTAKER: C. H. Gross 1405 N. Caroline — ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

D 98881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 98881

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 N. Milton ave ST., 9-4 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm A. Olfers

(a) RESIDENCE NO. 1103 N. Milton ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. 1 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Apr 3/89

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	36	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Produce 045

(b) General nature of industry, business, or establishment in which employed (or employer) Dealer

(c) Name of employer Himself

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Aug D. Olfers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Hovicks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Aug. D. Olfers (Address) 1103 N. Milton ave

15 Filed ... 19 ... ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26 1925

17 I HEREBY CERTIFY, That I attended deceased from March 13R, 1925, to May 26R, 1925, that I last saw him alive on May 26R, 1925, and that death occurred, on the date stated above, at 12-20 A. m.

The CAUSE OF DEATH* was as follows:

Uraemia & Hypertension

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Physical & Chem

(Signed) Geo Hofheimer M. D.

5/27/25 (Address) 4 E. 39th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bulls Cem	5/29, 1925
20 UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98882
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

8-4 100-001 ✓

D 98882
Registered No. C.....

City of BALTIMORE: (No. 1207 N. Dallas St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Cooper

(Residence in Baltimore: No. 1207 N. Dallas St., life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced. (Write the word.)
femle	col	sing

6-DATE OF BIRTH. April 25-25 (Month) (Day) 1 (Year)

7-AGE. yrs. 1 mos. 2 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) none

9-BIRTHPLACE. (State or Country) Balto. Md

PARENTS.

10-NAME OF FATHER. Wm. Cooper

11-BIRTHPLACE OF FATHER. (State or Country). Md

12-MAIDEN NAME OF MOTHER. Rosie Cooper

13-BIRTHPLACE OF MOTHER. (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Cooper

(Address) 1207 N.Dallas St

15-

Filed MAY 28 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 27-25 (Month) (Day) 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Bronchopneumonia
(Primary)
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. S. H. Culver M. D.
(Coroner.)

5-28-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Cemetery	May 28 1925

20-UNDERTAKER. Mrs. R. G. Elliott ADDRESS 1725 Ashland Ave.

D 98883 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98883

CERTIFICATE OF DEATH. 3-74 Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Hebrew Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank R. Burnett

(Residence in Baltimore: No. 1064 Granby St St.; yrs. life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	Sing

6-DATE OF BIRTH. March 13, 1907 (Month) (Day) (Year)

7-AGE. 18 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Chaueffer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country.) Balto. Md

PARENTS.

10-NAME OF FATHER. Frank Burnett

11-BIRTHPLACE OF FATHER. (State or Country). Balto. Md

12-MAIDEN NAME OF MOTHER. Marie Streck

13-BIRTHPLACE OF MOTHER. (State or Country). Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Marie Burnett

(Address) 1064 Granby St

MAY 28 1925 ROBERT R. KRAUTER,
Filed ... 192 ... Registrar.
Burial Permit Issued.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 25-25 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Autopsy at Hebrew Hospital)

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pupura Hemorrhagia (Duration) 10 yrs. ... mos. ... ds.

(Signed) J S H Coleman M. D. (Coroner.)

5-27-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Carlmel Cem	5/29 1925
UNDERTAKER. George J Ruth	ADDRESS 1735 Harford Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98884 — CERTIFICATE OF DEATH. — 182 D 98884

1-PLACE OF DEATH

City of BALTIMORE: (No. Gwynn Falls Park 14 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME.... Francis S. Train

(Residence in Baltimore: No. 114 So. Calhoun St

St., yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Jan 7th 1915
(Month) (Day) (Year)

7-AGE. 10 yrs. 4 mos. 19 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work... School girl
(b) General nature of industry, business, or establishment in which employed (or employer)...

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Elmer E. Train

11-BIRTHPLACE OF FATHER, (State or Country). Balto. Md

12-MAIDEN NAME OF MOTHER. Pearl Loha

13-BIRTHPLACE OF MOTHER, (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elmer E. Train

(Address) 114 So. Calhoun St

15- MAY 28 1925 ROBERT R. KRAUTER, Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 26th, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental
Drowning
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fell in Gwynn Falls
(Duration) yrs. mos. ds.

(Signed) Thos. B. Horton M. D.
Coroner

May 27th 1925. (Address) Curtis Bay, Balto

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Olivet	May 29, 1925.

20-UNDERTAKER. George J. Smith ADDRESS 15 12 Hollins St

Spec.—1-10-21—M&T—1500 Bks.

D 98885 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-D 98885

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 Light ST., 27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas B. Puller

(a) RESIDENCE NO. 701 Light ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary G. Puller

6 DATE OF BIRTH (month, day, and year) Feb. 2, 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	36	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Night Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Richard Puller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Delia Wilkens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mary G. Puller

(Address) 701 Light St.

15 Filed MAY 28 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27, 1925

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1925, to May 27, 1925, that I last saw h[illegible] alive on May 27, 1925, and that death occurred, on the date stated above, at 1 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Epheumatism

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. K. Campbell M. D.

May 27, 1925 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery — DATE OF BURIAL May 30 1925

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

D 98886

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98886

CERTIFICATE OF DEATH.

15 129

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. West Baltimore General Hospital. Ward 8

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary S. Steinbach.

(Residence in Baltimore: No. 2231 Poplar Grove St. St.; 61 yrs., 6 mos., 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced. (Write the word.)
Female	White.	Widow.

6-DATE OF BIRTH. November 3rd. 1863.
(Month) (Day) (Year)

7-AGE. 61 yrs. 6 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Melchior Reinhardt.

11-BIRTHPLACE OF FATHER, (State or Country). Germany.

12-MAIDEN NAME OF MOTHER. Sophia Weidman.

13-BIRTHPLACE OF MOTHER, (State or Country). Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma S. Hofmann. (sister)

(Address) 3825 Kate Ave.

15- MAY 28 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 27, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to net death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.
Broncho pneumonia.
Acute dilatation of the Heart.
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto R. Reinhardt M. D.
(Coroner.)

May 28, 1925. (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park	May 30 1925

20-UNDERTAKER	ADDRESS
John H. Denny	715 Light St

Spec.—I-10-21—M&T—1500 Bks.

98887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16-B 98887

1-PLACE OF DEATH Hebrew Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Sonbeam

(a) RESIDENCE NO. Baltimore, Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 27, 1925

7 AGE — Years — Months — Days — If LESS than 1 day 12 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Child

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Harry Sonbeam

11 BIRTHPLACE OF FATHER (city or town) Russia
(State or country)

12 MAIDEN NAME OF MOTHER Rebecca Pomerantz

13 BIRTHPLACE OF MOTHER (city or town) Russia
(State or country)

14 Informant Hospital
(Address)

15 Filed ..... 19 .....

ROBERT R. KRAUTER,
Burial Permit Clerk. Registrar

MAY 28 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 19 25

17

I HEREBY CERTIFY, That I attended deceased from May 27, 19 25, to May 27, 19 25,

that I last saw he alive on May 27, 19 25

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Premature Baby

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Samuel R. Siegel, M. D.

, 19 (Address) Hebrew Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mortmen Cycle Co

DATE OF BURIAL May 28 1925

20 UNDERTAKER Jack Lewis 1409

ADDRESS Ebdale

Spec.—1-10-21—M&T—1500 Bks.

D 98888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98888

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2427 E. Lafayette Ave ST., 8-2 WARD)

2-FULL NAME Katherine Wagner

(a) RESIDENCE NO. 2427 E Lafayette Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	W.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Wagner

6 DATE OF BIRTH (month, day, and year) Feb 18 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Elizabeth Lowe (Address) 2427 E Lafayette Ave

15 Filed MAY 28 1925 19 Registrar

Burial Permit Card

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 20, 1924, to May 25, 1925; that I last saw her alive on May 18, 1925; and that death occurred, on the date stated above, at 7:15 m.

The CAUSE OF DEATH* was as follows:

Cardiac Stenosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

May 26 1925 (Address) 1107 Fanning Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — DATE OF BURIAL May 28 1925

20 UNDERTAKER Wm Cook — ADDRESS 402 E Fayette Ave

Spec.—1-10-21—M&T—1500 Bks.

D 98889

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98889

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Apt 303. B. St Paul Court 31st St Paul ST., WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Beatrice H. Day

(a) RESIDENCE NO. 31st & St Paul Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence E. Day

6 DATE OF BIRTH (month, day, and year) March 21- 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER William Herlick

11 BIRTHPLACE OF FATHER (City or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Baltimore Maryland

14 Informant Mrs Elizabeth B. Day (Address) 5x Paul Court Apartments

15 Filed MAY 28 1925 Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-27 1925

17 I HEREBY CERTIFY, That I attended deceased from April 22, 1925, to May 27, 1925, that I last saw her alive on May 24, 1925 and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma Intestines

About (duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? v

Did an operation precede death? Yes Date of March 1925

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Walter C Bacon, M. D.

6/27 1925 (Address) 100 E 20th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL 5/23 1925

20 UNDERTAKER William Cook — ADDRESS 502 E North

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98890

98890

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Wilson

(a) RESIDENCE NO. Wash Rd - Catonsville Md. STREET WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 26/1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min
	62	—	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Wm Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Emily Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs L. Lynch

(Address) Wash Rd Catonsville

MAY 28 1925 ROBERT R. KRAUTER,

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 11, 1925, to May 27, 1925, that I last saw her alive on May 27, 1925 and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Neuman B Friedman M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 5/29 1925

20 UNDERTAKER William Deck — ADDRESS 502 E Wash Ave

Spec.—1-10-21—M&T—1500 Bks.

D 98891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4 11

D 98891

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Schmidt

(a) RESIDENCE NO. Ogleswold md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Fannie Schmidt

6 DATE OF BIRTH (month, day, and year) June 12-1896

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	28	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Michael Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Bergner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md. Baltd.

14 Informant Mrs. Rosa Kraab (Address)

15 Filed MAY 28 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1925

17 I HEREBY CERTIFY, That I attended deceased from 5/18, 1925, to 5-28, 1925 that I last saw him alive on 5-28, 1925 and that death occurred, on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Paralytic Ileus

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? n/o Date of May 21 25

Was there an autopsy? n/o

What test confirmed diagnosis?

(Signed) Albert L. Anderson M. D.

5/28, 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland Cemetery

DATE OF BURIAL 5/31 1925

20 UNDERTAKER H. Hess

ADDRESS 532 E Pratt

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98892

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1532 W. Fairmount Ave St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Virgil Butler

(a) Residence No. 1532 W. Fairmount Ave. St., Ward La.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Negro	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Lizzie Butler

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. Unknown 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Rolland Pk. Co.

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Lou La.

PARENTS.

10-NAME OF FATHER, Arron Butler

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Eliza ?

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Joseph M.Butler (Brother)
(Address) 401 N.Gilmor St.

15- MAY 28 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 24th. 25

17- I HEREBY CERTIFY, That I attended deceased from May 9th. 19 25, to May 24 th. 1925

that I last saw him alive on May 23rd. 1925

and that death occurred, on the date stated above, at 6:30 m.

The CAUSE OF DEATH* was as follows:

Mitral Ins. (Brooken Comp.)

(Duration) ? yrs. ? mos. 15 ds.

CONTRIBUTORY (Secondary) Gh. Interstital Neph.

(Duration) ? yrs. ? mos. 15 ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Urinanaylsis Physical Exam

(Signed) Walter J. Jackson, M. D.

, 19 (Address) 1618 W. Mulberry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Mt Auburn	5-28 1925
20-UNDERTAKER, Joseph L Levy	ADDRESS 151 Winters ave

D 98893 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98893

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 14 South Belair Ave St., 27-3 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Reinhold Jeske

(Residence in Baltimore: No. 14 south Belair Ave St.; yrs. 40 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	sing

6-DATE OF BIRTH. 1866 (Month) (Day) (Year)

7-AGE. 59 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Night Watchnan
(b) General nature of industry, business, or establishment in which employed (or employer): Phila. S.S. Co.

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER, (State or Country). "

12-MAIDEN NAME OF MOTHER. "

13-BIRTHPLACE OF MOTHER, (State or Country). "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julius Gohrbaugh

(Address) 14 S.Belair Ave

15- Filed ..... 192.....

ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 27-25 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Bronchitis (reported

(Duration) yrs. mos. ds.

(Signed) J. S. Wallis M. D.
(Coroner.)

5-28-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Trinity Cem. DATE OF BURIAL. 5/29 1925

20-UNDERTAKER. J. F. Gahagan ADDRESS 1318 Light

Spec.—1-10-2I—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

98894

CERTIFICATE OF DEATH.

10 001 D 98894

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1342 Argyle Ave ~~St.~~ 17-1 WARD)

2-FULL NAME Charles Gray

(a) RESIDENCE NO. 1342 Wyatt Ter ~~St.~~ WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Maggie Gray

6 DATE OF BIRTH (month, day, and year) June 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hostler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Prince George Co Md

PARENTS

10 NAME OF FATHER Robert Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country) P. G. Co Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Edward Johnson

(Address) 1301 Division St

15 Filed MAY 28 1925 ROBERT H. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26. 1925

17 I HEREBY CERTIFY, That I attended deceased from May 19 1925 to May 26 1925, that I last saw him alive on May 26, 1925, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the heart

17 hrs. (duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 4 da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Elder, M. D.

5/26, 1925 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Collington Prince George — DATE OF BURIAL May 1925

20 UNDERTAKER Sam'l. Chase Son — ADDRESS 1100 Mosher

Spec--12-23-21--E.B.R.S.--400 Bks.

98895

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98895

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1814 Park Avenue St., 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Gertrude Landy

(a) Residence No. 1814 Park Avenue St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Phillip F. Landy

6-DATE OF BIRTH (month, day and year) March 17, 1877

7-AGE.	If LESS than 1 day,
48 yrs. 2 mos. 10 ds.	....hrs. or....min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) Richmond
(State or Country), Indiana

PARENTS.

10-NAME OF FATHER, Thomas McCarthy

11-BIRTHPLACE OF FATHER (city or town)
(State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Nora Cain

13-BIRTHPLACE OF MOTHER (city or town)
(State or Country), Ireland

14- (Informant) Thomas Landy
(Address) 1814 Park Avenue

15- Filed 1925 Robert P. Harrison, Registrar.
Burial Permit Clerk

Via Penn. Railroad Escort - Thomas M. Landy

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 5-28-25

17- I HEREBY CERTIFY, That I attended deceased from April 10th, 19.25, to May 27th 19.25, that I last saw h.er alive on May 27th 19.25 and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Anaemia Asthenia

(Duration) ... yrs. 7 mos. 2 ds.

CONTRIBUTORY (Secondary) Intestinal Neoplasm

Gastro Enteritis

(Duration) 2 yrs. 6 mos. ... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of ~

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. A. Saunders M. D.

5/28, 1925 (Address) 719 E. Preston St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Richmond, Indiana	5/29 19.25
20-UNDERTAKER.	ADDRESS
Henry U. Mears & Son	805 N. Calvert

Spec.—1-12-23—M&T—500 Blks.

) 98896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 D 98896

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital (or WARD) 26-5

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie T. Wright

(a) RESIDENCE No. 1918 N. Saratoga ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed,~~ or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 27 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	5	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Office

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Chas W. Wright

11 BIRTHPLACE OF FATHER (city or town) " Md "
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) " "
(State or country) " "

14 Informant Mrs. M.C. Spear.
(Address) 1918 N. Saratoga St.

15 Filed MAY 28 1925, 19 Robert P. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26 1925

17 I HEREBY CERTIFY, That I attended deceased from May 22, 1925, to May 26, 1925, that I last saw h[illegible] alive on May 18, 1925 and that death occurred, on the date stated above, at 5:50 Am

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Arterial Sclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Newman Friedman, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet — DATE OF BURIAL May 30 1925

20 UNDERTAKER Wm J Frickenstein Sons — ADDRESS N & Pa

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98897

CERTIFICATE OF DEATH.

083 98897

107-

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial H 27-6 St., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barron Berthald

(a) RESIDENCE No. 210 Edgevale Road St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertha BeBerthald

6 DATE OF BIRTH (month, day, and year): Dec 22, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	5	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Professor of Music

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Peabody Institute

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Bertha B. Berthald

(Address): 210 Edgevale Road

15 Filed 28 1925, 19

Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 27th 1925

17 I HEREBY CERTIFY, That I attended deceased from May 20th, 1925, to May 27th 1925, that I last saw him alive on May 27th, 1925, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Lung abcess — followed by Emfysema

(duration) 0 yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of May 24th

Was there an autopsy? No

What test confirmed diagnosis? X Ray of Chest.

(Signed) Morton Sinclair, M. D.

, 195 (Address) 42 Preston St.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bowanda. Penna	May 29, 1925
20 UNDERTAKER: W. J. Fickenscher Sons	ADDRESS: Natl & Pa

Spec.—1-10-21—M&T—1500 Bks.

98898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98898

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1121 Valley ST., 10-2 WARD) 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ophelia S. Mason

(a) RESIDENCE NO. 1121 Valley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 58				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): 170

(c) Name of employer: John T. Radford

9 BIRTHPLACE (city or town) (State or country): Cumberland Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs. John T. Radford

(Address) 1121 Valley St.

15 Filed ..... 19 Robert E. Harrison, Registrar

MAY 28 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 1925

17

I HEREBY CERTIFY, That I attended deceased from May 22, 1925, to May 27, 1925, that I last saw h[illegible] alive on May 27 1925 and that death occurred, on the date stated above, at 5-40 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Acut attack on Chronic (duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M. Burton, M. D.

5/28 1925 (Address) 2001 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cumberland Md	May 29 1925
20 UNDERTAKER: Wm J. Pickner & Sons	ADDRESS: Norfolk Va

Spec.—6-9-13—H. P. Co.—1000 Bks.

D 98899

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98899

161-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 S. Wolfe ST.; 2-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adam Foster

(a) RESIDENCE. No. 416 S. Wolfe ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 27 / 25

7 AGE Years Months Days If LESS than 1 day, hrs. or 5 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER Frank L Foster

11 BIRTHPLACE OF FATHER (city or town) Kentucky
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Theresa Kohler

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Mr Frank Foster
(Address) 416 S Wolfe Street

15 Filed MAY 28 1925, 19

Robert P. HARTLEY,
Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1923

17 I HEREBY CERTIFY, That I attended deceased from Premature birth on 6 th month 19 19, that I last saw him alive on 19, and that death occurred, on the date stated above, at 11 58 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth
6 th. Month
Non Viable

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Chas. Mellus, M. D.

, 19 (Address) 2246 E. 39

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem	May 29 1923
20 UNDERTAKER	ADDRESS
John M Weber	1803 Bank

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 98900 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98900

161-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 S. Wolfe ST.: 2-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eva Foster

(a) RESIDENCE. NO. 416 S. Wolfe ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 27- 1925

7 AGE Years Months Days If LESS than 1 day, hrs. or 3 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER Frank R. Foster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rose Kabat

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs Frank Foster

(Address) 416 S Wolfe Street

15 Filed 28 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 19 25

17

I HEREBY CERTIFY, That I attended deceased from Premature birth 19 25, 19 ..., that I last saw h[illegible] alive on about 5 Minutes 19 ..., and that death occurred, on the date stated above, at 11.50 p m.

The CAUSE OF DEATH* was as follows:

Premature birth

6 th. Month

Non Viable

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Eric L. Mathieu, M. D.

, 19 (Address) 224 E. 39

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. DATE OF BURIAL: May 29 25

20 UNDERTAKER: John H Weber ADDRESS: 1708 Bank St

Spec.—1-10-21—M&T—1500 Bks.

(Michael . Slonski)

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98901

CERTIFICATE OF DEATH.

10 D 98901

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital E-1 St., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Salubski

(a) RESIDENCE No. 2042 Fountain St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 22, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer) Ship

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Frank Slonski

11 BIRTHPLACE OF FATHER (city or town) Poland (State or country)

12 MAIDEN NAME OF MOTHER Anna Pelanick

13 BIRTHPLACE OF MOTHER (city or town) Poland (State or country)

14 Informant Mrs Magdalena Slonski
(Address) 2042 Fountain Street

15 [illegible] 19 Robert P. HARRISON, Registrar
MAY 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 1925

17 I HEREBY CERTIFY, That I attended deceased from May 23, 1925, to May 24, 1925, that I last saw him alive on May 27, 1925, and that death occurred, on the date stated above, at 715 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? St. J.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jno. B. Sybert M. D.

May 27 1925 (Address) St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem — DATE OF BURIAL: June 1 1925

20 UNDERTAKER: John M Weber — ADDRESS: 1803 Bank St

D 98902 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98902

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. Johns Hopkins Hospital St., V-3 ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Grzechowiak

(Residence in Baltimore: No. 1925 Fleet St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	white	sing

6-DATE OF BIRTH. Dec 31-1920 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
4 yrs. 4 mos. 27 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Frank Grzechowiak

11-BIRTHPLACE OF FATHER. (State or Country). Balto. Md

12-MAIDEN NAME OF MOTHER. Julia Wisniewska

13-BIRTHPLACE OF MOTHER. (State or Country). Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Grzechowiak

(Address) 1925 Fleet St

15- Robert P. Harrison,

Filed 5-28 1925 192 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 27-25 (Month) (Day) (Year) 192

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage- fractured skull- autotruck accident

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. S. H. Baer M. D. (Coroner.)

5-28-25 192 (Address) 508 E. North Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Rosary Cem	May 29 1925

20-UNDERTAKER.	ADDRESS
John H. Weber	503 Park Ave

D. 98903 HEALTH DEPARTMENT—CITY OF BALTIMORE D. 98903

CERTIFICATE OF DEATH.

+31

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkihn s Hospital St., 7-1 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Scoville Morris .....

(Residence in Baltimore: No. Terra Alta West Va. St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	mar

6-DATE OF BIRTH. May 28-25 1.....
(Month) (Day) (Year)

7-AGE. about 29 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Night Watchman
(b) General nature of industry, business, or establishment in which employed (or employer)..... W. Va Tubercular Sanatorium

9-BIRTHPLACE, (State or Country). Ohio

PARENTS.

10-NAME OF FATHER. XXXXXXX Morris

11-BIRTHPLACE OF FATHER. (State or Country). Ohio

12-MAIDEN NAME OF MOTHER. Carrie Morris

13-BIRTHPLACE OF MOTHER. (State or Country). Ohio

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Hopkins Hospital

(Address).....

15- Filed 28 1925 Robert P. Harrison, 192..... Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 28-25 192....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Coroner, inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculoma left frontal cerebral cortex.

(Autopsy at Hopkins)

(Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary) Old Pulm. Tuberculosis

(Duration)..... yrs..... mos..... ds.

(Signed) J S Rocen M. D.
(Coroner.)

5-28-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. FAIRMONT W.Va DATE OF BURIAL. May 28 25 19....

20-UNDERTAKER. H E Hughes ADDRESS 1st & N. Broadway

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98904 D 98904

CERTIFICATE OF DEATH.

REGISTERED NO. 76

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Dermont Ave (St.) Bungies Rd (WARD) 27-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Ferguson

(a) RESIDENCE (No.) Dermont Ave Bungies Rd WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married~~, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Kenneth Hugh Ferguson

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: 70 — Months — Days — If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): New York

PARENTS

10 NAME OF FATHER: Fox

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: Robert F. Hanna

(Address) 1122 Madison

15 Filed 28 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1924, to May 27, 1925, that I last saw h[illegible] alive on May 27, 1925, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Cancer

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Charles Wells M. D.

, 19 (Address) 2 W Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cem — DATE OF BURIAL: May 29 1925

20 UNDERTAKER: John O Mitchell — ADDRESS: 1201 W Fayette

Spec.—1-10-21—M&T—1500 Blks.

(Sekevicius)

98905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 D 98905

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Community Hospital ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vince Sekevicius

(a) RESIDENCE NO. 613 Redwood ST., WARD Baltimore Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer) Tailor 080

(c) Name of employer Philip Kahn & Co

9 BIRTHPLACE (city or town) Lithuania
(State or country)

PARENTS

10 NAME OF FATHER George

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Lithuania

12 MAIDEN NAME OF MOTHER Mary Levickate

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Lithuania

14 Informant Chas. Kadocius
(Address) 613 Redwood St.

15 [illegible] 8 1925, 19 Robert P. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 1925

17

I HEREBY CERTIFY, That I attended deceased from May 16, 1925, to May 27, 1925, that I last saw him alive on May 27, 1925, and that death occurred, on the date stated above, at 9:46 P.m.

The CAUSE OF DEATH* was as follows:

Cerebrospinal Syphilis.

Cerebral Apoplexy.

(duration) ?, yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings.

(Signed) [illegible] M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Vincent Cemetery — DATE OF BURIAL: May 29 1925

20 UNDERTAKER: Chas. B. Buchanan — ADDRESS: 637 S. Paca St.

Spec--12-23-21--E.B.R.S.--400 Bks.

D 98906 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98906

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1710 John St., 14-2 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Frank Hartsell

(a) Residence No. 1710 John St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 3 mos. 12 ds. How long in U. S., if of foreign birth? 56 yrs. 3 mos. 12 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6-DATE OF BIRTH (month, day and year) Feb 16, 1869

7-AGE.	If LESS than 1 day.
56 yrs. 3 mos. 12 ds.	....hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Manufacturer

(b) General nature of industry, business, or establishment in which employed (or employer) 882

(c) Name of employer John Eddis & Co

9-BIRTHPLACE (city or town) (State or Country) Baltimore

PARENTS.

10-NAME OF FATHER, Jacob Frank Hartsell

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Mary Elizabeth Swilzer

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md

14- (Informant) John E. Hartsell

(Address) 1112 Edmondson Ave

15- 28 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 28, 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb, 1925 to May 28, 1925

that I last saw him alive on May 27, 1925

and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Endocarditis

Cancinoma of Stomach

Primary

(Duration) 3 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? nervous

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Pressure Ratio

(Signed) H. A. Bradley M. D.

, 19 (Address) 2101 Orleans

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Druid Ridge Cem.	May 30, 1925
20-UNDERTAKER. Harry W. Ehlen	ADDRESS 1944 W. Northam

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

98907

CERTIFICATE OF DEATH.

11-002

D 98907

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1515 Byrd ST., 24-2 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geo W. Graves

(a) RESIDENCE NO. 1515 Byrd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, ~~Widowed~~, or ~~Divorced~~. (write the word)
M	White	Married

5a If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Emma Graves

6 DATE OF BIRTH (month, day, and year) 1879. 3. 16

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Kiln Burner Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) 586

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wheeling W Va

PARENTS

10 NAME OF FATHER Geo W. Graves

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wheeling W Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant Mrs. Geo W. Graves
(Address) 1515 Byrd St

15 Filed MAY 29 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5. 27 1925

17

I HEREBY CERTIFY, That I attended deceased from 5. 14, 1925, to 5. 27, 1925,
that I last saw him alive on 5. 27, 1925,
and that death occurred, on the date stated above, at 7.45 P m.
The CAUSE OF DEATH* was as follows:

Myocarditis + Acute Nephritis
(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Duplex Uterus
(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) L J Durlington, M. D.

5, 29, 1925 (Address) 1026 E York Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	May 30 1925
20 UNDERTAKER	ADDRESS
Nelson E. Stiles	320 Md. Ave Westport

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1,101-001 D 98908

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. Union Memorial Hosp. St., 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dallas Bowie Hayward

(a) Residence No. Easton, Maryland St., Ward Easton Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 10 ds. How long in U. S., if of foreign birth? 62 yrs. 7 mos. 5 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Fran[illegible] Hayward

6-DATE OF BIRTH (month, day and year): Oct 22, 1862

7-AGE: 62 yrs. 7 mos. 5 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Retired
(c) Name of employer: Retired

9-BIRTHPLACE (city or town) (State or Country): Md. Easton

PARENTS.

10-NAME OF FATHER: Thomas Hayward

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Josephine Bowie

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Md.

14-
(Informant) Mrs Fran[illegible] Hayward
(Address) Easton Md.

15- MAY 29 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): May 27 1925

17- I HEREBY CERTIFY, That I attended deceased from April 13 19.25, to May 27 19.25, that I last saw him alive on May 27 19.25, and that death occurred, on the date stated above, at 9:05 P.m.

The CAUSE OF DEATH* was as follows:

Emphysema

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? France

Did an operation precede death? Yes Date of Apr 16 1925

Was there an autopsy? Apr 26 1925

What test confirmed diagnosis?

(Signed) Donald C Gaendler, M. D.
, 19 (Address) Union Memorial Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Easton Maryland — DATE OF BURIAL: May 29, 19 25

20-UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS: 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

D 98909 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98909

CERTIFICATE OF DEATH.

28-17-0

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4215 Penhurst Ave. ST., 28 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr. Robert Fawcett

(a) RESIDENCE NO. 4215 Penhurst Ave. ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 9 mos. 22 ds. How long in U. S., if of foreign birth? 57 yrs. 9 mos. 22 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) August 5 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer) Medicine

(c) Name of employer Self

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Dr. Christopher Fawcett

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah Stephenson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Mr. Chas. C. Fawcett (brother)
(Address) Baltimore Maryland

15 Filed MAY 29 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 11, 1924 to May 26, 1925,

that I last saw h alive on May 26, 1925,

and that death occurred, on the date stated above, at 3.30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral thrombosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. F. Howe, M. D.

5/27, 1925 (Address) 836 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	May-29-25
20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)	ADDRESS 108 W. NORTH AVE

Spec.—1-10-21—M&T—1500 Blks.

D 98910

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98910

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 17h. Ellwood ave ST. 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob B. Behrens

(a) RESIDENCE No. 17h. Ellwood ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eliz Behrens

6 DATE OF BIRTH (month, day, and year) May 22-1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cigar Maker

(b) General nature of industry, business, or establishment in which employed (or employer) Self 017

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Fred Behrens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothea

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Ingeborg Ford

(Address) 17h. Ellwood ave

15 Filed MAY 29 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1924, to May 27/25., 19..., that I last saw him alive on May 27/25, 19..., and that death occurred, on the date stated above, at 10P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) B. Kelly, M. D.

, 19 (Address) 100nN. Linwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cemetery	May 29, 1925
20 UNDERTAKER John A. Moran	ADDRESS 3000 E. Balto St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002 D 98911

98911

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] ST., BALTIMORE CITY HOSPITALS 23-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lizzie Gross

(a) RESIDENCE NO. 902 Leadenhall ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60 yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or estsbliahment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Edward Gross

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Jane Moore Gross

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Baltimore City Hospitals Records
(Address)

Filed MAY 29 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec, 6, 1924, to May 26, 1925, that I last saw her alive on May 25, 1925, and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, hypertension
Chronic nontuberculous
lung infection (History)
(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure
acute (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller, M. D.

5/27, 1925 (Address) Baltimore City Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Ct	5/29/1925

20 UNDERTAKER Isaiah L Brown Son ADDRESS 108 Montgomery

D 98912

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98912

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 2928 W. North Ave. 15-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna R. Devilbiss

(Residence in Baltimore: No. 2928 W. North ave St.; yrs. 25 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	white	married

6-DATE OF BIRTH, July 13, 1900
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
24 yrs. 10 mos. 14 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Wm. Richter

11-BIRTHPLACE OF FATHER, (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mary Orem

13-BIRTHPLACE OF MOTHER, (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter R. Devilbiss

(Address) 2928 W. North Ave.

15- MAY 29 1925 ROBERT R. KRAUTER,
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 27, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Bichloride of Mercury.

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(Duration) yrs. mos. 3 ds.

(Signed) J. J. Kennedy M. D.
(Coroner.)

May 28, 1925. (Address) 2802 Edmondson Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn Cemetery	May 29, 1925

20-UNDERTAKER,	ADDRESS
W M Routson	223 N Howard

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 98913

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 98913

CERTIFICATE OF DEATH.

REGISTERED No.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1426 Reynolds. ST.: 24-13 WARD.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary D. Johns.

(a) RESIDENCE. No. 1426 Reynolds. ST., WARD. Virginia

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred — yrs. 6 mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Johnson.

6 DATE OF BIRTH (month, day, and year) July 10. 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	10	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER Jas N. Johns.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Mary J. Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Mrs. Mary Johns

(Address) 1426 Reynolds

15 MAY 29 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 1925

17 I HEREBY CERTIFY, That I attended deceased from May 25 1925, to May 27 1925, that I last saw h[illegible] alive on May 27 1925, and that death occurred, on the date stated above, at 11:20 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia.

(duration) 0 yrs. 0 mos. 8 ds.

CONTRIBUTORY (Secondary) unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? clinical.

(Signed) Wm. T. Seabury, M. D.

5/28. 1925 (Address) 638 Ford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cem. Co.	May 29 1925
20 UNDERTAKER Chas. L. Sievers.	ADDRESS 1501 E. Fort Ave

Spec- 12-23-21—E.B.R.S.—400 Bks.

D 98914

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98914

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home and Infirmary

City of BALTIMORE: (No. ..... St., ... Ward) Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Dr. Stephen O. Swallow

(a) Residence No. 1802 N. Calvert St. St., ... Ward .....
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Estelle Swallow

6-DATE OF BIRTH (month, day and year) July 9 1864

7-AGE. 60 yrs. 10 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Dentist

(b) General nature of Industry, business, or establishment in which employed (or employer).

(c) Name of employer.

055

9-BIRTHPLACE (city or town) (State or Country). Indiana

PARENTS.

10-NAME OF FATHER. John E. Swallow

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Not Known

12-MAIDEN NAME OF MOTHER. Mary

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Not Known

14- (Informant) Mrs Mary H Tinsley

(Address) 312 Forest Rd Roland Park

15-

Filed ..... Registrar.

1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 27 | 25

17- I HEREBY CERTIFY, That I attended deceased from May 11, 1925, to May 27, 1925, that I last saw h. alive on May 27, 1925, and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

Cholecystitis

Cholelithiasis

(Duration) ? yrs. mos. days

CONTRIBUTORY (Secondary) Pulmonary Embolus

(Duration) yrs. mos. ds. 1/2 hour

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of May 12, 1925

Was there an autopsy? No Drainage of Gall Bladder

What test confirmed diagnosis?

(Signed) George B Buell M. D

, 19 (Address) Church Home & Infirmary

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Druid Ridge Cem	May 30, 1925
20-UNDERTAKER.	**ADDRESS**
John O Mitchell	1011 W Fayette

Spec—12-23-21—E.B.R.S.—400 Blks.

D 98915 HEALTH DEPARTMENT—CITY OF BALTIMORE 129 D 98915

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1724 Brunt St., 15-13 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Margaret Schalitzky.....

(a) Residence No. 1724 Brunt St St., ...Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Schalitzky

6-DATE OF BIRTH (month, day and year) Aug 19

7-AGE, 76 yrs. 10 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Wehner

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Josepha Schalitzky

(Address) 1724 Brunt St.

MAY 29 1925 Filed 192 WM. F. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 27, 1925

17- I HEREBY CERTIFY, That I attended deceased from Apl. 1st 1925 to May 27 1925 that I last saw him alive on May 27 1925 and that death occurred, on the date stated above, at 11.50 a.m.

The CAUSE OF DEATH* was as follows:

Mitral obstruction and regurgitation Cardiac Hypertrophy and Chronic Interstitial Nephritis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Ophthalmoscope

(Signed) Jos. Mecaskey M. D.

5/28 1925 (Address) 804 Cathedral St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (I) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
Holy Redeemer	May 30, 1925
20-UNDERTAKER,	ADDRESS
Charles Fahey & Son	1827 Edmondson

Spec.—1-10-21—M&T—1500 Bks.

D 98916

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98916

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2904 Poplar Terrace ST., 15-5 WARD)

REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Norwood Rosser Jennings,

(a) RESIDENCE NO. 2904 Poplar Terrace ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. 5 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ------

6 DATE OF BIRTH (month, day, and year) December 14.1908

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	16	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Edgar A. Jennings,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Grace Roberts,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mrs Grace Jennings (Address) 2904 Poplar Terrace

15 Filed MAY 29 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAY 28 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1924, to May 28, 1925,

that I last saw him alive on May 28, 1925,

and that death occurred, on the date stated above, at 2.10 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Probable (duration) 2 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Laryngeal Tuberculosis

(duration) yrs. 3 mos. — ds.

18 Where was disease contracted if not at place of death? don't know

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sputum x-Rayed

(Signed) Martin F. Haas, M. D.

MAY 28 1925 (Address) Professional Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL MAY 30 1925 19

20 UNDERTAKER Geo W Little

ADDRESS 2700 EDMONDSON AVE.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98917

CERTIFICATE OF DEATH.

128 D 98917

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 4203 Ridgewood Ave St.; 7th (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Joseph McGinnis

(Residence in Baltimore: No. 4203 Ridgewood Ave St.; 5 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, July (Month) 10th (Day) 1880 (Year)

7-AGE, 44 yrs. 10 mos. 17 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Telegraph Operator
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Henry Clay McGinnis

11-BIRTHPLACE OF FATHER (State or Country), Kentucky

12-MAIDEN NAME OF MOTHER Mary A. McWilliams

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. Carroll

(Address) 420 B Ridgewood Ave

15. MAY 29 1925 FRED'K R. KRAUTER, Registrar.
Filed....., 191.....
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 27 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 11, 1925, to May 27, 1925, that I saw him alive on May 27- 1925, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

(a) Acute nephritis

.....

..... (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. L. Cassard M. D.

May 28, 1925. (Address) 514 Druid Lane

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	June 1, 1925

20-UNDERTAKER McGinnis & Carroll ADDRESS 4203 Ridgewood Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98918

CERTIFICATE OF DEATH.

100-001

D 98918

REGISTERED No.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University of Md Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Curtina Mitchell

(a) RESIDENCE No. 237 W. Henrietta ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) October 16th 1917

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		7 mo.	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Wm Mitchell

11 BIRTHPLACE OF FATHER (city or town) Norfolk (State or country) Va

12 MAIDEN NAME OF MOTHER Mattie Johnson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant William Mitchell

(Address) 237 W Henrietta St

MAY 29 1925

ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/28/25 19

17

I HEREBY CERTIFY, That I attended deceased from 5/23, 1925, to 5/28, 1925, that I last saw her alive on May the 27, 1925, and that death occurred, on the date stated above, at 5-5 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. 2 mos. 20 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical findings

(Signed) M Edwards, M. D.

19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	May 30 1925

20 UNDERTAKER ADDRESS

R. S. Barham 986 Saratoga St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98919

CERTIFICATE OF DEATH.

90 D 98919

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital ST., 11 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Thompson

(a) RESIDENCE NO. 921 Druid Hill Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Bl	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Dorchester Co, Md
(State or country)

PARENTS

10 NAME OF FATHER John W. Thompson

11 BIRTHPLACE OF FATHER (city or town) unknown
(State or country)

12 MAIDEN NAME OF MOTHER Ellen Sanford

13 BIRTHPLACE OF MOTHER (city or town) unknown
(State or country)

14

Informant Hospital Records
(Address)

15

Filed ..... 19 .....

MAY 29 1925 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-28-1925

17

I HEREBY CERTIFY, That I attended deceased from 5-9-, 1925, to V-28, 1925,

that I last saw him alive on 5-28-, 1925,

and that death occurred, on the date stated above, at 3:20 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Cardio Vascular Disease

Pyelo nephritis

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Uremia

..... (duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) N. J. Pare, M. D.

5/28/1925 (Address) Franklin Sq. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hearlock Md

DATE OF BURIAL 5/29/1925

UNDERTAKER Daniel Eagan

ADDRESS 916 Pearl

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98920

CERTIFICATE OF DEATH.

31 D 98920

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 Montgomery St. ST., 22-1 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Edward Knox

(a) RESIDENCE NO. 510 Montgomery St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ~~xxxxxxxxxxxx~~

6 DATE OF BIRTH (month, day, and year) Jan. 1st. 1910

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	15	4	26	

8 OCCUPATION OF DECEASED Student

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Geo. A. Knox

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Lena Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Geo. A. Knox (Farther)

(Address) 510 Montgomery St.

15 Filed ....., 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27th. 1925

17 I HEREBY CERTIFY, That I attended deceased from May 19th., 1925, to May 27th. 1925.

that I last saw him alive on May 26th. 1925

and that death occurred, on the date stated above, at 10;30 a.m.

The CAUSE OF DEATH* was as follows:

Acct. Parenchimatous Nephritis

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Urinaylisis

(Signed) Walter S. Jackson, M. D.

, 19 (Address) 1618 W. Mulberry St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 5/30/1925

20 UNDERTAKER Dan'l Easter ADDRESS 916 Pace

Spec.—1-12-23—M&T—500 Blks.

D 98921 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98921

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 17-1 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter Sprigs

(a) RESIDENCE No. 1149 Myrtle Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer (odd)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Osborne Sprigs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Francis Sprigs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Baltimore City Hospitals Records (Address)

15 Filed MAY 29 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 1925

17 I HEREBY CERTIFY, That I attended deceased from March 2, 1925, to May 27, 1925, that I last saw him alive on May 27, 1925 and that death occurred, on the date stated above, at 12 noon.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Chronic Myocarditis, myocardial failure

(duration) 1 yrs. 3 mos ds. (History)

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller, M. D.

5/28, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 5/30/1925

20 UNDERTAKER Daniel Easton ADDRESS 916 Park

Spec.—1-10-21—M&T—1500 Bks.

D 98922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 | D 98922

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 N Parish ST., 16-6 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elliott Cuff

(a) RESIDENCE NO. 1022 Parrish ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary Courtney Cuff

6 DATE OF BIRTH (month, day, and year) July 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Driver

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Perry Cuff

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Fannie Johnson

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Fannie Cuff

(Address) 1022 Parrish St

MAY 29 1925 File

ROBERT R. KRAUTER
Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1925

17 I HEREBY CERTIFY, That I attended deceased from May 7, 1925, to May 27, 1925, that I last saw him alive on May 27, 1925, and that death occurred, on the date stated above, at 4.45 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) 1 yrs. ? mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E W Calhoun Frey M. D.

5/28, 1925 (Address) 1428 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem

DATE OF BURIAL 5/31/25

20 UNDERTAKER Samuel Corbin

ADDRESS 916 Pa ave

TION IS VERY IMPORTANT. See INSTRUCTIONS on reverse side.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98923

CERTIFICATE OF DEATH.

101-001

D 98923

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 3-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Johnson

(a) RESIDENCE No. 316 S Dallas ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Steven Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) D. C.

12 MAIDEN NAME OF MOTHER Maria ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Baltimore City Hospital Records

(Address) 316 S. Dallas St

15 MAY 29 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1925

17

I HEREBY CERTIFY, That I attended deceased from April 27, 1925, to May 25, 1925, that I last saw him alive on May 25, 1925 and that death occurred, on the date stated above, at 3:30 a m

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 29 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller, M. D.

5/28 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel cemetery

DATE OF BURIAL may 28 1925

20 UNDERTAKER Edward Bryan

ADDRESS 1631 orleans st

D 98924

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98924

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. West Balto. Gen. Hosp. St. ..... Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Bert Van Deusen

(Residence in Baltimore: No. 353 S. Woodyear Se. St.; yrs., 5 mos..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	White	married

6-DATE OF BIRTH. ..... Oct. 15, ... 1894
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
31 yrs. 7 mos. 8 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)..... (very Good)

9-BIRTHPLACE, (State or Country), Colorado.

PARENTS.

10-NAME OF FATHER, Adelbert Van Deusen

11-BIRTHPLACE OF FATHER, (State or Country), Kansas

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. B. Van Deusen

(Address) 353 S. Woodyear Se

15-

MAY 29 1925 ROBERT S. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 26, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetis Mellitas

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

May 27 1925 (Address) 802 Edmondson Ave

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Wichita Falls Texas	May 29th 1925

20-UNDERTAKER. ROBERT BROOKS & SON

ADDRESS COR CALHOUN HOLLINS ST

Spec.—4/10-21—M&T—1500 Bks.

1 8/1053

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98925

CERTIFICATE OF DEATH.

X 84 D 98925

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Ruth E. Gulley

(a) RESIDENCE No. Mt Airy Md ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 20 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel R. Gulley

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER G. Brashear

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER C. Dorsey.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant .....
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MAY 29 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1925

17 I HEREBY CERTIFY, That I attended deceased from May 6, 1925, to May 28, 1925, that I last saw h[illegible] alive on May 28, 1925 and that death occurred, on the date stated above, at 7 30 P m.

The CAUSE OF DEATH* was as follows:

Brain Tumor, Benign
Glioma

(duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of May 8, 25

Was there an autopsy? ~~Yes~~ No

What test confirmed diagnosis? Operation

(Signed) Julian D Hart, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Airy Md

DATE OF BURIAL 5-29 1925

UNDERTAKER J. B Beall

ADDRESS Germantown Md.

Spec.—1-10-21—M&T—1500 Bks.

D 98926

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98926

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 S. Clinton ST., 76-8 WARD) 90

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Seth

(a) RESIDENCE NO. 1619 S. Clinton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced, (write the word)~~
M	Negro	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Minnie Seth

6 DATE OF BIRTH (month, day, and year) Feb 11 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	3	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Griffin Fertilizer Schulman

9 BIRTHPLACE (city or town) (State or country) Alexandria Virginia

PARENTS

10 NAME OF FATHER John Seth

11 BIRTHPLACE OF FATHER (city or town) ~~Unk~~ (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ellen Brooks

13 BIRTHPLACE OF MOTHER (city or town) Maryland (State or country)

14 Informant Wife Minnie Seth
(Address) 1619 S Clinton St

15 Filed ..... 19 ..... Registrar

MAY 29 1925 ROBERT R. KRAUTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 19 25

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1925, to May 21, 1925, that I last saw h alive on May 20 25, 1925, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Heart failure (acute)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis & Endocarditis

(duration) 2 mos yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) N. J. Davidov, M. D.

, 19 (Address) 3033 O'Donnell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Alexander Va — DATE OF BURIAL 5/29/25

20 UNDERTAKER P. B. Groh 1405 McElderry — ADDRESS

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98927

CERTIFICATE OF DEATH.

36-002

15-13

D 98927

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Harrod

(a) Residence No. 1400 Mount st. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Colored	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Harrod

6-DATE OF BIRTH (month, day and year) 1893

7-AGE.	If LESS than 1 day.
32 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Hospital Records

(Address) M.T.H.

MAY 29 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 27, 1925.

17- I HEREBY CERTIFY, That I attended deceased from May 25, 1925, to May 27, 1925,

that I last saw him alive on May 27, 1925,

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Osteomyelitis of left femur. (primary)

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) J. D. White, M. D.

5-27-, 1925 (Address) Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, June 1, 1925

20-UNDERTAKER, Mrs Sae H. Dennis per. T. E. Nelson

ADDRESS 1303 Presstman st.

Spec.—1-10-21—M&T—1500 Bks.

D 98928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98923

1-PLACE OF DEATH ~~West Baltimore~~ West Baltimore General Hospital

CITY OF BALTIMORE: (No. Wayne ave & Dukeland St. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Della Harris Spralley

(a) RESIDENCE No. 1530 Argyle ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ~~Life~~ 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married.

5a If married, widowed, or divorced (or) WIFE of Lee Spralley

6 DATE OF BIRTH (month, day, and year) Aug 26 90

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	34	9	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Virginia

PARENTS

10 NAME OF FATHER Hilliard Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Yessons

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Della Harris 1530 Argyle

15 Filed MAY 29 1925 ROBERT F. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/28 1925

17 I HEREBY CERTIFY, That I attended deceased from 5/11, 1925, to 5/28, 1925, that I last saw her alive on 5/28/, 1925, and that death occurred, on the date stated above, at 6:15 a. m.

The CAUSE OF DEATH* was as follows:

Uterine Fibromata (Operated upon)

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Broncho pneumonia.

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? At Home.

Did an operation precede death? Yes Date of 5/12/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical & operation

(Signed) Clement R. Monrad, M. D.

5-29-1925 (Address) West Baltimore General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Mem. Park

DATE OF BURIAL 6/ June 1925

20 UNDERTAKER Sam W. Chase Inc ADDRESS 1400 Mosher

Spec.—1-10-21—M&T—1500 Blks.

D 98929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15-13 9 D 98929

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 731 Cumberland ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Vaughn, Jr.

(a) RESIDENCE NO. 731 Cumberland ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 10, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (city or town) Balto., Md.
(State or country)

PARENTS

10 NAME OF FATHER John H. Vaughn.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Richmond, Va.

12 MAIDEN NAME OF MOTHER Annie Bowers

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto., Md.

14 Informant .....
(Address) 731 Cumberland St

15 MAY 29 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1925

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1925, to May 28, 1925,

that I last saw him alive on May 28, 1925,

and that death occurred, on the date stated above, at 12 midnight p. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Whooping Cough

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) George C. Page, M. D.

May 29, 1925 (Address) 1816 N. Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Auburn	May 30, 25

20 UNDERTAKER Sam'l N. Chase Undertaker ADDRESS 400 Mosher

Spec.—1-10-21—M&T—1500 Rks.

98930

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98930

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 Brentwood ST. 25-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Irma Catherine Hoos

(a) RESIDENCE No. 1210 Brentwood ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 2-1917

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	7	7	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md

PARENTS

10 NAME OF FATHER John A. Hoos

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Helen Wurtz

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant John A. Hoos

(Address) 1210 Brentwood Av

15 MAY 29 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1925

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1925, to May 28, 1925, that I last saw her alive on May 27, 1925, and that death occurred, on the date stated above, at 6-50 a m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Gerhard Kleffer, M. D.

May 29, 1925 (Address) 2320 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL May 29 1925

20 UNDERTAKER George L. Schwab

ADDRESS 2 E. Eutaw St

Spec—12-23-21—E.B.R.S.—400 Blks.

D 98931

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98931

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 437 E 22 St ..... St., 16-3 ..... Ward)

2-FULL NAME Minnie L Franks

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1335 Poplar Grove ..... St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Wm W. Franks

6-DATE OF BIRTH (month, day and year) April 1 1883

7-AGE. 42 yrs. 1 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer) 37

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore City

PARENTS.

10-NAME OF FATHER. John C. Crist

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto

12-MAIDEN NAME OF MOTHER. Caroline Linn

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto

14-(Informant) Mrs. J. Crist

(Address) 437 E 22 St

15-Filed ..... 192 ..... Robert T. Harrison, Registrar.

29 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 28/1925

17- I HEREBY CERTIFY, That I attended deceased from April 3 1925 to May 27 1925 that I last saw h.r alive on May 27 1925 and that death occurred, to the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) — yrs. 6 mos. — ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edgar P. Sandrock M. D

, 19 (Address) 15 W Preston St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loman Cem	June 1 1925
20-UNDERTAKER.	ADDRESS
E. A. Windfield Jr	501 E 22 St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

98932

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98932

CERTIFICATE OF DEATH.

52

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 Bank ST. 3-52 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Max J. Schneider

(a) RESIDENCE. NO. 1616 Bank ST., 3rd WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna F Schneider

6 DATE OF BIRTH (month, day, and year) June 3rd 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tobacconist

(b) General nature of industry, business, or establishment in which employed (or employer) 186

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Max J. Schneider (Address) 1616 Bank St.

15 Filed 29 1925, 19

Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1925

17

I HEREBY CERTIFY, That I attended deceased from May 26, 1925, to May 28, 1925, that I last saw him alive on May 26, 1925, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Coronary Embolism

(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) 1 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Typical Signs

(Signed) Geo Allen, M. D.

May 29, 1925 (Address) 193 Gough St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel	May 31 1925

20 UNDERTAKER Peter Nicolaus ADDRESS 2068 Eastern Av

Spec.—1-10-21—M&T—1500 Blks.

D 98933

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98933

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp ST., 5-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Timms

(a) RESIDENCE NO. 407 Lemmon ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of 2

6 DATE OF BIRTH (month, day, and year) ? 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland (State or country)

PARENTS

10 NAME OF FATHER Chas Wilson

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Annie Daley

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Agnes Timms (Address) 407 Lemmon St.

15 Filed ..... Robert P. Harrison. Registrar

9 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26 1925

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1925, to May 26, 1925, that I last saw h. alive on May 26, 1925, and that death occurred, on the date stated above, at 11 10 A. m.

The CAUSE OF DEATH* was as follows:

Uterine Fibroids

Bilateral Hydrosalpinx

Chronic Appendicitis

(duration) 5 yrs. - mos. ds.

CONTRIBUTORY (Secondary) Pelvic Peritonitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of May 23 25

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) J. B. Sybert M. D.

. 19 (Address) St Jo. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem

DATE OF BURIAL 5/30 1925

20 UNDERTAKER Jas. M. Simms

ADDRESS 1620 E. Madison

Spec--12-23-21--E.B.R.S.--400 Bks.

D 98934

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98934

CERTIFICATE OF DEATH.

99-001

164

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1119 Woodley St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Naomi Knight

(a) Residence No. 1119 Woodley St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Child Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6-DATE OF BIRTH (month, day and year) June 8-1924

7-AGE. ✓ yrs. 11 mos. 20 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) Dau

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Wm. C. Knight

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER, Beulah Hurley.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore Md

11- (Informant) Geo. E. Shannon

(Address) 700 Fulton Ave

15- Filed 1925 Robert F. Harrison, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 28/25

17- I HEREBY CERTIFY, That I attended deceased from May 13 19 25 to May 28 19 25

that I last saw h.er alive on May 28 19 25

and that death occurred, on the date stated above, at 5p .m.

The CAUSE OF DEATH* was as follows:

Bronchitis Acute

(Duration) ✓ yrs. ✓ mos. 10 ds.

CONTRIBUTORY (Secondary) Meningitis see note on back

(Duration) ✓ yrs. ✓ mos. 3. ds.

18-Where was disease contracted If not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Usual -

(Signed) Geo E Shannon M. D

5/28, 1925 (Address) 700 Fulton Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Western Cem

DATE OF BURIAL. June 1. 19 25

20-UNDERTAKER. John M Weber

ADDRESS 1803 Bank St

Spec.—6-9-19—H. P. Co.—1000 Bks.

98935

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98935

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 147 N Ellwood Ave (ST.) 6-3 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary R. Myers

(a) RESIDENCE. No. 147 N Ellwood Ave ST. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feby 22, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penn.

PARENTS

10 NAME OF FATHER Mahlon Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Lucy Bear

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Ulysses Hampton

(Address) 147 N Ellwood Ave.

15 Filed 29 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29, 1925.

17 I HEREBY CERTIFY, That I attended deceased from April 9, 1924. to May 29, 1925.

that I last saw her alive on May 28, 1925

and that death occurred, on the date stated above, at 4-30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis and Chronic Nephritis

(duration) 1 yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Toxaemia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of None

Was there an autopsy? None

What test confirmed diagnosis? None

(Signed) J. A. Lawder, M. D.

5/29, 1925 (Address) 1517 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Kulp Pa.	5/30/ 1925

20 UNDERTAKER E. J. Fanning Inc. ADDRESS 1440 Battery Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98936

CERTIFICATE OF DEATH. '74-001

D 98936

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 117 S Edwards ST. 18-3 WARD

2-FULL NAME Georgiana Colhoun

(a) RESIDENCE No. 117 S Cary ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. 5 mos. 20 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 3 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 837

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Mary Hastin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Colhoun (Address) 117 S Cary St.

15 Filed 29 1925 . 19 Robert F. Carlson, Deputy Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1925

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1925, to May 28, 1925, that I last saw her alive on May 27, 1925, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) W. W. Liefeth, M. D.

. 19 (Address) 1324 W Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemty | DATE OF BURIAL May 30 1925

20 UNDERTAKER John Fields | ADDRESS 1700 W Lombard

Spec.—8-24-14—M. & T.—2000 Bks.

98937

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98937

CERTIFICATE OF DEATH.

REGISTERED No. C 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2060 Aiken ST.; 9 WARD) 5

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Parlett

(Residence in Baltimore: No. 2060 Aiken St.; —yrs., 6 mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Feby. 28, 1848.
(Month) (Day) (Year)

7-AGE, 77 yrs. 7 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Burlington Co. Penna.

PARENTS.

10-NAME OF FATHER, Saddler

11-BIRTHPLACE OF FATHER (State or Country) Burlington Co. Pa.

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward A. Stocksdale

(Address) 2060 Aiken St.

15-

Filed 29, 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 29, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 26 1925, to May 27 1925, that I saw h[illegible] alive on May 27th 1925, and that death occurred, on the date stated above, at 10.10 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Duration) ...yrs. ...mos. 3 ds.

CONTRIBUTORY (Secondary) Infirmities of Age

(Duration) ...yrs. ...mos. 21 ds.

(Signed) Wm. J. Tillenburg M. D.

May 28, 1925 (Address) 415 Cedar Hill Road.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence Fullerton Md.

19-PLACE OF BURIAL OR REMOVAL, Parlett Family Burying Ground

DATE OF BURIAL, 5/31..., 1925

20-UNDERTAKER Appointed

ADDRESS Fullerton Md.

Filed 5/30/25

Cor.—1-12-25—M&T—100 Bks.

D 98938

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98938

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2013 Maryland Ave ST., 12 WARD)

REGISTERED NO. 5

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Hamilton

(a) RESIDENCE No. 2013 Maryland Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Wm Hamilton.

6 DATE OF BIRTH (month, day, and year) 6-17-1848

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	11	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) New York
(State or country)

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Wm Hamilton
(Address) 2013 Maryland Ave

15 Filed May 29 1925 192 Robert P. Harrison, Registrar

Burial Permit Clark.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Paralysis
Disease of
Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John Morrison M. D.
(Coroner.)

May 29, 1925 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 5/30 1925

20 UNDERTAKER Wm Cook

ADDRESS 502 E Fayette Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 98939 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98939

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1124 Argyle av ST.: 17-1 WARD)

2-FULL NAME Bessie Blackburn

(a) RESIDENCE. No. 1124 Argyle av ST.. WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
52	"			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Jas Blackburn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Mrs Lula Jones 1209 Division

15 Filed ... 19 Robert F. Harrison, Registrar

29 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/28/ 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1925, to May 28 1925, that I last saw h Er alive on May 27, 1925, and that death occurred, on the date stated above, at 12:05 a m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Exophthalmic goitre interstitial nephritis yrs. 6 mos. + ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) John H. Tompkins M. D.

5/29 1925 (Address) 1019 Druid Hill Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Milford Va	May 30 1925
20 UNDERTAKER Edmund A Linsley	ADDRESS 578 W Belle

D 98940

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98940

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 5204 Stoneington Rd St., 28-37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laurence S. Gilpatrick

(Residence in Baltimore: No. 5204 Stoneington Rd. St.; yrs. 30 mos. 6 ds. 16)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	Single

6-DATE OF BIRTH. Nov. 12 1894
(Month) (Day) (Year)

7-AGE, 30 yrs. 6 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mechanical Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): D30

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Herbert H. Gilpatrick

11-BIRTHPLACE OF FATHER, (State or Country), Mass.

12-MAIDEN NAME OF MOTHER, Addie Steward

13-BIRTHPLACE OF MOTHER, (State or Country), Wash. DC.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herbert H. Gilpatrick

(Address) 5204 Stoneington Rd

15- Filed MAY 30 1925 Robert F. Harrison, Burial Permit Clerk 192 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 28, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

May 29, 1925 (Address) 2802 Eastern Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	May 30 1925
20-UNDERTAKER, Harry W. Ehlen	ADDRESS 1944 W. Fayette

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98941 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

122 D 98941

1-PLACE OF DEATH

City of BALTIMORE: (No. 3516 - ODonnell St., 70 - 8 Ward) Registered No.

2-FULL NAME Mrs. Alberta Schubert (If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 3516 - ODonnell St., 26 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Schubert

6-DATE OF BIRTH (month, day and year) April 24th 1876

7-AGE, 49 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James Burke

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mary Burke

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14-

(Informant) Charles Schubert

(Address) 3516 ODonnell St

May 28 1925 Robert P. Harrison, 192 Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 5/28/25

17- I HEREBY CERTIFY, That I attended deceased from 4/19, 1925 to 5/28, 1925

that I last saw h[illegible] alive on 5/27, 1925

and that death occurred, on the date stated above, at 10.45 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

with acute dilatation

(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Atrophic Cirrhosis of Liver

(Duration) 5 yrs. — mos. — ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. M. Garrell M. D.

5/28, 1925 (Address) 633-5-St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Oak Lawn	May 30th 1925
20-UNDERTAKER. Leo J. Brook	ADDRESS 1731 Pratt St Blvd

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98942 D 98942

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Univ. Md. Hospital REGISTERED NO. 49

CITY OF BALTIMORE: (No. Lombard & Penna ST., 8-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Frederick Kilbain

(a) RESIDENCE NO. 2135 E. Chase ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 28 Sept 1909

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	15	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Frank Kilbain

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Emma Barnick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Hospital records (Address)

15 0 1925 ....19 Robert F. Harrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 1925

17

I HEREBY CERTIFY, That I attended deceased from 5-4 ....19 25, to 5-27 ....19 25,

that I last saw h.. alive on 5-27 ....19 25,

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Degenerated Sarcoma — entire abdomen

(duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Pneumonia - Bronchi

(duration) ....yrs. ....mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 5-16-25

Was there an autopsy? No

What test confirmed diagnosis? Path. Exam.

(Signed) ....., M. D.

....19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL ....., 19 25

20 UNDERTAKER Gaul & Crockson — ADDRESS 1916 E. Balt

Spec.—1-10-21—M&T—1500 Bks.

98943

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98943

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mary August St. 4-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Herbert

(a) RESIDENCE NO. Waldorf Charles Co Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 086

(b) General nature of industry, business, or establishment in which employed (or employer) Farmer

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Record (Address)

15 OCT 30 1925 Robert P. Harrison, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/28/25

17 I HEREBY CERTIFY, That I attended deceased from 5/18/25, 19... to 5/28/25.

that I last saw h alive on 5/28/25

and that death occurred, on the date stated above, at 5:30 a. m.

The CAUSE OF DEATH* was as follows:

Metast Inoperable

Hypertonic Carbuncle

Disease (duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Acute Nephritis

Uremia (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) K. V. Kelly M. D.

, 19 (Address) Mary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mechanicsville Md

DATE OF BURIAL 10/30/25

20 UNDERTAKER Geo. A. Tarlton

ADDRESS Tarlton Maryland

Spec.—1-10-21—M&T—1500 Bks.

D 98944

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98944

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 Mc Henry ST., WARD) 19-2 12

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sabina Sweeney

(a) RESIDENCE NO. 1621 Mc Henry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Denis B Sweeney

6 DATE OF BIRTH (month, day, and year): October 2 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Peter Doyle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Rose Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Denis B Sweeney 1621 Mc Henry

15 Filed 5-30-1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 27 1925

17

I HEREBY CERTIFY, That I attended deceased from May 24, 1925 to May 27, 1925.

that I last saw her alive on May 27, 1925.

and that death occurred, on the date stated above, at 9.05 P m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. mos. 24 hrs

CONTRIBUTORY (Secondary) Acute Cholecystitis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. O'Reilly, M. D.

5/29/1925 (Address) 108 N Dutton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem

DATE OF BURIAL: 5/30/25

20 UNDERTAKER: George A Tinley

ADDRESS: Fulton & Fayette

D. 98945

D 98945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D. 98945

D 98945

1-PLACE OF DEATH

City of BALTIMORE: (No. 640 W. Franklin St. 17 Ward) -3

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Johnson Southard

(Residence in Baltimore: No. 640 W. Franklin St. St.; yrs.,.... 1 mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	White	Single

6-DATE OF BIRTH. Oct. 8, 1866
(Month) (Day) (Year)

7-AGE. 59 yrs. 6 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Horse trainer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Pa.

PARENTS.

10-NAME OF FATHER. John Southard

11-BIRTHPLACE OF FATHER, (State or Country). N. Y.

12-MAIDEN NAME OF MOTHER. Catherine Byrne

13-BIRTHPLACE OF MOTHER, (State or Country). N. Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Frank Southard

(Address) 835 Stiegel St. Lancaster Pa.

15-
Filed 1925 Robert P. Harrison,
Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 28, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration).....yrs.....mos....1...ds.

CONTRIBUTORY (Secondary) no history

(Duration).....yrs.....mos.....ds.

(Signed) J. J. Hennessy M. D.
(Coroner.)

May 29 1925 (Address) 2 E. Camden Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence. Scranton Pa.

19-PLACE OF BURIAL OR REMOVAL. London Park — DATE OF BURIAL. May 30th 1925

20-UNDERTAKER. A. Jones — ADDRESS 111 S. Gilmor St

Spec.—1-12-23—25&T—500 Blks.

D 98946

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 D 98946

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Md. ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Jones

(a) RESIDENCE NO. 503 N. Caroline St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle Jones

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unkn[illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospitals, (Address) Baltimore, Md.

15 0 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 19 25

17

I HEREBY CERTIFY, That I attended deceased from October 6, 1924, to May 28, 1925, that I last saw him alive on May 27, 1925, and that death occurred, on the date stated above, at 6.15 A m.

The CAUSE OF DEATH* was as follows:

General Paralysis (of the Insane)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Lustic Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Serological and Clinical findings

(Signed) Harry Goldsmith M. D.

5/29/1925 (Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery DATE OF BURIAL June / 1925

20 UNDERTAKER Chas. W. Johnson & Co ADDRESS Caroline St

Spec.—1-10-21—M&T—1500 Bks.

D 98947

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98947

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene Sts. WARD) 11-1

REGISTERED NO. +98

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eleanore Townsley,

(a) RESIDENCE NO. Summerbrook rd. ST., WARD Sunnybrook Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? 6 yrs. 4 mos. 3 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Sing'

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Jan-26-1919

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	6	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Lucien C Townsley

11 BIRTHPLACE OF FATHER (city or town) Balt Md
(State or country)

12 MAIDEN NAME OF MOTHER Nellie C Hardesty

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md
(State or country)

14 Informant (Address) University Hospital Records.

Filed May 30 1925 19 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 1925

17 I HEREBY CERTIFY, That I attended deceased from May 29, 1925, to May 29, 1925, that I last saw h.r alive on May 29, 1925, and that death occurred, on the date stated above, at 2.38 m.

The CAUSE OF DEATH* was as follows:

Laryngeal diphtheria cir
1924.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Laryngeal Stricture
or Stenosis (duration) 6 yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? Yes Date of May 29 1925

Was there an autopsy? No

What test confirmed diagnosis? Laryngeal examination

(Signed) W Wallace Decker, M. D.

, 19 (Address) University Hospital Lombard & Greene Sts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL May 30, 25

20 UNDERTAKER STEWART & MOWEN COMPANY
(WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE

Spec.—1-10-21—M&T—1500 Blks.

D 98948

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98948

CERTIFICATE OF DEATH.

X 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 N Spring ST., 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Whittington

(a) RESIDENCE NO. 808 N Spring ST., WARD Vienna Md

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced (or) WIFE of Charles J Whittington

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Vienna Md.

PARENTS

10 NAME OF FATHER Chas Purkett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Harriett Wooges

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Adw Stughes (Daughter) (Address) 808 N Spring St

15 FILED 30 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 1925

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1925 to May 27, 1925 that I last saw h[illegible] alive on May 24, 1925 and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia
Probably T.B.C.

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R F Young M. D.

5/27/1925 (Address) 1429 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
asbury cemetery	may 31 1925
20 UNDERTAKER Edward Bryon	ADDRESS 1631 orleans st

Spec.—1-10-21—M&T—1500 Bks.

D 98949

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98949

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 6-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Ball

(a) RESIDENCE NO. 1743 Orleans ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Joe Ball

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Eliza Beem

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Baltimore City Hospitals Records (Address)

15 Filed 30 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924, to May 28, 1925, that I last saw h[illegible] alive on May 28, 1925, and that death occurred, on the date stated above, at 10:50 a.m.

The CAUSE OF DEATH* was as follows:

Syphilis, Tabes Dorsalis

(duration) 3 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W Lindsay Miller, M. D.

5/28 1925 (Address) Baltimore City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ashury cemetery — DATE OF BURIAL may 30 1925

20 UNDERTAKER Edward Bryan — ADDRESS 1631 orleans st

TION is very important. See instructions on the

Spec—12-23-21—E.B.R.S.—400 Bks.

) 98950

HEALTH DEPARTMENT—CITY OF BALTIMORE

) 98950

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2109 Greenmount Ave St., Ave Ward)

Registered No. 9-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Anna Elizabeth Thiel

(a) Residence No. 2109 Greenmount St., Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Adolph Thiel

6-DATE OF BIRTH (month, day and year) Jan. 14. 1875

7-AGE. 50 yrs. 5 mos. 15 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer). Housewife 037

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Wm. Marquardt

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Mary Leyhe

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14- (Informant) Adolph Thiel (Address) 2109 Greenmount Ave

15- Filed 30 1925 Robert F. Harrison, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 24th 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 10th, 1925 to May 24, 1925 that I last saw h alive on May 28th 1925 and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage due to Chronic Arterial Hypertension

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Ch Valv. Endocarditis Unknown

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? /

Did an operation precede death? No Date of /

Was there an autopsy? No

What test confirmed diagnosis? /

(Signed) Jefferson Brunk M.D.

5/30, 1925 (Address) 2044 St Paul St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Cem. DATE OF BURIAL. June 1 1925

20-UNDERTAKER. Josiah Syfer ADDRESS 1600 N Wolfe Ave

Spec.—1-10-21—M&T—1500 Blks.

D 98951

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98951

CERTIFICATE OF DEATH.

160

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 834 W. Baltimore St. (WARD) 2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Garrity Jr.

(a) RESIDENCE NO. 834 W. Baltimore ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): May 28 1925

7 AGE — Years — Months — Days: One

If LESS than 1 day, ... hrs. ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Newsboy

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Geo. J. Garrity

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: D. Lillian Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Washington D.C.

14 Informant: Lillian Garrity

(Address): 834 W. Baltimore St

15 Robert F. Harrison, Registrar

0 1925 ..... 19 .....

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 29 1925

17

I HEREBY CERTIFY, That I attended deceased from May 28, 1925, to May 29, 1925, that I last saw him alive on May 25, 1925, and that death occurred, on the date stated above, at 12:25 a.m.

The CAUSE OF DEATH* was as follows:

Acturus Neonatorum

(duration) — yrs. — mos. One ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Congenital

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Charles E. Cairns M. D.

(Address) 1306 N. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	May 30 1925
UNDERTAKER	ADDRESS
Joseph B. Cook	1003 N. Balto

Spec.—1-10-21—M&T—1500 Bks.

D 98952 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98952

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2315 Madison Ave. WARD 13-6

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emanuel H. Jacobi

(a) RESIDENCE No. 2513 Madison Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah Jacobi

6 DATE OF BIRTH (month, day, and year) Sept. 17 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clothing 066

(b) General nature of industry, business, or establishment in which employed (or employer) Salesman

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Wm. Jacobi

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Amelia Hyman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. H. Jacobi

(Address) 2513 Madison Ave.

15 Filed 30 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/29/1925

17 I HEREBY CERTIFY, That I attended deceased from June, 1923, to May 29, 1925, that I last saw h(im) alive on May 29, 1925, and that death occurred, on the date stated above, at 11.15 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2/2 ds.

CONTRIBUTORY (Secondary) Arteri Sclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Edwin F. Magee, M. D.

5/30, 1925 (Address) The Esplanade

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Hebrew Cem. — DATE OF BURIAL 5/31/1925

20 UNDERTAKER David Sondheim — ADDRESS 518-20 N. Royal Ave

TION IS very important. See instructions on

Spec.—1-10-21—M&T—1500 Bks.

D 98953 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98953

CERTIFICATE OF DEATH.

99

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 839 S. Dallas ST. 34 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Harowicz

(a) RESIDENCE NO. 839 S. Dallas ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 10-1926

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	-	2	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore. (State or country) Md.

PARENTS

10 NAME OF FATHER John Harowicz.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Mary Kowal.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant John Harowicz. (Address) 839 S. Dallas St

15 Filed 30 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29. 1925.

17 I HEREBY CERTIFY, That I attended deceased from May 29, 1925, to May 29, 1925, that I last saw him alive on May 29, 1925 and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Anaemia

(duration) yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) John H. Rehberger, M. D.

, 19 (Address) 1709 Aliceanna St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus. DATE OF BURIAL May 30-1925

20 UNDERTAKER Mt. Sadowski. ADDRESS 705 S. Ann

TION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98954 HEALTH DEPARTMENT—CITY OF BALTIMORE D 98954

CERTIFICATE OF DEATH.

16-31
16-8

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hunter Tucker

(a) Residence No. 1802 S. Clinton St. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Colored	Separated

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6-DATE OF BIRTH (month, day and year) 1881

7-AGE.	If LESS than 1 day,
44 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stevadore

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Richmond

(State or Country) Virginia

PARENTS.

10-NAME OF FATHER, Samuel Tucker

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Sarah Branch

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Virginia

14- (Informant) Hospital Records

(Address) M.T.H.

15- 30 1925 Robert F. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 29, 1925.

17- I HEREBY CERTIFY, That I attended deceased from May 18, 1925 to May 29, 1925

that I last saw him alive on May 29, 1925

and that death occurred, on the date stated above, at 4.30 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) J. Elliott, M. D.

5-29-, 1925 (Address) Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (I) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	June 1st 1925
20-UNDERTAKER,	ADDRESS
Mus R.C. Elliott	725 Eastlandave

Spec.—1-10-21—M&T—1500 Bks.

D 98955 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 98955

CERTIFICATE OF DEATH.

37-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hospital ST., 27-6 WARD)

2-FULL NAME George Hill

(a) RESIDENCE NO. 227 Falls Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Bl.	mar

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Caroline Hill

6 DATE OF BIRTH (month, day, and year) Unknown 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore County

PARENTS

10 NAME OF FATHER Edward Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sophia Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Franklin Square Hospital

30 1925 , 19 Robert F. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 1925

17

I HEREBY CERTIFY, That I attended deceased from April 25, 1925, to May 29, 1925, that I last saw him alive on May 27, 1925, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Acute milliary Tuberculosis.

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy findings

(Signed) Copies H. Bellows, M. D.

, 19 (Address) 1105 Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery Long Green

DATE OF BURIAL June 1925

20 UNDERTAKER Mrs K. G. Elliott

ADDRESS 1725 Eastlandia

Burial Permit Clerk.

TION is very important. See instructions on back of certificate.

Spec– 12-23-21– E.B.R.S.–400 Blks. Re Letter in file July 3rd 1925 from George W Kennard MD

98956

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98956

CERTIFICATE OF DEATH.

6-31

1-PLACE OF DEATH

City of BALTIMORE: (No. 213 N. Montford Ave St., 6-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Thomas Lucas .....

(a) Residence No... 213 N. Montford Ave St., ...Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Col

5-Single, Married, Widowed, Divorced, (write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Lucas

6-DATE OF BIRTH (month, day and year): Unknown 1875

7-AGE: 50 yrs. 34 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Virginia Maryland

PARENTS.

10-NAME OF FATHER: Cornelius Lucas

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Virginia Maryland.

12-MAIDEN NAME OF MOTHER: Sarah Bann

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Virginia Maryland

14- (Informant) Sarah Lucas

(Address) 213 N. Montford Ave

15- 30 1925

Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): May 29-25

17- I HEREBY CERTIFY, That I attended deceased from May 21 1925 to May 29 1925

that I last saw him alive on May 28 1925

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia +
Tuberculosis

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Tuberculosis + Bronchial Pneumonia (Duration) yrs. 5 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. D. W. Kennard M. D

5-30. 1925 (Address) 708 Ensor St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Ashland Va.	May 30. 1925
20-UNDERTAKER.	ADDRESS
Mrs P. G. Elliott	1225 Ashland Ave.

Spec.—1-10-21—M&T—1500 Blks.

D 98957

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 98957
29686 A

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2617 Keyser Av ST., 8-5 90 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Steven Quintin Kuhlman

(a) RESIDENCE NO. 2617 Keyser Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 9 1916

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Jacob Kuhlman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Marie Hruska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Marie Kuhlman

(Address) 2617 Keyser Av

15 JUN 30 1925 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 1925

17

I HEREBY CERTIFY, That I attended deceased from May 26, 1925, to May 29, 1925.

that I last saw him alive on May 28, 1925

and that death occurred, on the date stated above, at 5 45 m.

The CAUSE OF DEATH* was as follows:

Acute Parenchymatous Nephritis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thos. H. Kerns, M. D.

5/29 1925 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL 6/1 1925

20 UNDERTAKER George J Ruth

ADDRESS 1737 Harford Av

TION is very important. See instructions on

Spec.—1-10-21—MAT—1500 Blks.

98958

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98958

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hosp ST., 8-3 (WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Katie Schatz

(a) RESIDENCE No. 1504 E. Hoffman St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. 5 mos. 18 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. G. Schatz

6 DATE OF BIRTH (month, day, and year) Dec 12-1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Peter Dorr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Augusta Strang

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Katie Schatz

(Address) 1504 Hoffman St

15 Filed ....., 19 ..... Registrar

Robert P. Garrison, Burial Permit Clerk.

0 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 1925

17

I HEREBY CERTIFY, That I attended deceased from May 23, 1925, to May 29, 1925, that I last saw h.r alive on May 29, 1925, and that death occurred, on the date stated above, at 12 00 m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia Bilateral

(duration) 2 yrs. - mos - ds.

CONTRIBUTORY (Secondary) Acute Peritonitis

(duration) - yrs. - mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of -

Was there an autopsy? -

What test confirmed diagnosis?

(Signed) J. B. Sybert, M. D.

. 19 (Address) St Jos. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	May 31 1925
20 UNDERTAKER	ADDRESS
Fred. C. Schweikhardt	703 Lemmon

TION is very important. See instructions on

D 98959

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

25 D 98959

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1600 Poplar Grove St.: 15-7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Anna Lewis Adair

(Residence in Baltimore: No. 1600 Poplar Grove St.: 1 yrs. 5 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: 68 (Age) Aug (Month) 8th (Day), 1856 (Year)

7 AGE: 68 yrs. 8 mos. 11 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John Adair

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Elizabeth McMurray

13 BIRTHPLACE OF MOTHER (State or country): Baltimore City

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Pallas

(Address) 1112 Eutaw St

15. Robert P. Harrison, 191 .....

30 1925 Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 29 (Day), 1925 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1924 to May 24 1925 that I saw h[er] alive on May 27, 1925 and that death occurred, on the date stated above, at 3.30 p.m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage Interstitial Nephritis & Arteriosclerosis

..... (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Mrs Pallas M. D.

May 29, 1925 (Address) 1112 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: June 1, 1925

20 UNDERTAKER: N. E. Stuphel — ADDRESS: 424 N. Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 98960

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98960

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 64 S Broadway ST. 3-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael John Gerring

(a) RESIDENCE No. 64 S. Broadway ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Gerring

6 DATE OF BIRTH (month, day, and year) Oct 31 1860.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	6	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk. 09

(b) General nature of industry, business, or establishment in which employed (or employer) Railroad

(c) Name of employer Penn R.R.

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

PARENTS

10 NAME OF FATHER Conrad Gerring

11 BIRTHPLACE OF FATHER (city or town) (State or country) Europe.

12 MAIDEN NAME OF MOTHER Barbara Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Europe.

14 Informant Minnie Gerring (Address) 64 S. Broadway.

15 Filed ..... 19 Robert P. Harrison, Registrar

30 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1925

17 I HEREBY CERTIFY, That I attended deceased from May 27 1925 to May 28 1925 that I last saw h alive on May 28 1925 and that death occurred, on the date stated above, at 6.45 P m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) J. Wilson, M. D.

May 29 1925 (Address) 4 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	May 31st 1925
20 UNDERTAKER Milton H. Jones	ADDRESS 412 S Broadway

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98961

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98961

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2812 N. Calvert St., 12-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Roland Mitchell

(a) Residence No. 2812 N. Calvert St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Sanders

6-DATE OF BIRTH (month, day and year) July 19, 185[illegible]

7-AGE. 73 yrs. 10 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired Conductor

(b) General nature of industry, business, or establishment in which employed (or employer): Pennsylvania Railroad

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Cambridge Maryland

PARENTS.

10-NAME OF FATHER, Charles A. Mitchell

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Cambridge Maryland

12-MAIDEN NAME OF MOTHER, Margaret A. Roche

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Virginia

14- (Informant) Mrs. James Bates

(Address) 220 E. North Avenue

15- Filed ..... 192 Robert J. Harrison, Registrar.

30 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 29, 1925.

17- I HEREBY CERTIFY, That I attended deceased from May 17th. 1925 to May 29th. 1925

that I last saw h. im alive on May 28th 1925,

and that death occurred, on the date stated above, at 1.30a m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) Unknown mos. ds.

CONTRIBUTORY (Secondary) Diabetic Gangrene.

(Duration) yrs. mos. 12 ds.

18-Where was disease contracted if not at place of death? --- ---

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Glycosuria, etc.

(Signed) Frederick L. Green M. D.

, 19 (Address) 2827 N. Calvert St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Druid Ridge Cemetery	6/1, 19 25

20-UNDERTAKER.	ADDRESS
Henry W. Mears and Son	825 N. Calvert

Srec—12-23-21—E.B.R.S.—400 Bks.

D 98962

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98962

CERTIFICATE OF DEATH.

164

12 - 4

1-PLACE OF DEATH

City of BALTIMORE: (No. 451 Whitridge Avenue St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine R. Clark

(a) Residence No. 451 Whitridge Avenue St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. 1 mos. 29 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Matthew J. Clark

6-DATE OF BIRTH (month, day and year) Mar. 30, 1844

7-AGE, 81 yrs. 1 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John McWilliams

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Mary Mullan

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Mrs. Lillian M. Garrison

(Address) 451 Whitridge Avenue

15- Filed 30 1925 Robert F. Harrison, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 5/29/25

17- I HEREBY CERTIFY, That I attended deceased from 2/28/25, 19.., to 5/29/25, 19.., that I last saw h[e] alive on 5/27/25, 19.., and that death occurred, on the date stated above, at 6.30 A. m.

The CAUSE OF DEATH* was as follows:

Old age -

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Edw Gaddess M. D.

, 19 (Address) 321 - E - 25 th.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
Cathedral Cemetery	6/1, 19.25

20-UNDERTAKER.	ADDRESS
Henry W. Mears & Son	805 N. Calvert

Spec.—1-12-23—M&T—500 Bks.

D 98963

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98963

CERTIFICATE OF DEATH.

33

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS St. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgia Gilmore

(a) RESIDENCE No. 1611 Division ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	21 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer) 069

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Walter Jordon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Baltimore City Hospital Records

(Address)

MAY 31 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1925

17 I HEREBY CERTIFY, That I attended deceased from May 21, 1925, to May 28, 1925, that I last saw her alive on May 28, 1925 and that death occurred, on the date stated above, at 2:15 P m.

The CAUSE OF DEATH* was as follows:

Tuberculous peritonitis

(duration) yrs. 2 mos 7 ds. (History)

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W Lindsay Miller, M. D.

5/28, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Va

DATE OF BURIAL 5/30 1925

20 UNDERTAKER Daniel Easton

ADDRESS 916 Pen Av

Spec.—1-10-21—M&T—1500 Bks.

1815-6

1815 D 98964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 135 D 98964

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME William H. Sachs

(a) RESIDENCE No. Burlington Ave ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rachael Sachs

6 DATE OF BIRTH (month, day, and year): 2-1857

7 AGE: Years 68 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Rabbi

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

065

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Isaac Sachs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Bessie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL.

MAY 31 1925

ROBERT R. KRAMER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 30 1925

17

I HEREBY CERTIFY, That I attended deceased from May 23, 1925, to May 30, 1925,

that I last saw h— alive on May 30, 1925,

and that death occurred, on the date stated above, at 5:50 a m.

The CAUSE OF DEATH* was as follows:

Benign Prostatic Hypertrophy

(duration) 2 yrs. — mos. ..... ds.

CONTRIBUTORY (Secondary) Pyelonephritis

(duration) ..... yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Eugene C. Shaw, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnstown Penna

DATE OF BURIAL: May 30 1925

UNDERTAKER: Jack Lewis

ADDRESS: 409 E Balto St

ATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 98965

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

D 98965

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (WARD) 1-1

2-FULL NAME Benjamin Coomes

(a) RESIDENCE No. 23 Ellicott City ST., Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 ~~Single~~, Married, ~~Widowed, or Divorced, (write the word)~~ Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie R. Coomes

6 DATE OF BIRTH (month, day, and year) Oct 25 - 1853

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
72	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) Painter

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Howard Co. Md.

PARENTS

10 NAME OF FATHER Richard Coomes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ebby Kinsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Hospital Records (Address)

15 Filed MAY 31 1925 ALBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30, 1925

17 I HEREBY CERTIFY, That I attended deceased from April 24, 1925 to May 30, 1925, that I last saw him alive on May 30, 1925, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Retention (Urethral Stricture) -

(duration) yrs. mos 43 ds.

CONTRIBUTORY (Secondary) Pneumonia - Hypo

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? Yes Date of 4-24-25

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) K. W. Galley, M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Johns Cem	June 2 1925
20 UNDERTAKER	ADDRESS
Easton Sons	Ellicott City

Hospital Permit Granted

TION is very important. See instructions on back of certificates.

Spec.—5-19-13—M. & T.—500 Bks.

98966

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98966

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2328 Whittier Ave ST.; 13-5 WARD.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peggy Kandel

(Residence in Baltimore: No. 2328 Whittier Ave St.; yrs. 2 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, March (Month) 12 (Day), 1923 (Year)

7-AGE, ...yrs. 2 mos. 17 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Nathan Kandel

11-BIRTHPLACE OF FATHER (State or Country), Austria, Europe

12-MAIDEN NAME OF MOTHER Rose Abrams

13-BIRTHPLACE OF MOTHER (State or Country), United States

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nathan Kandel

(Address) 2328 Whittier ave

15-

Filed MAY 31 1925 Att. ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 29 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 17 1925, to May 29 1925, that I saw her alive on May 29 1925, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(Duration) ....yrs. ....mos. 15 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

(Signed) Jesse M. Brooks M. D.

May 29, 1925. (Address) 2357 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Nessen Kaw	May 31, 1925

20-UNDERTAKER Jack Levin [illegible] ADDRESS [illegible]

Spec—12-23-21—E.B.R.S.—400 Bks.

D 98967

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98967

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 4109 Springdale ave St., 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matilda J White

(a) Residence No. 4109 Springdale ave St., Ward.....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Harry White

6-DATE OF BIRTH (month, day and year) 1856

7-AGE. 69 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Prussia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Prussia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Prussia

14- (Informant) David J White

(Address) 4109 Springdale Ave

15- MAY 31 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 28 1925

17- I HEREBY CERTIFY, That I attended deceased from 1/6 1925 to May 27 1925

that I last saw h.r alive on May 27 1925

and that death occurred, on the date stated above, at 5-15 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus.

About (Duration) 1 yrs. 5 mos. — ds.

CONTRIBUTORY (Secondary)

.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? X Ray

(Signed) Paul F. Wilson M. D.

, 19 (Address) 1013 N. Charles St

*State the **Disease Causing Death**, or In deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Balto Hebrew Cem	May 31 1925
20-UNDERTAKER	ADDRESS
Jack Levis	1429 E Balto St

Instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

Tillis

D 98968 HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH.

D 98968

REGISTERED No.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 3-1 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Tellis

(a) RESIDENCE No. 1236 Forrest ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hettie Tellis

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs Tellis

(Address) 1836 E Lanvale St

MAY 31 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/30/25

17 I HEREBY CERTIFY, That I attended deceased from 4/29/25, 19..., to 5/30/25, that I last saw him alive on 5/30/25, and that death occurred, on the date stated above, at 4.45 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis.

Bronchopneumonia (duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Embolism (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) K. W. Talley, M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Northern Cemetery	May 31 1925

20 UNDERTAKER Jack Lewis ADDRESS 1439 Eutaw St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98969

CERTIFICATE OF DEATH. 38

REGISTERED NO. D 98969

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 1813 Kavanaugh ST., 16-12 WARD

2-FULL NAME Walter Wilson

(a) RESIDENCE NO. 1813 Kavanaugh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. X mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): not known 1886

7 AGE: Years: about 39; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Gorsh's delivery stable Asheville

9 BIRTHPLACE (city or town) (State or country): north Carolina

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): north Carolina

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Richard A. Slack (Address) 1813 Kavanaugh

15 Filed MAY 31 1925 19 Robert N. Krauter, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): may 29 1925

17

I HEREBY CERTIFY, That I attended deceased from may 29, 1925, to may 29, 1925, that I last saw h live on may 29, 1925, and that death occurred, on the date stated above at 7.30 p. m.

The CAUSE OF DEATH* was as follows:

myocarditis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Aneurysm of aorta

(duration) yrs. two mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical signs & symptoms

(Signed) John E. L. Campbell M. D.

5-29 1925 (Address) 1402 N. Mount

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cem. — DATE OF BURIAL: May 3 1925

20 UNDERTAKER: Sam'l W. Chase & Son — ADDRESS: 1400 Mad

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98970

CERTIFICATE OF DEATH.

GD 98970

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1518 Penna Ave ST., 14-1 WARD)

2-FULL NAME Florence Carter

(a) RESIDENCE NO. 1518 Penna Ave ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. [redacted] mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 30 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1		29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Baby
(b) General nature of industry, business, or establishment in which employed (or employer) Baby
(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Joe Carter

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Northumble Co Va.

12 MAIDEN NAME OF MOTHER Mammie Davis

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Northumble Co Va

14 Informant Mother
(Address) 1518 Penna Ave

15 Filed MAY 31 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 1925

17 I HEREBY CERTIFY, That I attended deceased from April 27, 1925, to May 29, 1925, that I last saw h alive on May 29, 1925, and that death occurred, on the date stated above, at 5-P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) B. F. Hatcher, M. D.

5/30 1925 (Address) 1720 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL May 31 1925

20 UNDERTAKER — ADDRESS

Sam'l W. Close & Son 1400 Mulberry

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 98971

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

X 11

D 98971

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 E Ware St. ST. 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Willie Louis Clayton

(a) RESIDENCE No. 5 E Ware St., ST., WARD Virginia

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of no

6 DATE OF BIRTH (month, day, and year) March 9, 1919

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6 yrs	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work school

(b) General nature of industry, business, or establishment in which employed (or employer) no

(c) Name of employer no

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Asbas Clayton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Martha Webb

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Osas Clayton (Address) 5 Ware St

15 MAY 31 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1925

17 I HEREBY CERTIFY, That I attended deceased from May 27, 1925, to May 28, 1925, that I last saw him alive on May 28, 1925, and that death occurred, on the date stated above, at 8 5 A.m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis and Peritonitis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Peritonitis (duration) yrs. mos. 5 ds.

18 Where was disease contracted, if not at place of death? Unknown

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) Geo P Hall M. D.

. 19 (Address) 426 E 23rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sask Va

DATE OF BURIAL June 1st 1925

20 UNDERTAKER Joseph a Farrell

ADDRESS 2319 Druid Hill Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98972

CERTIFICATE OF DEATH.

94 D 98972

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 504 Aiston ST., 17-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Williams

(a) RESIDENCE No. 504 Aiston ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Williams

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 0/0

(c) Name of employer: Mrs Desmond

9 BIRTHPLACE (city or town) (State or country): Ellicott City Md

PARENTS

10 NAME OF FATHER: Oliver Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ellicott City Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ellicott City Md

14 Informant: Nettie Bias

(Address): 1[illegible] Lemmon St

MAY 31 1925

Filed ....., 19

HERBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 1925

17 I HEREBY CERTIFY, That I attended deceased from May 25 1925, to May 27 1925, that I last saw h[illegible] alive on May 27 1925, and that death occurred, on the date stated above, at 7 10 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) H. K. Cooley, M. D.

, 19 (Address) 153 Dodge St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Lawn	May 31, 25

20 UNDERTAKER: Samuel J. Hensley

ADDRESS: 5[illegible] N Eden

TION is very important. See instructions on back of certificates.

S. A. FEB

HEALTH DEPARTMENT—CITY OF BALTIMORE

98973 D 98973

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 820 Whatcoat St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jenifer Garnett

(Residence in Baltimore: No. 820 Whatcoat St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced. (Write the word.)
Mail	Colord	Single

6-DATE OF BIRTH. (Month) (Day) 1902 (Year)

7-AGE. 23 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Va

PARENTS.

10-NAME OF FATHER. Jenifer Garnett

11-BIRTHPLACE OF FATHER. (State or Country). Va

12-MAIDEN NAME OF MOTHER. Mary Garnett

13-BIRTHPLACE OF MOTHER. (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos Garnett

(Address) 420 N. Mount St

15-

Filed MAY 31 1925 192.. MABEL A. KRAUTH Clerk of Permits

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May (Month) 30 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Appendicitis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Peritonitis

(Duration) yrs. mos. ds.

(Signed) Jos Clarence Bladen M. D.
(Coroner.)

May 31 1925 (Address) 143 N Bway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Virginia

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Walerview Va	5/31/1925
20-UNDERTAKER.	ADDRESS
Daniel Easton	916 ans

is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

Thomas T. Scott

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98974

D 98974

CERTIFICATE OF DEATH.

101-001

REGISTERED NO. 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1148 N. Calhoun ST., 16-6 WARD)

2-FULL NAME Thomas T Scott

(a) RESIDENCE No. 1148 N. Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teamster

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Marie Scott

(Address) 1148 N. Calhoun St

MAY 31 1925 ROBERT A. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 1925

17 I HEREBY CERTIFY, That I attended deceased from May 29, 1925, to May 29, 1925, that I last saw h[illegible] alive on May 29, 1925, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows: (1) Pneumonia Lobar

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and Microscopic Examination

(Signed) A. N. Fowler M. D.

May 30 1925 (Address) 712 S. Wash. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	6/1/1925
20 UNDERTAKER	ADDRESS
Daniel Fenton	Balt

CAUSE OF DEATH is very important. See instructions on back of certificates.

D 98975

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100 001

D 98975

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1013 N. Wolfe St. St., 7-25 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfred W. Jones

(Residence in Baltimore: No. 1013 N.Wolfe St., 5 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	col	single

6-DATE OF BIRTH. March 2-1925 (Month) (Day) (Year)

7-AGE. ..... yrs. 2 mos. 29 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto.Md

PARENTS.

10-NAME OF FATHER. Alfred Jones

11-BIRTHPLACE OF FATHER. (State or Country). Warrenton Va

12-MAIDEN NAME OF MOTHER. Myrtle Byers

13-BIRTHPLACE OF MOTHER. (State or Country). Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Williams

(Address) 1817 E. Madison St

15- MAY 31 1925

Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 29-25 (Month) (Day) (Year) 192....

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or Inquiry.) inquiry find that said deceased came to hi death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Bronchopneumonia

(Primary)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J S H Pallen (Coroner.) M. D.

5-31-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Asbury Cemetery DATE OF BURIAL. May 31st 1925

20-UNDERTAKER. Milton Davis ADDRESS 315 N Eden St

is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

98976

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-001 D 98976

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1501 E. North ave St., 8-2 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. William Hempel

(a) Residence No. 1501 E North Ave St., Ward.....

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, W

5-~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda Hempel

6-DATE OF BIRTH (month, day and year) Oct 8 1842

7-AGE, 82 yrs. 7 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Brush Mfg

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Germany

PARENTS.

10-NAME OF FATHER, [illegible]

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Margaret [illegible]

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Germany

14- (Informant) Mrs. Hempel

(Address) 1501 E North Ave

15- MAY 31 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 30 - 25

17- I HEREBY CERTIFY, That I attended deceased from May 25, 1925, to May 30, 1925, that I last saw h... alive on May 29, 1925, and that death occurred, on the date stated above, at 5.45 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

May 30, 1925 (Address) 1107 Lexington Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~, Balto Cemetery — DATE OF BURIAL, June 1st 1925

20-UNDERTAKER, Geo Schilling & Sons — ADDRESS Monument & Lafayette Sts

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98977

CERTIFICATE OF DEATH.

153

D 98977

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St.) 13-4 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John F. Noel Jr.

(a) Residence No. 3809 Roland Ave St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 5 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
M	W	

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 12/26/22

7-AGE.	If LESS than 1 day.
2 yrs. 5 mos. 5 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) Balto (State or Country),

PARENTS.

10-NAME OF FATHER, John Noel

11-BIRTHPLACE OF FATHER (city or town) Balto (State or Country),

12-MAIDEN NAME OF MOTHER, Bessie Mc Faddin

13-BIRTHPLACE OF MOTHER (city or town) Md (State or Country),

14- (Informant) John Noel

(Address) 3809 Roland Ave.

15- Filed MAY 31 1925 ROBT. R. KRAUTER, Registrar.

Burial Permit Given.

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 31 1925

17- I HEREBY CERTIFY, That I attended deceased from May 28, 1925, to May 31, 1925, that I last saw h.im alive on May 31, 1925, and that death occurred, on the date stated above, at 7:20 A.m.

The CAUSE OF DEATH* was as follows:

Streptococcic septicemia

(Duration) about 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of May 28th

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) Clowell Howell, M. D.

, 19 (Address) Union Memorial Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL.
St. Marys Hampden	June 2, 1925
20-UNDERTAKER, E. Leroy Stiffler	ADDRESS 125 E. North ave.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98978

CERTIFICATE OF DEATH.

D 98978

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 E 25th ST., W-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Lina Helm

(a) RESIDENCE NO. 320 E 25th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret B. Helm

6 DATE OF BIRTH (month, day, and year) May 8, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64		23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Motorman 186

(b) General nature of industry, business, or establishment in which employed (or employer) Washington Electric Railway

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Gibson Helm

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant James G. Helm (Address) Washington D. C.

15 Filed MAY 31 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1925

17

I HEREBY CERTIFY, That I attended deceased from May 27, 1925 to May 31, 1925.

that I last saw him alive on May 30, 1925

and that death occurred, on the date stated above, at 8:30 a m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Coma

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetic Coma

(duration) unknown ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Jeffries Bunch M. D.

5/31, 1925 (Address) 2844 N Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D. C.

DATE OF BURIAL May 31, 1925

20 UNDERTAKER E. Leroy Miller

ADDRESS 125 E North ave.

CAUSES OF DEATH MUST BE STATED PLAINLY. See instructions on back of certificates.

TION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 98979 ✓ D 98979

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. C 213

City of BALTIMORE: (No. 429 W. Henrietta St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Earl Jones. (C)

(Residence in Baltimore: No. 429 W. Henrietta St. St.; yrs. -- mos. 4 ds. 21)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Male.	Colored	Single.

6-DATE OF BIRTH. January 9, 1925. (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
--- yrs. 4 mos. 21 ds.	...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. John H. Jones. (C)

11-BIRTHPLACE OF FATHER, (State or Country). Baltimore, Md.

12-MAIDEN NAME OF MOTHER. Martha James. (C)

13-BIRTHPLACE OF MOTHER, (State or Country). Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Jones. (C) mother.

(Address) 429 W. Henrietta St.

15- MAY 31 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 30, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Whooping Cough.

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

May 31, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Zion Ct	May 31 1925
20-UNDERTAKER.	ADDRESS
J. L. Brown & Son	1017 E. Monument

is very important. See instructions on back of certificate.

Cor.—1-12-25—M&T—100 Blks.

D 98980

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98980

CERTIFICATE OF DEATH.

170

REGISTERED No. D98980

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Casual Acad Mercy ST. 3-52 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stephen Stepanuk

(a) RESIDENCE NO. 213 S. Bond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S., if of foreign birth? 10 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	34			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) 0/2
(c) Name of employer

9 BIRTHPLACE (city or town) Poland
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Poland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Victor Gedygo
(Address) 213 S Bond St

15 JUN 1 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lacerated by Bullet
Shot (2) in heart

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Sudden

(duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] (Coroner.), M. D.

May 31, 1925 (Address) 1034 Guilford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	June 1925
20 UNDERTAKER F. W. Ozazewski	ADDRESS 1930 Eastern Ave

TION is very important. See instructions on back of certificate.

D 98981

D 98981

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98981

D 98981

CERTIFICATE OF DEATH.

7-1

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. Johns Hopkins Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ..... John B. Savage .....

(Residence in Baltimore: No. Chincoteague Va. St.; yrs., ... mos. ..... (1) ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	Widower

6-DATE OF BIRTH. ..... unknown ....., 1..... (Month) (Day) (Year)

7-AGE. ..... 47 ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Fish & Oysters
(b) General nature of industry, business, or establishment in which employed (or employer) ..... self 045

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Isaac J Savage

11-BIRTHPLACE OF FATHER, (State or Country), Va

12-MAIDEN NAME OF MOTHER, Patience Jones

13-BIRTHPLACE OF MOTHER, (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... opkins Hospital .....

(Address) .....

15- Filed JUN 1 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. ..... May 31-25 ....., 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... inquiry ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... inquiry ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... his ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Abcess of brain

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. H. Cullen M. D. (Coroner.)

5-31-25 192.... (Address) 508 E. North Av

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death* .....

Former or usual residence .... Virginia .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Chincoteague Accomack Co Va	June 1st 1925

20-UNDERTAKER.	ADDRESS
Putnam Bros	1723 W Lafayette Ave

is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 98982

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98982

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 N. Fulton Ave ST., 16-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie E. Baker

(a) RESIDENCE No. 1101 N. Fulton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF CONDITION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 12-1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	10	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School teacher

(b) General nature of industry, business, or establishment in which employed (or employer) 068

(c) Name of employer Balto Pub. Schools.

9 BIRTHPLACE (city or town) (State or country) N. York State

PARENTS

10 NAME OF FATHER Rev. G. G. Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Vermont

12 MAIDEN NAME OF MOTHER Cynthia Stanley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Hampshire

14 Informant Mrs Emily Conser

(Address) 1101 N. Fulton ave

JUN 1 - 1925

[illegible] R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 1925

17

I HEREBY CERTIFY, That I attended deceased from May 16, 1925, to May 30, 1925, that I last saw her alive on May 30, 1925, and that death occurred, on the date stated above, at 3.30 A m.

The CAUSE OF DEATH* was as follows:

Chron. Endocarditis

about (duration) 6 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) — yrs. — mos. 14 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Chas. C. Conser, M. D.

5/31, 1925 (Address) 1101 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL June 1 1925

20 UNDERTAKER Wm. Cook — ADDRESS 502 E Gaithber

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1814 D 98983 — 120 D 98983

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL — REGISTERED NO. 21-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Mrs. Elsie M. Sowers

(a) RESIDENCE NO. 1157 Carroll Av. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

Cause of death to be plainly stated. No abbreviations. Consult physician if necessary to be sure of correct classification. Do not state mode of dying, as shock, exhaustion, etc., but the disease causing it. In deaths from violence, state the nature of injury and whether accidental, suicidal or homicidal. In deaths of women, always state whether single, married, widowed or divorced. In deaths of children, always state whether legitimate or illegitimate. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edmund Sowers

6 DATE OF BIRTH (month, day, and year) March 13, 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	25	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Kline

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Hartleff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Records John Hopkins Hospital

15 Filed JUN 1 1925 19... ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29, 1925

17 I HEREBY CERTIFY, That I attended deceased from May 17, 1925, to May 29, 1925, that I last saw her alive on May 29, 1925; and that death occurred, on the date stated above, at 9.15 P.m.

The CAUSE OF DEATH* was as follows:

Acute fulminant Atrophy of Liver

(duration) ... yrs. ... mos. 28 ds.

CONTRIBUTORY (Secondary) Cholemia - 10 days

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? Yes.

What test confirmed diagnosis? ...

(Signed) Manfred Call Teutschlaender, M. D.

19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Funeral 1925

20 UNDERTAKER J. W. Cook — ADDRESS 302 E. Fayette

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98934

D 98984

CERTIFICATE OF DEATH.

24-179

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 1012 William St. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Bailey.

(Residence in Baltimore: No. 1012 William St. St.; yrs., 1 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced. (Write the word.)
Female.	White.	Married.

6-DATE OF BIRTH. October 16, 1887 (Month) (Day) (Year)

7-AGE. 37 yrs. 7 mos. 13 ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Virginia.

PARENTS.

10-NAME OF FATHER. Louis Crockett.

11-BIRTHPLACE OF FATHER. (State or Country). Virginia.

12-MAIDEN NAME OF MOTHER. Rachael Crockett.

13-BIRTHPLACE OF MOTHER. (State or Country). Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter J. Bailey. (husband)

(Address) 1012 William St.

15- JUN 1 - 1925 ROBERT R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 29, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion.

Uraemia.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto W. Reinhardt M. D. (Coroner)

May 29, 1925 (Address) 1014 E. Charles St.

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Tilghmans Island	June 1 1925

20-UNDERTAKER.	ADDRESS
John F. Denny	715 Light St

This Space for Registrar's Use Only

Use Typewriter or Indelible Pencil

Be sure to give the information required on back of certificate. It is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

Suit

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98985

CERTIFICATE OF DEATH.

D 98985

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] ST., BALTIMORE CITY HOSPITAL 20-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William J. Sint

(a) RESIDENCE No. 3756 Morley ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) May 14th 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	—	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer) 0/2

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER William Sint

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Baltimore City Hospital Records

(Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 1925

17

I HEREBY CERTIFY, That I attended deceased from May 18, 1925, to May 29, 1925, that I last saw h. alive on May 29, 1925 and that death occurred, on the date stated above, at 11:45 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Hypertension, Chronic nephritis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Left hemiplegia (cerebral hemorrhage) (duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W Lindsay Miller, M. D.

5/30 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: June 1st 1925

UNDERTAKER: J. B. Shipley

ADDRESS: 1507 N. Eutaw

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 98986

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98986

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2553 Boyd St. 20-4 Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Mundo

(a) RESIDENCE NO. 2553 Boyd ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT WORDING IS VERY IMPORTANT. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm J. Mundo

6 DATE OF BIRTH (month, day, and year) Feb 15-1848

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
77	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Harford County Md

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Harford County Md.

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Harford County Md

(State or country)

14 Informant Carrie Mundo

(Address) 2553 Boyd St

JUN 1 - 1925

Registrar

Local Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 19 25

17

I HEREBY CERTIFY, That I attended deceased from Aug. ....., 1923, to Aug 30, 1925,

that I last saw her alive on Aug 29 / 30 1925;

and that death occurred, on the date stated above, at 6 ..... m.

The CAUSE OF DEATH* was as follows:

Arteria-Sclerosis

(duration) 10 yrs. .... mos .... ds.

CONTRIBUTORY (Secondary) Myocardial Degeneration

(duration) 2 yrs. .... mos. .... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) C. K. Shipley, M. D.

5/31, 1925 (Address) 1120 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	June 1, 1925
UNDERTAKER	ADDRESS
J. B. Weyant	1850 N. Gilmor St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98987

CERTIFICATE OF DEATH.

D 98987

1-PLACE OF DEATH: CITY OF BALTIMORE: (No. 519 S. Monroe ST., 19-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosie J. Dunberly

(a) RESIDENCE NO. 519 S. Monroe ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. 6 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of COMPLICATIONS on back of certificate is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 6th 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Wm. G. Dunberly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary Holbrittle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Mary H. Dunberly 519 S. Monroe St.

15 Filed JUN 1 1925 ROBERT A. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 31, 1925

17 I HEREBY CERTIFY, That I attended deceased from May 30, 1925, to May 31, 1925, that I last saw her alive on May 30, 1925, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) R. H. Isaacs, M. D.

, 19 (Address) 2114 Wilkens Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pikesville Cemetery — DATE OF BURIAL: June 2nd 1925

UNDERTAKER: F. B. Wilfield — ADDRESS: 1850 N. Gilmor St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 519 So. Monroe St., Ward)

2-FULL NAME... Rosie Dunkerly

(Residence in Baltimore: No. 519 So. Monroe St.; yrs.....mos.....ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-DATE OF BIRTH, Nov. 6th 1902 (Month) (Day) (Year)

7-AGE, 22 yrs. 6 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work..... (b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Wm O. Dunkerly

11-BIRTHPLACE OF FATHER, (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER, Mary Holditer

13-BIRTHPLACE OF MOTHER, (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm O. Dunkerly

(Address) 519 So. Monroe St

15-

Filed..... 192.....

Register.....

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 31st (Month) (Day) 192.5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Epileptic Convulsions

(Duration) yrs. 5 mos. 1 ds.

CONTRIBUTORY (Secondary) Had attacks since Childhood

(Signed) Thos. B. Horn (Coroner) M. D.

(Duration) yrs. mos. ds.

June 1st 1925 (Address) Curtis Bay, Balto Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents). At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

PLACE OF BURIAL OR REMOVAL, Greenmount DATE OF BURIAL June 1st 1925

UNDERTAKER, T.S. Wiltshire ADDRESS 1852 W Balto St

Is very important. See instructions on back of certificate. Exact statement of OCCUPATION so that it may be properly classified. In plain terms, so that

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98988

CERTIFICATE OF DEATH.

89D 98988

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH The Albion

CITY OF BALTIMORE: (No. Cathedral St. ST., 11-2 WARD)

2-FULL NAME Mrs. Louise Rentstead Hull

(a) RESIDENCE NO. Washington Apartments McVernon Place ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Hull

6 DATE OF BIRTH (month, day, and year) July 26 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	55	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Williamsport Pa.
(State or country)

PARENTS

10 NAME OF FATHER Chas. Fred. Rentstead

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Dorchester Mass.

12 MAIDEN NAME OF MOTHER Laura F. Bragg

13 BIRTHPLACE OF MOTHER (city or town) Brooklyn
(State or country) N.Y.

14 Informant Florence C. Wyatt (Sister)
(Address) 29 Washington Square N.Y.C.

15 Filed JUN 1 - 1925 Albert R. Krauter, Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31st 1925

17

I HEREBY CERTIFY, That I attended deceased from Last July 15, 1924 to May 31st 1925, that I last saw h alive on May 31st 1925, and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis. Acute Blood Pressure

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary) Art Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? —

(Signed) C. McGuire, M. D.

, 19 (Address) 2 W Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: June 2 1925

20 UNDERTAKER: Henry H. Jenkins Sons Co — ADDRESS: Orchard & McCulloh

D 98939

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4-1 100-001

D 98939

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 222 N Pine St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna B. Addison

(Residence in Baltimore: No. 222 N Pine St St.; yrs. 1 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Col.

5-Single, Married, Widowed or Divorced. (Write the word.): Sgle

6-DATE OF BIRTH: ..... 1..... (Month) (Day) (Year)

7-AGE: ..... yrs. 5 mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto

PARENTS.

10-NAME OF FATHER: John Thomas

11-BIRTHPLACE OF FATHER, (State or Country): Tenn.

12-MAIDEN NAME OF MOTHER: Dora Brown

13-BIRTHPLACE OF MOTHER, (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Thomas

(Address) 222 N Pine

15-

JUN 1 - 1925

HERBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 26 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Dead Born

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D. (Coroner.)

5-31 1925 (Address) 117 W Saratoga St

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Mt Zion Cy DATE OF BURIAL: June 1 1925

20-UNDERTAKER: Conard Whalen ADDRESS 617 Saratoga St

THE CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

74 001

98990

CERTIFICATE OF DEATH.

D 98990

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1041 Ridgely ST., 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katharine Krieger

(a) RESIDENCE NO. 1041 Ridgely ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. 10 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Krieger

6 DATE OF BIRTH (month, day, and year) July 21st 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	10	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home 037

(b) General nature of industry, business, or establishment in which employed (or employer) wife

(c) Name of employer Self

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Christopher Zeltner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Christina Muhly

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Henry Krieger

(Address) 1041 Ridgely

15 JUN 1 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 1925

17

I HEREBY CERTIFY, That I attended deceased from May 10 . 1921 . to May 29 . 1925 .

that I last saw h.. alive on May 29 . 1925 .

and that death occurred, on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Cerebral Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms, Examination

(Signed) [illegible] M. D.

19 (Address) 724 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Emmanuel Jamesville — DATE OF BURIAL June 1 1925

20 UNDERTAKER Geo. Weber & Son — ADDRESS 2503 Edmondson Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-1-10-21-M&T 1500 Bks.

D 98991

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98991

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 W. Mrs Fayette ST. 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Edward Chapman

(a) RESIDENCE NO. 1502 W. Mrs Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy A Chapman

6 DATE OF BIRTH (month, day, and year) apr 28/1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mommer 045

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Pittsfield Mass

PARENTS

10 NAME OF FATHER David S. Chapman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mass

12 MAIDEN NAME OF MOTHER Mary A Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond Va

14 Informant Lucy A. Chapman

(Address) 1502 W. Mrs Fayette St

15 Filed JUN 1 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31st 1925

17

I HEREBY CERTIFY, That I attended deceased from for last 4 to 6 months, 19....

that I last saw him alive on May 30th, 1925,

and that death occurred, on the date stated above, at 6:00 a.m.

The CAUSE OF DEATH* was as follows:

Arterial sclerosis, Cardiac valvular lesion, with dilation & final anasarca.

(duration) 2 yrs. or more

CONTRIBUTORY (Secondary) X

(duration) X yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of X

Was there an autopsy? No.

What test confirmed diagnosis? Nothing special.

(Signed) O. H. Hofmann M. D.

5/31. 1925 (Address) 3400 Wallbrook Ave. City.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Sulcidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL 6/2/25

20 UNDERTAKER Geo. Weber & Son — ADDRESS 2503 E. Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98992 ~~D 98992~~ D 98992

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE. (No. ..... ST., 15-3 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Davis

(a) RESIDENCE NO. 3704 ST., Fernanda Ave WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced, (write the word) S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) May 29, 1925

7 AGE Years ..... Months ..... Days 2 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto Md (State or country)

PARENTS

10 NAME OF FATHER Chas Davis

11 BIRTHPLACE OF FATHER (city or town) Chicago (State or country)

12 MAIDEN NAME OF MOTHER Bessie Levine

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant Chas Davis (Address) 3704 Fernanda Ave

15 ROBERT R. REMTER, Registrar

JUN 1 - 1925 Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 19 25

17 I HEREBY CERTIFY, That I attended deceased from May 29, 19 25 to May 31, 19 25

that I last saw h[illegible] alive on May 31, 19 25

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows+

Prematurity

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Samuel R. Siegel, M. D.

, 19 (Address) Hebrew Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Cemetery | DATE OF BURIAL June 1 19 25

20 UNDERTAKER Jos. E. Levin | ADDRESS 1439 E. Balto

WHITE should be CANARY supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificates. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98993

CERTIFICATE OF DEATH.

D 98993

REGISTERED No.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3959 Cloverhill Road ST. W - 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George H. Parker

(a) RESIDENCE No. 3959 Cloverhill Road ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	White	Married

5a If married, ~~widowed~~, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Mrs Betty Byrd Parker

6 DATE OF BIRTH (month, day, and year) May 30th 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	31			

8 OCCUPATION OF DECEASED District

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) State Road Commission

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Peter J Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Del

12 MAIDEN NAME OF MOTHER Catherine J Ellingsworth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Del

14 Informant Betty Byrd Parker

(Address) 3959 Cloverhill Road

15 Filed JUN 1 - 1925 19 ..... Albert R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30th 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 25, 1924 to May 30, 1925, that I last saw him alive on May 30, 1925, and that death occurred, on the date stated above, at 3.05 P. m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Chronic Nephritis (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of Jan. 10. 1925

Was there an autopsy? No

What test confirmed diagnosis? X. Ray, Urinalysis, etc

(Signed) Hampton Poulson, M. D.

June 1, 1925 (Address) 2 E. Mt. Monument St Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Holmetery — DATE OF BURIAL June 2, 1925

20 UNDERTAKER Henry W Jenkins & Son Co — ADDRESS Edward & Mc Collough St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98994 — 58-001 — D 98994

D 98994

CERTIFICATE OF DEATH.

1-3

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 826 Lakewood Ave ST.; ..... WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanislawa Pawlak

(Residence in Baltimore: No. 826 Lakewood Ave St. 38 yrs., mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
F	W	Married

6-DATE OF BIRTH, May 8, 1885. (Month) (Day) (Year)

7-AGE, 40 yrs. — mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... Home

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, And. Kowalewski

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Anna Pawlak

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walenty Pawlak Husband

(Address) 826 S. Kenwood Ave

JUN 1 - 1915 Filed..... 191.....

ROBERT R. KRAUTER, Burial Permit Officer.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 30, 1915. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 15 1915, to May 30 - 1915, that I saw h-er alive on May 29 - 1915, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Dropsy Anemia (Pernicious)

(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) General Exhaustion

(Duration) yrs. 1 mos. — ds.

(Signed) Frank C Bowler M. D.

May 30, 1915. (Address) 125 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL, ..., 1915
H. Hamelsen	
20-UNDERTAKER W. F. Sadowski	ADDRESS 915 S. Ann

CAUSE OF DEATH to be plain terms, as that it may be properly classified. Every statement of importance. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 98995

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 98995

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3233 Colgate St. 26 - 5 WARD)

2-FULL NAME Mary M. Wiegand

(a) RESIDENCE NO. 3233 Colgate ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. 1 mos. 19 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. J. Wiegand

6 DATE OF BIRTH (month, day, and year) April 10, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Weinrich

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) .....

14 Informant Wm J. F. Wiegand (Address) 3233 Colgate St.

15 JUN 1 - 1925 HERMAN R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 1925

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1925, to May 29, 1925, that I last saw her alive on May 29, 1925, and that death occurred, on the date stated above, at 7.10 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

CONTRIBUTORY (Secondary) Tuberculous Pneumonia (duration) yrs. ? mos ..... ds.

18 Where was disease contracted if not at place of death? ..... (duration) ..... yrs. ..... mos. ..... ds.

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Lyman S. Abbott M. D.

. 19 (Address) 1832 N. Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL 5-Ger. Reformed Cem

DATE OF BURIAL 6/1/25

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—I-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98996

CERTIFICATE OF DEATH.

D 98996

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST. 16-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Herring

(a) RESIDENCE No. 619 Granby ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 28-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Frank M Herring

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Helen Legates

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Delaware

14 Informant Mr Frank Herring
(Address) 619 Granby

15 Filed JUN 1 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-30 1925

17

I HEREBY CERTIFY, That I attended deceased from May 28, 1925, to May 30, 1925, that I last saw him alive on May 30, 1925, and that death occurred, on the date stated above, at 10:00 P m.

The CAUSE OF DEATH* was as follows:

Samuel Atelectasis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M. Alexander Morley M. D.

5/31, 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL June 1925

20 UNDERTAKER W M Routson

ADDRESS 2208 N Mtt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. [illegible] - 1500 Rls.

D 98997.

18161?

HEALTH DEPARTMENT—CITY OF BALTIMORE D 98997.

CERTIFICATE OF DEATH.

X 32

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Williams

(a) RESIDENCE NO. 407 Virginia Ave ST. Towson, Md 4 days

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1921 Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Child

(b) General nature of industry, business, or establishment in which employed (or employer) ..... —"—

(c) Name of employer ..... —"—

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Edward Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Gladys Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) .....

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed JUN 1 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30, 1925

17

I HEREBY CERTIFY, That I attended deceased from May 27, 1925. to May 30, 1925.

that I last saw him alive on May 30, 1925.

and that death occurred, on the date stated above, at 9 9 m.

The CAUSE OF DEATH* was as follows:

Acute miliary Tuberculosis

(duration) ... yrs. ... mos. 2 1 ds.

CONTRIBUTORY (Secondary) Tuberculous meningitis

(duration) ... yrs. ... mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Walter B. Stewart, M. D.

(Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mount Olivet Maryland 2 ✓

DATE OF BURIAL 6-2-25

20 UNDERTAKER Samuel Hinkley Belle

ADDRESS ✓

IMPORTANT—Physician must fill out CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 98998

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001

D 98998

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 715 N. Mount ST., 16-7 WARD)

2-FULL NAME Marie Augusta Wilson

(a) RESIDENCE NO. 715 N. Mount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Wilson

6 DATE OF BIRTH (month, day, and year) Sept 19, 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	28	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wilmington Delaware

PARENTS

10 NAME OF FATHER Eben W. Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Chester Co Maryland

12 MAIDEN NAME OF MOTHER Anna Spencer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wilmington Maryland

14 Informant Harry Wilson (Address) 715 N. Mount

15 Filed JUN 1 1925, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 1925

17

I HEREBY CERTIFY, That I attended deceased from May 26, 1925, to May 30, 1925, that I last saw h[illegible] alive on May 29, 1925, and that death occurred, on the date stated above, at 3-50 a.m.

The CAUSE OF DEATH* was as follows:

Influenza [illegible]

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) broncho-pneumonia

(duration) yrs. mos 3 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? physical signs

(Signed) John A. B. Lampe M. D.

, 19 (Address) 1405 N. Mount

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn | DATE OF BURIAL June 19 25

20 UNDERTAKER Samuel Kennedy & Bro | ADDRESS 1138

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 98999

D 98999

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1012 N Broadway St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose J. Kenney

(Residence in Baltimore: No. 1012 N. Broadway St.; life yrs. mos. ds.)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	white	single

6-DATE OF BIRTH, unknown (Month) (Day) 1..... (Year)

7-AGE, 67 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Daniel Kenney

11-BIRTHPLACE OF FATHER, (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Annie Leahy

13-BIRTHPLACE OF MOTHER, (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Kate Kenny

(Address) 1012 N. Broadway

JUN 1 - 1925 Filed ..... 19.. ROBERT R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 31-25 (Month) (Day) 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

Probably Valvular)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. S. H. Cullen M. D.
(Coroner.)

6-1-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery DATE OF BURIAL, June 3 1925

20-UNDERTAKER, Henry Hoech Son ADDRESS 130, E Eager St

Spec.—1-10-21—M&T—1500 Mks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99000

CERTIFICATE OF DEATH.

D-99000

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. St. Joseph's Hosp ST. 27-12 WARD)

REGISTERED NO. 101-06

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel a White

(a) RESIDENCE No. 422 Harford Rd ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 4, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	56	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER S. Addison White

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Hannah A. White

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Miss Jennie White

(Address) 1436 Homestead St

15 JUN 1 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 1925

17

I HEREBY CERTIFY, That I attended deceased from May 28, 1925, to May 30, 1925

that I last saw him alive on May 30, 1925,

and that death occurred, on the date stated above, at 3 45 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) G. T. Sybert M. D.

May 30, 1925 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL June 2 1925

20 UNDERTAKER Henry Hoech Son

ADDRESS 1301 E Eager St

IMPORTANT: SHOULD BE CAREFULLY SUPPLIED. AGE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99001

CERTIFICATE OF DEATH.

8-44

D 99001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1507 E. Biddle ST., 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Indiana Askew Holmes

(a) RESIDENCE NO. 1507 E. Biddle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of James P. Holmes

6 DATE OF BIRTH (month, day, and year) June 24 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Duties

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John M. Williams

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Susan Scott

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant James P. Holmes
(Address) 1507 E. Biddle St

15 Filed JUN 1 - 1925 19 ROBERT P. KRAUSE, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 1925

17

I HEREBY CERTIFY, That I attended deceased from March 11, 1925, to May 29, 1925,

that I last saw h.. alive on May 29, 1925

and that death occurred, on the date stated above, at 8:50 m.

The CAUSE OF DEATH* was as follows:

Carcinoma. Carcinoma of liver & intestines. Metastasis

duodenum.

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Gradual emaciation. Bowel

Hemorrhage (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of April

Was there an autopsy? (To verify the carcinoma)

What test confirmed diagnosis? Operation

(Signed) Frank H. Smith, M. D.

May 30 1925 (Address) 927 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL June 1 1925

20 UNDERTAKER R. Madison Mitchell — ADDRESS 1221 E. Washington Hamd. Bro. St

mation should be carefully supplied. AGE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99002

CERTIFICATE OF DEATH.

D 99002
Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 747 N Milton Ave St., 7-3 31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry A. Freter

(a) Residence No. 747 N. Milton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. 7 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary Freter

6-DATE OF BIRTH (month, day and year) Oct 15-1890

7-AGE, 34 yrs. 7 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Poultry dealer

(b) General nature of Industry, business, or establishment in which employed (or employer) 045

(c) Name of employer 0

9-BIRTHPLACE (city or town) (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER August Freter

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany.

12-MAIDEN NAME OF MOTHER, Mary Mamma

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Mary Freter

(Address) 747 N. Milton Ave

15- JUN 1 - 1925 Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 30/25

17- I HEREBY CERTIFY, That I attended deceased from May 18 19 25 to May 30 19 25

that I last saw h. (was) alive on May 30 19 25.

and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum

(Signed) Louis A. M. Krause M. D.

. 19 (Address) 2800 E. Madison St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem. DATE OF BURIAL, June 2nd 1925

20-UNDERTAKER, Geo M. Fink & Son ADDRESS 811 N Wolfe

Should be carefully prepared in plain terms, so that it may be properly classified. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 99003 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99003

CERTIFICATE OF DEATH. 101

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard J. Purcell

(a) RESIDENCE NO. State Hospital Sykesville Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Indiana Purcell.

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Attendant 886

(b) General nature of industry, business, or establishment in which employed (or employer) State Hospital.

(c) Name of employer State Dr Clarke

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mrs J. J. McKamo

(Address) 20 W Grindall St

Filed JUN 1 - 1925 HERBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1 1925

17

I HEREBY CERTIFY, That I attended deceased from May 21, 1925, to June 1, 1925, that I last saw him alive on June 1st, 1925, and that death occurred, on the date stated above, at 3 00 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Acute Retention

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Sykesville.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) P. S. Anderson, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Gloucester Va.	6-1 1925
20 UNDERTAKER E & B Hearle	ADDRESS 115 E Main St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 99004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 D 99004

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1424 Woodall ST. 24-3 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Gravitz

(a) RESIDENCE NO. 1424 Woodall ST., 24 WARD

(Usual place of abode) Same

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katharina Gravitz.

6 DATE OF BIRTH (month, day, and year) Feb. 25 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer on O&D

(b) General nature of industry, business, or establishment in which employed (or employer) B. O. R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russian Poland.

PARENTS

10 NAME OF FATHER Martin Gravitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russian Poland

12 MAIDEN NAME OF MOTHER Maria Garnitz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russian Poland

14 Informant Katharina Gravitz. (Address) 1424 Woodall St.

15 Filed JUN 1 1925 19 ROBT. R. KRAUTER, Special Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29th 1925

17

I HEREBY CERTIFY, That I attended deceased from April 1, 1925, to May 29, 1925

that I last saw him alive on May 24, 1925

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. P. Campbell M. D.

May 30, 1925 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetary — DATE OF BURIAL: June 1st 1925

20 UNDERTAKER: Lilly & Zeiler — ADDRESS: 400 S. Mt. Street

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

mation should be carefully supplied.

Spec.–1-10-21–M&T–1500 Bks.

D 99005

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99005

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3517 Old York Rd St.) 9-1 WARD)

2-FULL NAME Joshua J. Dixon

(a) RESIDENCE NO. 3517 Old York Rd St.,

(Usual place of abode) WARD

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah M. Dixon

6 DATE OF BIRTH (month, day, and year) Nov. 28 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Civil Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) 030

(c) Name of employer Retired

9 BIRTHPLACE (city or town) Fredk (State or country) Md

PARENTS

10 NAME OF FATHER Joshua Dixon

11 BIRTHPLACE OF FATHER (city or town) Fredk (State or country) Md.

12 MAIDEN NAME OF MOTHER Sophie Reitzenstein

13 BIRTHPLACE OF MOTHER (city or town) Balt. (State or country)

14 Informant Mrs. Sarah M. Dixon

(Address) 3517 Old York Rd.

15 Filed JUN 1 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1925

17

I HEREBY CERTIFY, That I attended deceased from May 28, 1925, to May 31, 1925, that I last saw h— alive on May 31, 1925, and that death occurred, on the date stated above, at 11.05 a m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Morley Young, M. D.

1925 (Address) 714 Wash. Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem	June 2 1925

20 UNDERTAKER	ADDRESS
Wm J Pickner	Rond Mor Balto Pa

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

D 99006

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

D 99006

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St.Agnus' Hospital ST. 12-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME MARY LUDLOW COOK

(a) RESIDENCE No. 2844-St.Paul-St., ST. 12 WARD Resident.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. 8 mos. 6 ds. How long in U. S., if of foreign birth? 83 yrs. 8 mos. 6 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel G.B.Cook.

6 DATE OF BIRTH (month, day, and year) Sept-25-1841

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
83	8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Augustus Crook.

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Augusta Crook.

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mrs.Jefferies Buck(daughter)
(Address) 2844-St.Paul-St., City.

15 Filed JUN 1 - 1925 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1. 1925

17

I HEREBY CERTIFY, That I attended deceased from May 31st, 1925, to June 1. 1925.

that I last saw her alive on May 31st. 1925

and that death occurred, on the date stated above, at 2 A. m

The CAUSE OF DEATH* was as follows:

Myocarditis with
Chronic Nephritis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Newman B Freedman, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	June-3-25
20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)	ADDRESS 108 W.NORTH AVE.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99007 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99007.

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME HENRIETTA MONTGOMERY SHORTT

(a) Residence No. Union Memorial Hospital St., 12 Ward. Lenoir, N.C.
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 14 ds. How long in U. S., if of foreign birth? 38 yrs. 7 mos. 22 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. W. RAY SHORTT

6-DATE OF BIRTH (month, day and year) Oct-9-1886

7-AGE. 38 yrs. 7 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House-Wife.

(b) General nature of Industry, business, or establishment in which employed (or employer) at home

(c) Name of employer None

9-BIRTHPLACE (city or town) Lenoir (State or Country), N.C.

PARENTS.

10-NAME OF FATHER, J. TODD Montgomery

11-BIRTHPLACE OF FATHER (city or town) Lenoir (State or Country), N.C.

12-MAIDEN NAME OF MOTHER, Ella G. Harstin

13-BIRTHPLACE OF MOTHER (city or town) Lenoir (State or Country), N.C.

14- (Informant) Mr. W. Ray Shortt, (husband)

(Address) Lenoir, N.C.

JUN 1 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May-31-1925

17- I HEREBY CERTIFY, That I attended deceased from May 25, 1925 to May 31, 1925

that I last saw h.. alive on May 31, 1925

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma en Cuirasse

(Duration) About 7 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? South Carolina

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Edwin B. Gabbett M. D.

, 19 (Address) Lenoir Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
LENOIR, N.C.	June-1-25 19....
20-UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)	ADDRESS 108 W. NORTH AVE.

Should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 99003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99003

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 5-1 WARD) 197 REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pauline Kilipowska

(Residence in Baltimore: No. 25 N. High St.: (yrs. 15 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) ~~Married~~ Divorced

6-DATE OF BIRTH, Unknown (Month) (Day), 1897 (Year)

7-AGE, 28 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... at Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... 0

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Poland

12-MAIDEN NAME OF MOTHER, Mary Bukat

13-BIRTHPLACE OF MOTHER (State or Country) Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alex Bukat

(Address) 2306 Essex St.

15- JUN 1 - 1925

....H. E. L. H. KRAUTER, Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 30 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractal shot wound of abdomen and intestines

about 18 hours (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Paralysis Homicide

....(Duration) ....yrs. ....mos. ....ds.

(Signed) ....(Coroner.) ....M. D.

May 31, 1925 (Address) 1639 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary Cemetery DATE OF BURIAL, June 2 1925

20-UNDERTAKER Chas. H. Evans & Son ADDRESS 118 W. Mt. Royal Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-19-21—M&T—1500 Blks.

D 99009

HEALTH DEPARTMENT—CITY OF BALTIMORE D 99009

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elmer R Parker

(a) RESIDENCE NO. Washington D C ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dr Henry P Parker

6 DATE OF BIRTH (month, day, and year) Jany 3 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) /

(c) Name of employer

9 BIRTHPLACE (city or town) D C
(State or country)

PARENTS

10 NAME OF FATHER William B Ridgely

11 BIRTHPLACE OF FATHER (city or town) D C
(State or country)

12 MAIDEN NAME OF MOTHER Ellen Sullivan

13 BIRTHPLACE OF MOTHER (city or town) D C
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 JUN 1 - 1925 ROBT. A. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 - 1925

17 I HEREBY CERTIFY, That I attended deceased from March 7, 1925, to May 31, 1925, that I last saw him alive on May 31, 1925, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia - Pleo - Post-Operative -

(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Operation for Chole-lithiasis

(duration) ... yrs. ... mos. 17 ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? Yes Date of 5-19-25

Was there an autopsy? Yes.

What test confirmed diagnosis? Yes

(Signed) E B Vedder M. D.

, 19 (Address) Johns Hop. Hosp. Tal

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D C — DATE OF BURIAL June 19 25

20 UNDERTAKER John T O. Mitchell — ADDRESS 1201 W Fayette

N. B.—THIS IS A PERMANENT RECORD. EVERY item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99010

CERTIFICATE OF DEATH.

10 D 99010

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 857 W. North Ave. ST.) 14-2 (WARD)

2-FULL NAME Jeanette Rosenthal

(a) RESIDENCE. NO. 859 W. North Ave ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 9-1919

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Sol M Rosenthal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rose Solomon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Sol M Rosenthal
(Address) 859 W North Ave

15 Filed JUN 1 - 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1 19 25

17 I HEREBY CERTIFY, That I attended deceased from May 25, 19 25, to May 31, 19 25, that I last saw h[illegible] alive on May 31, 19 25, and that death occurred, on the date stated above, 7 A M. m.

The CAUSE OF DEATH* was as follows:

Necr- P laryngeal Diptheria
(Contributory Streptococcus.)
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Septic Pharyngitis
(duration) yrs. mos. 5 ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jos L Pelgrim M. D.

1, 19 25 (address) 14 So Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem

DATE OF BURIAL 6/1 1925

20 UNDERTAKER Jack Levin

ADDRESS 1439 E Balt St

Burial Permit Clerk

MAGE should be stated EXACTLY. PHYSICIANS should state
that it may be properly classified. Exact statement of OCCUPA-
ons on back of certificates.
mation should be carefully supplied. AGE
CAUSE OF DEATH in plain terms, so that i
TION is very important. See instructions or

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99011 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 99011

CERTIFICATE OF DEATH.

5-31

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Tolson

(a) Residence No. 100 N. Front st. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1862

7-AGE.	If LESS than 1 day,
63 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown 040

(c) Name of employer: Unknown

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Tolson

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Maryland

12-MAIDEN NAME OF MOTHER, Susanna Ridlege

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14-

(Informant) Hospital Records

(Address) M.T.H.

JUN 1 - 1925 ROBT. A. KRAUTH, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 30, 1925

17- I HEREBY CERTIFY, That I attended deceased from August 11, 1924 to May 30, 1925

that I last saw him alive on May 30, 1925

and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) G. Elliott M. D.

5-30-, 1925 (Address) Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt Olivet Cem	June 1st, 1925
20-UNDERTAKER.	ADDRESS
A. Howard Evans	38 E Fort Ave

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 99012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 49

D 99012

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 7-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Paul Rosier

(a) RESIDENCE No. 177 W. Pike St - Clarksburg W. Va. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Rosier

6 DATE OF BIRTH (month, day, and year) Dec-4-1900

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	5	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Self.

9 BIRTHPLACE (city or town) Clarksburg W. Va.
(State or country)

PARENTS

10 NAME OF FATHER John Rosier

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) W. Va.

12 MAIDEN NAME OF MOTHER Myrtle Randolph

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) W. Va.

14 Informant John P. Rosier
(Address) Clarksburg W. Va.

15 Filed JUN-1-1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1925

17

I HEREBY CERTIFY, That I attended deceased from May 5, 1925, to May 31st, 1925, that I last saw him alive on May 31st, 1925, and that death occurred, on the date stated above, at 7.15 P m.

The CAUSE OF DEATH* was as follows:

Sarcoma Lung

(duration) ..... yrs. ..... mos. 26 ds.

CONTRIBUTORY (Secondary) Hemorrhage

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) R. Hooper Smith C. M. D.

. 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Clarksburg W. Va.	June 1 1925

20 UNDERTAKER H. E. Hughes ADDRESS 414 N. Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 99013

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99013

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 Woodland Ave ST., 27-5 WARD)

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Brinker

(a) RESIDENCE NO. 6 Woodland Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Mal	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 29 25

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Bernard Brinker

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Mildred Gibson

13 BIRTHPLACE OF MOTHER (city or town) Wilmington
(State or country) Del.

14 Informant May Gibson
(Address) 6 Woodland Ave

15 Filed ..... 19 ..... Robert P. Harrison, Registrar
Burial Permit Clerk. Commissioner Health.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 1925

17 I HEREBY CERTIFY, That I attended deceased from May 29, 19 25, to May 29, 19 25
that I last saw him alive on May 29, 19 25
and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

Tornadum Birth

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) William J Ryan M. D.

19 29 (Address) 801 Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dr Rohrer's State Board — DATE OF BURIAL 19

20 UNDERTAKER ..... ADDRESS .....

JUN 1 - 1925

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

D 99014

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99014

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS 22-2

CITY OF BALTIMORE: (No. [redacted] ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Burns

(a) RESIDENCE NO. 102 W. York ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Canada

PARENTS

10 NAME OF FATHER Lewis Burns

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ky.

12 MAIDEN NAME OF MOTHER Cora Stokes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada

14 Informant Baltimore City Hospital Records (Address)

JUN 1 1925 Filed ....., 19 Robert F. Harrison, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1925

17

I HEREBY CERTIFY, That I attended deceased from May 26, 1925, to May 28, 1925, that I last saw him alive on May 28, 1925 and that death occurred, on the date stated above, at 1:10 P m

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, auricular fibrillation, myocardial failure

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) D. Lindsay Miller. M. D.

5/30 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL JUN 1 1925 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful in stating CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99015

CERTIFICATE OF DEATH.

D 99015

101-006

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS St. 26-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Santmyer

(a) RESIDENCE NO. Bay View Asylum ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Herman H Goodrich

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Yr.

12 MAIDEN NAME OF MOTHER Jane M. Goodrich

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Yr.

14 Informant Baltimore City Hospital Records (Address)

15 Filed JUN 1 1925, 19 Robert P. Harrison, Registrar

Marital Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/28/1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924, to May 28, 1925, that I last saw her alive on May 27, 1925 and that death occurred, on the date stated above, at 3:45 P.M.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 25 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) J. Lindsay Miller, M. D.

5/30. 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health.

ADDRESS JUN 1 1925

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99016

CERTIFICATE OF DEATH.

D 99016

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 W Hamilton ave ST., 27-17 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adam I Bailey

(a) RESIDENCE NO. 703 W. Hamilton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie L Bailey

6 DATE OF BIRTH (month, day, and year) Feb 23 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work R.R. Conductor (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer) Railroad

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore County Md

PARENTS

10 NAME OF FATHER Jacob Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore County Md

12 MAIDEN NAME OF MOTHER Annie L Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore County Md

14 Informant J. Flanigan

(Address) 703 W Hamilton Ave

15 JUN 1 - 1925 19 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1925 to May 31, 1925

that I last saw him alive on May 30th, 1925

and that death occurred, on the date stated above, at 2.30 a m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) W W Prime, M. D.

19 (Address) 1 E Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westburg cem

DATE OF BURIAL June 3, 1925

20 UNDERTAKER E. LeRoy Stiffler

ADDRESS 125 North Ave

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 99017

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9-16-001

D 99017

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 1725 Aiken St St., ward 9-6)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anton F. Kulhanek

(Residence in Baltimore: No. 1725 Aiken St St.; yrs. 45 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	married

6-DATE OF BIRTH. June 13-1864
(Month) (Day) (Year)

7-AGE. 61 yrs. 11 mos. 17 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer): Stieff Piano Co

9-BIRTHPLACE. (State or Country.) Bohemia

PARENTS.

10-NAME OF FATHER. Anton F. Kulhanek

11-BIRTHPLACE OF FATHER. (State or Country.) Bohemia

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER. (State or Country.) Getmany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eva Kulhanek

(Address) 1725 AIken St

15-

Filed ..... 192.. Robert F. Harrison, Registrar.

N 1-1925 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 31-25
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Asphixiation

Suicide

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Falter M. D.

6-1-25 192.. (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Oak Hill Cemetery DATE OF BURIAL. 6/3 1925

20-UNDERTAKER. George J. Ruth ADDRESS 1735 Harford Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 99018 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99018

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pasquele Picone

(Residence in Baltimore: No. Biddle &Sspring St St.; yrs. 19 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	single

6-DATE OF BIRTH. Sept 8-1890 (Month) (Day) (Year)

7-AGE. 34 yrs. 8 mos. 21 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Grocer
(b) General nature of industry, business, or establishment in which employed (or employer):

034

9-BIRTHPLACE. (State or Country). Italy

PARENTS.

10-NAME OF FATHER. Caremino Picone

11-BIRTHPLACE OF FATHER. (State or Country). Itady

12-MAIDEN NAME OF MOTHER. Rosolia Vitalo

13-BIRTHPLACE OF MOTHER. (State or Country). Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maria Zimeco

(Address) 3248 41st St Newyork

15- Filed 6-1 1925 Robert P. Harrison, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 30-25 (Month) (Day) 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol shot in head -Homicide

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Immediate) yrs. mos. ds.

(Signed) J. S. H. Pales M. D. (Coroner.)

6-1-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer Cem DATE OF BURIAL. 6-2 1925

20-UNDERTAKER. George F. Ruth ADDRESS 1738 Harwood Ave

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 99019 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99019

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Balt City Hospital St., No 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Samuel Cioccisla

(Residence in Baltimore: No. 200 S. 8th St St.; yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. April (Month) 29 (Day) 1919 (Year)

7-AGE.	If LESS than 1 day,
6 yrs. 1 mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balt City

PARENTS.

10-NAME OF FATHER. Salvator Cioccisla

11-BIRTHPLACE OF FATHER, (State or Country) Italy Cicciola

12-MAIDEN NAME OF MOTHER Concetta Palatucci

13-BIRTHPLACE OF MOTHER, (State or Country). Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Salvator Cioccisla

(Address) 200 S. 8th St

15- Robert P. Harrison,

Filed ..... 192.. Registrar. Burial Permit Clerk

JN 1 - 1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 27 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Pelvis, Rupture Intestines & Fracture Lower Ribs, Auto Truck, accident while walking - Street

(Duration) ..... yrs. ..... mos. 6 hrs.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M. Hinton M. D. (Coroner.)

5 30 1926 (Address) 700 Chase St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents). At place of death ..... yrs. ..... mos. 5 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 200 S 8th St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Oak Lawn Cem	6 2 1926

20-UNDERTAKER.	ADDRESS
George J Ruth	1735 Harford Av.

B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PAY ATTENTION to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

99020 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99020

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1012 E. 20th St St. 9-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME L. Edwin Buttner

(Residence in Baltimore: No. 1012 E. 20th St St.; yrs. 57 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, or Divorced. (Write the word.)
male	white	married

6-DATE OF BIRTH. July 9-1867 (Month) (Day) (Year)

7-AGE. 57 yrs. 10 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

040

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. C. Buttner

11-BIRTHPLACE OF FATHER, (State or Country). Md

12-MAIDEN NAME OF MOTHER. Rebecca Store

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. Buttner (wife)

(Address) 1012 E. 20th St

15- Filed JUN 1 - 1925 192.... Robert P. Harrison, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May 30-25 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency
Probably Valvular

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (Duration) ....yrs. ....mos. ....ds.

(Signed) J. W. Fallis M. D. (Coroner.)

6-1-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Form or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer Cem. DATE OF BURIAL. b 1 2 1925

20-UNDERTAKER. George J. Ruth ADDRESS 1735 Harford Ave

GENERAL.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99021 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99021

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 916 E. Eager St., 10-2 Ward) Registered No. 90

2-FULL NAME Catherine Engel

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

(a) Residence No. 916 E. Eager St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 3, 1865

7-AGE. 59 yrs. 11 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. General House

(b) General nature of industry, business, or establishment in which employed (or employer). Work. 03

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Ireland

PARENTS.

10-NAME OF FATHER. Edward Nesler

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Margaret Dorsey

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland

14- (Informant) Mrs. Catherine Jessup

(Address) 916 E. Eager St.

15- Filed 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 31 25

17- I HEREBY CERTIFY, That I attended deceased from May 3 19 25 to May 31 19 25

that I last saw h.. alive on May 31 19 25

and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) M. D.

19 (Address)

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St. Peters Cemetery

DATE OF BURIAL. June 2 1925

20-UNDERTAKER. Elmer W. Conklin

ADDRESS 324 E Eager

JUN 1

8—WRITE PLAINLY, WITH UNFADING INK. CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 99022

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99022

CERTIFICATE OF DEATH.

7-101-001

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. Johns Hopkins Hospital St., ...Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Donoho

(Residence in Baltimore: No. Seaford Delaware St.; yrs.....mos.....1.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	single

6-DATE OF BIRTH, ... 1901
(Month) (Day) (Year)

7-AGE, 24 yrs. mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant & 45
(b) General nature of industry, business, or establishment in which employed (or employer): Auto. Supplies

9-BIRTHPLACE, (State or Country), Seaford Del.

PARENTS.

10-NAME OF FATHER, Alexander Donoho

11-BIRTHPLACE OF FATHER, (State or Country), Del

12-MAIDEN NAME OF MOTHER, Beulah DOrsey

13-BIRTHPLACE OF MOTHER, (State or Country), Del

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Anna Shipley

(Address) Balto. Md

15- Robert P. Harrison,

Filed ..... 192.....

Registrar.

Burial Permit Clark

JN 1 - 1925

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 1st 25, 192.....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Abcess)

Autopsy at Hopkins

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) J. S. T. Polen M. D.
(Coroner.)

6-1-25 192.... (Address) 508 E. North Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Seaford Delaware — DATE OF BURIAL, June 7 1925

20-UNDERTAKER, John O. Mitchell — ADDRESS 1201 W Fayette St

Spec.—1-10-21—M&T—1500 Blks.

D 99023

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99023

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Balto Gen Hospital

CITY OF BALTIMORE: (No. Raynor ave & Dukeland st ST., 1-1 WARD)

REGISTERED NO. 100,001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Sarah Stein.

(a) RESIDENCE NO. 2226 East Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer 037

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis

(Address) 1439 Ensor St

15 JUN 1 - 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/1 1925

17

I HEREBY CERTIFY, That I attended deceased from 5/15, 1925, to 6/1, 1925,

that I last saw her alive on 6/1, 1925,

and that death occurred, on the date stated above, at 8.55 a. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia.

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary) acute cardiac dilatation.

(duration) yrs. mos. 6 hrs

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical - + Ray

(Signed) Chauncey R Manson, M. D.

, 19 (Address) West Balto Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pittsburgh Pa Beth Jehudah Cem.

DATE OF BURIAL 6/2 1925

20 UNDERTAKER Jack Lewis

ADDRESS 1439 E Balto

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Eve... mation should be carefully supplied. AGE sh... CAUSE OF DEATH in plain terms, so that it m... TION is very important. See instructions on ba... on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 99024

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99024

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Virginia Griffith

(a) RESIDENCE NO. Morgantown W. Va ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1921

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	4	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West Virginia

PARENTS

10 NAME OF FATHER Thurmon Griffith

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va

12 MAIDEN NAME OF MOTHER Martha Shuck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Parents
(Address) Johns Hopkins Hosp

15 JUN 1 - 1925 19 Robert P. Harrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1 1925

17

I HEREBY CERTIFY, That I attended deceased from May 26, 1925, to June 1, 1925;

that I last saw h.e alive on June 1, 1925;

and that death occurred, on the date stated above, at 12.45 a. m.

The CAUSE OF DEATH* was as follows:

Otitis media, acute — 17 days

Mastoiditis, acute — 12 "

Thrombosis, Lateral sinus — 12 "

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Hemolytic strep. septicaemia and bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 5/26/25

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

. 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Morgantown W. Va	June 1 1925

20 UNDERTAKER ADDRESS

William J. Schaeffer 1816 Monument

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-1-(62)—M&T—1500 Blks.

D 99025

HEALTH DEPARTMENT—CITY OF BALTIMORE D 99025

CERTIFICATE OF DEATH.

X 100-001

1-PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (NO. 11 ST. 2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Allen — WBButler MD 7-14-25

(a) RESIDENCE NO. Spanows Point Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 30 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Bethlehem Steel Co

9 BIRTHPLACE (city or town) Cape
(State or country) Virginia

PARENTS

10 NAME OF FATHER John Allen

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Addie Daily

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14 Informant James Allen
(Address) Turners Station Md

15 FILED JUN 1 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every question should be answered. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-1-25 19

17 I HEREBY CERTIFY, That I attended deceased from 5-20-25 19 to 6-1-25 19, that I last saw h alive on 5-31-25 19, and that death occurred, on the date stated above, at 9 00 a.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? clinical

(Signed) W. B. Butler, M. D.

19 (Address) 728 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Drakes Branch Va. DATE OF BURIAL June 2 1925

20 UNDERTAKER John G. Denny ADDRESS 7 W Lights

Spec—1-10-21—M&T—1500 Blks.

D 99026

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99026

CERTIFICATE OF DEATH.

124

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Rayner & Dukeland Sts. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Wallace

(a) RESIDENCE NO. 309 Gilmor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Wallace

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer A. A. Co

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Henry C. Wallace

11 BIRTHPLACE OF FATHER (city or town) (State or country) A. A. Co Md.

12 MAIDEN NAME OF MOTHER Elizbeth Owens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) A. A. Co Md.

14 Informant Mrs Annie Wallace

(Address) 309 Gilmore St

15 JUN 1 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 1925

17

I HEREBY CERTIFY, That I attended deceased from May 25, 1925, to May 30, 1925,

that I last saw him alive on May 30, 1925

and that death occurred, on the date stated above, at 12:10 A. m.

The CAUSE OF DEATH* was as follows:

Hepatic Abscess

(Duration) Indefinite yrs. mos ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of May 25

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Hubert Peterson, M. D.

, 19 (Address) West Balt Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westview Md

DATE OF BURIAL June 2 1925

20 UNDERTAKER Mrs Jas H. Dennis per. T. E. Kelson

ADDRESS 1303 Prestman St

G.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ENTRY mation should be carefully supplied. AGE sho CAUSE OF DEATH in plain terms, so that it ma TION is very important. See instructions on bac

Spec. 6-9-19—H. P. Co.—1000 Blks.

(Annie C. Haywood) ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE D 99027

D 9[illegible]7

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1418 Presbman ST. 15-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ann C. Haywood

(a) RESIDENCE. NO. 1418 Presbman ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) unknown 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Mr H. Haywood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Frances Yates

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Frances Haywood

(Address) 1418 Presbman

15 Filed . 19 Robert F. Harrison, Registrar

JUN 1 - 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1925

17 I HEREBY CERTIFY, That I attended deceased from March . 1925 to May 31 . 1925

that I last saw her alive on May 30 . 1925

and that death occurred, on the date stated above, at 10 50 P m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Inflammatory Rheumatism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Dont Know

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) J. K. Jenkins, M. D.

. 19 (Address) 117 W. Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
[illegible] Auburn Cemetery	June 3 1925
20 UNDERTAKER	ADDRESS
Mrs James H. Dennis Per T. E. Kelson	1703 Presstman St

MARGINAL NOTE.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PENCIL OR INDELIBLE PENCIL SHOULD NOT BE USED. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99028

CERTIFICATE OF DEATH.

D 99028

18 129 3

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 941 W. Lombard St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Margaret A. Franke.

(a) Residence No. 941 W Lombard St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. 2 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	white	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Dietrich C Franke

6-DATE OF BIRTH (month, day and year) May 20 - 1896

7-AGE.	If LESS than 1 day.
29 yrs. 2 mos. 11 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... house wife

(b) General nature of industry, business, or establishment in which employed (or employer)..... —

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Thomas Long

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Delia Holland

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Mrs. Dietrich Franke

(Address) 941 W Lombard St.

15- JUN 2 - 1925 ROBERT A. KRAUTER, Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 5/31/25

17- I HEREBY CERTIFY, That I attended deceased from 5/18/25 to 5/31/25

that I last saw h-- alive on 5/30/25

and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Chr Int Nephritis

(Duration) 2 yrs. thirty mos. ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine Blood &c

(Signed) Bernard M. Finn M. D.

6/1, 1925 (Address) 9 W Lombard

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Baltimore Lawn	June 3rd 1925
20-UNDERTAKER.	ADDRESS.
Geo. J. Leppert & Son	901 Hollins St.
Per H. J. Cowan	

N. B.—WRITE PLAINLY. PHYSICIANS should state CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Westley Clay.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99029

100-001

CERTIFICATE OF DEATH.

D 99029
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1037 Wilmot ST., Alley 1-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Westley Clay

(a) RESIDENCE NO. 1037 Wilmot ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): Aug. 1922

7 AGE: Years 2 | Months 9 | Days | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

PARENTS

10 NAME OF FATHER: Chas. V. Clay

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Bertha Church

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Co. Md.

14 Informant: Chas. V. Clay
(Address): 1037 Wilmot

Filed JUN 2 - 1925, 19 ....

ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 31st 1925

17

I HEREBY CERTIFY, That I attended deceased from May 28th, 1925 to May 31st, 1925.

that I last saw him alive on May 31st, 1925.

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

2 ds

(duration) * yrs. mos 4 ds.

CONTRIBUTORY (Secondary) ✓

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Ellis, M. D.

19 25 (Address) 927 Mad. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: June 3 1925

20 UNDERTAKER: Joseph A Farrell

ADDRESS: 2319 Druid

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99030

CERTIFICATE OF DEATH.

D 99030

1-PLACE OF DEATH Womans Hospital

Registered No. 12-5

City of BALTIMORE: (No. Lafayette & John St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Elizabeth Ellen Venables

(a) Residence No. 104 E. 20th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) May 24, 1858

7-AGE, 66 yrs. 6 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housework

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Mardela Springs Maryland

PARENTS.

10-NAME OF FATHER, Richard Venables

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Mardella Springs Maryland

12-MAIDEN NAME OF MOTHER, Elizabeth Gordon

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Tyaskin Maryland

14- (Informant) William Franklin Venables

(Address) 407 Broad St. Newark N. J.

15- JUN 2 - 1925 [illegible] Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 1, 1925

17- I HEREBY CERTIFY, That I attended deceased from May 10th 1925, to June 1st 1925

that I last saw h.e alive on June 1st 1925,

and that death occurred, on the date stated above, at 1:20 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute miliary tuberculosis

(Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes Physical examination

What test confirmed diagnosis? Autopsy

(Signed) Frederick R. A. Snyder M. D.

, 19 (Address) Womans Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Quantico Md — DATE OF BURIAL, June 4, 1925

20-UNDERTAKER, Henry W. J. Watkins Sons — ADDRESS McCulloh & Orchard Sts

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All items should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Wm C. Stamper

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99031
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

17-2 X90

D 99031
Registered No. C.....

City of BALTIMORE: (No. University Hospital St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Wm. C. Stamper

(Residence in Baltimore: No. 736 Penna ave St.; yrs. 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	col	Sgle

6-DATE OF BIRTH. Dec (Month) (Day) 1894 (Year)

7-AGE. 30 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Porter 070
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). N. C.

PARENTS.

10-NAME OF FATHER. Jas Stamper

11-BIRTHPLACE OF FATHER, (State or Country). N. C.

12-MAIDEN NAME OF MOTHER. Ellis Cooper

13-BIRTHPLACE OF MOTHER, (State or Country). N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas Stamper

(Address) 736 Penna ave

15- ROBERT R. KRAUTER, Burial Permit Clerk.

JUN 2 - 1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May (Month) 29 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Inquest, autopsy or inquiry.~~ thereon and from the evidence obtained by said Inquest, autopsy or inquiry. find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

(Duration) Don't Know yrs. mos. ds.

CONTRIBUTORY (Secondary) Don't Know

(Duration) yrs. mos. ds.

(Signed) H R Jones M. D. (Coroner)

6-2 1925 (Address) 117 W. Saratoga St.

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence N. C.

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cem. DATE OF BURIAL. June 2 1925

20-UNDERTAKER. Samuel Kemsley ADDRESS 1218 Bdwy

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 99032 ~~PLACE~~ OF DEATH

D 99032

REGISTERED No. C

CITY OF BALTIMORE (No. 1729 N Carey ST. 15-13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Robinson

(Residence in Baltimore: No. 1729 N Carey St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March 13 (Month) (Day) 1898 (Year)

7-AGE: 27 yrs. 2 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Samuel Ramey

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Mary Goss

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Benj Robinson

(Address) 1729 N Carey St

15-

JUN 2 - 1925

ROBERT R. KRAUTER, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May 31 (Month) (Day), 1925 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 21, 1925 to May 31 1925.

that I saw her alive on May 31, 1925.

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

(Duration) yrs. mos 10 ds

Contributory (SECONDARY) Anaemia & Asthenia

(Duration) yrs. 2 mos ds.

(Signed) T. H. Hawkins M. D.

6-2, 1925 (Address) 1202 Hull St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: June 3rd 1925

20-UNDERTAKER: A. Jones

ADDRESS: 111 S Gilmor St

D 99033 500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

D 99033

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hosp. ST., 3-4 WARD)

2-FULL NAME Joseph Green

(a) RESIDENCE No. 1513 Eastern Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 17 mos. — ds. How long in U. S., If of foreign birth? 17 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nokonw 1884

7 AGE 41 Years — Months — Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Restueant

(b) General nature of industry, business, or establishment in which employed (or employer) No

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Joseph Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Nokonw

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Olga Green
(Address) 1513 Eastern Ave

15 JUN 2 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1 1925

17

I HEREBY CERTIFY, That I attended deceased from May 29, 1925, to June 1, 1925, that I last saw him alive on June 1, 1925 and that death occurred, on the date stated above, at 4:45 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clin. & Lab.

(Signed) Samuel R. Siegel M. D.

, 19 (Address) Hebrew Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: June 3.1925

20 UNDERTAKER: John Grebliauckas — ADDRESS: 425 S Paca St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks. Emma H Eberling

D 99034 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99034

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2103 E Madison St., Ward) 7-27 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma H Eberling

(a) Residence No. 2103 E Madison St., Ward

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Eberling

6-DATE OF BIRTH (month, day and year) Nov 9-1883

7-AGE, 42 yrs. 6 mos. 25 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Isaac Ruckle

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Julia Shipley

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) Julia Ruckle

(Address) 2103 E Madison St

15- Filed JUN 2 - 1925 JOSEPH R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 1, 1925.

17- I HEREBY CERTIFY, That I attended deceased from March 3, 19 25 to June 1 19 25

that I last saw h alive on June 1, 19 25

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm J Reynolds, M. D.

19 (Address) 1211 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Oak Lawn Cem DATE OF BURIAL, May 3, 19 25

20-UNDERTAKER, Mrs C Miller & Son ADDRESS 2834 W Lafayette

should be carefully supplied. AGE should be stated EXACTLY. Either Month, Day or Year cannot be omitted. Exact statement of OCCUPATION is very important. See in plain terms, so that it may be properly classified. instructions on back of certificates.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PERSONAL NAME state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99035

CERTIFICATE OF DEATH.

6-18-25 D 99035

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2013 Orleans St ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ..... Catherine Donnell .....

(Residence in Baltimore: No. 2013 Orleans St ..... St.; 73 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	white	widow

6-DATE OF BIRTH. Sept 25-1852 ..... 1.....
(Month) (Day) (Year)

7-AGE. 73 yrs. 8 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... at home .....
(b) General nature of Industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Wilcox

11-BIRTHPLACE OF FATHER, (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Martha Horstman

13-BIRTHPLACE OF MOTHER, (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Mary F. Clark (daughter)

(Address) ..... 2013 Orleans St

JUN 2 - 1925 ROBERT R. KRAUTER, Registrar.

Rachel Parnell (Clerk.)

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June 1-25 ....., 192.....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull & ribs & clavicle

Struck by automobile May 4/25

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Paul M. D.
(Coroner.)

6-2-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt National Cem	June 3 1925
20-UNDERTAKER.	ADDRESS
Wm C. Miller & Son	2327 Jefferson St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99036

CERTIFICATE OF DEATH.

D 99036

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 733 Wilmor ST., 17-2 WARD) REGISTERED NO. 111-601

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Snowden

(a) RESIDENCE No. 733 Wilmor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colord	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER James Snowden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 NAME OF MOTHER Maggie Woodyard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Harriet Snowden

(Address) 733 Wilmor St.

15 Filed JUN 2 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 1925

17 I HEREBY CERTIFY, That I attended deceased from May 28, 1925, to May 30, 1925, that I last saw him alive on May 30 1925 and that death occurred, on the date stated above, at 12:45 p m.

The CAUSE OF DEATH* was as follows:

Pontine Ulcer

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M Cabery, M. D.

, 19 (Address) 753 Druid Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Md Ellsworth Burial DATE OF BURIAL 6/2/1925

20 UNDERTAKER Daniel Carbon ADDRESS 916 Pa ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS PERMANENT. PHYSICIANS should state EXACTLY. AGE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. Exact statement of OCCUPATION may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99037

CERTIFICATE OF DEATH.

101-001 D 99037

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Joseph's Hosp ST., 18-1 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lonnie Kittrels

(a) RESIDENCE NO. 1020 W Saratoga ~~St.~~ WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 25 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	4	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. Carolina

PARENTS

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Don't Know

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Don't Know

14 Informant Douglas Kittrels
(Address) 1020 Saratoga St

JUN 2 - 1925

JUN 2 - 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1925

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1925, to May 31, 1925, that I last saw him alive on May 31, 1925, and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? S. K

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. P. Sybert M. D.

May 31 1925 (Address) St. Joseph's Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ruffin S. C. DATE OF BURIAL 6/2/25

20 UNDERTAKER Daniel Easton ADDRESS 916 Cathedral

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should be stated EXACTLY. AGE should be carefully supplied. Exact statement of OCCUPATION may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99038

CERTIFICATE OF DEATH.

24001 D 99038

1-PLACE OF DEATH

City of BALTIMORE: (No. 23 Augusta Ave St., 20-2 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.. Katherine Klein

(a) Residence No. 23 Augusta Ave St., 22 Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feby 26/1851

7-AGE. 74 yrs. 3 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) House wife

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Peter Dasch

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Catherine Kell

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) John Klein

(Address) 23 Augusta Ave

15- JUN 2 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 31/1925

17- I HEREBY CERTIFY, That I attended deceased from May 27, 1925 to May 31, 1925

that I last saw h[illegible] alive on May 31, 1925

and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Henry J Habn M. D.

June 3. 1925 (Address) 225 W Monument St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park — DATE OF BURIAL, June 3. 1925

20-UNDERTAKER, George J Smith — ADDRESS 1532 Hollins

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

99039

HEALTH DEPARTMENT—CITY OF BALTIMORE D 99039

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 233 S. Calhoun St St., 19 Ward) Registered No. 101-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. John C. Mix

(a) Residence No. 233 S. Calhoun St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, W.

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND ~~of (or) WIFE~~ of Kate Mix

6-DATE OF BIRTH (month, day and year) Oct 13, 1849

7-AGE, 75 yrs. 7 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Cabinet Maker

(b) General nature of industry, business, or establishment in which employed (or employer) Ret

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, — Mix

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12-MAIDEN NAME OF MOTHER Elizabeth Bleshen

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Mrs Kate Mix

(Address) 233 S Calhoun St

JUN 2 - 1925

Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 31, 1925

17- I HEREBY CERTIFY, That I attended deceased from May 25, 1925, to May 30, 1925, that I last saw him alive on May 30, 1925, and that death occurred, on the date stated above, at 1.15 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Edgar E. Travers, M. D.

, 19 (Address) 1500 Hollins St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Western Cemetery

DATE OF BURIAL, June 2, 1925

20-UNDERTAKER. Harry H. Witzke

ADDRESS 1531 W. Lombard St

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S instructions in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99040

CERTIFICATE OF DEATH.

D 99040

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., Ward a)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Carroll

(a) RESIDENCE NO. 14 S. Schroeder ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Sadie Carroll

6 DATE OF BIRTH (month, day, and year) 1871 estimated

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Ben Carroll

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Baltimore City Hosp Records
(Address)

15 JUN 2 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-29-1925

17 I HEREBY CERTIFY, That I attended deceased from 4-30, 1925, to 5-27, 1925, that I last saw h. alive on 5-29, 1925 and that death occurred, on the date stated above, at 5:30 P.m.

The CAUSE OF DEATH* was as follows:

Artero-sclerosis — meta hypertension

(duration) unknown yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage apoplexy (duration) ..... yrs. ..... mos. 2 hours

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis Clinical & Laboratory

(Signed) Arnold L. Jensen M.D.

5-29-1925 (Address) Baltimore City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	June 2 1925
20 UNDERTAKER	ADDRESS
Jno. Geo H Hofer	406 W Conway St

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should state AGE should be stated EXACTLY. Exact statement of OCCUPATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

99041

HEALTH DEPARTMENT—CITY OF BALTIMORE

99041

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH Maryland Gen. Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 4-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Green

(a) RESIDENCE NO. 425 Druid Hill ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21	9	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Pamplin, Va.
(State or country)

PARENTS

10 NAME OF FATHER Allan Green

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Blanche Fontaine

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Frank Green
(Address) 425 Druid Hill Ave

15 JUN 2 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/19/25 19

17

I HEREBY CERTIFY, That I attended deceased from Apr. 24, 1925, to May 19, 1925,

that I last saw him alive on 5/19/25, 19

and that death occurred, on the date stated above, at 12:30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

3 wks 6 ds.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

(duration) yrs. mos. 1 hr. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical, Laboratory

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND. DATE OF BURIAL 19

20 UNDERTAKER [illegible] ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK. All the items on this certificate should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D

D

D

U.S.A.F.

D.A.K.

Spec.—1-10-21—M&T—1500 Blks.

D 99042 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99042

CERTIFICATE OF DEATH. 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 Bell ST., 24-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Roger L. Baker

(a) RESIDENCE No. 1508 Bell ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pearpa S. Baker

6 DATE OF BIRTH (month, day, and year) Dec. 5th 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	39	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER G. Hamilton Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant B. A. Smyly (Address) 1508 Bell St.

15 Filed JUN 2 - 1925 19 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 1925

17 I HEREBY CERTIFY, That I attended deceased from May 22, 1925, to May 30 1925, that I last saw him alive on May 30, 1925, and that death occurred, on the date stated above, at 11.10 P m.

The CAUSE OF DEATH* was as follows:

I (a) Lobar Pneumonia

(duration) yrs. mos 1 0 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. F. Campbell M. D.

6/1 1925 (Address) 1 E. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL 6/2, 1925

20 UNDERTAKER E. J. Fanning & Son — ADDRESS 1460 Battery Av.

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99043 99043

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 155 S Robinson ST.: 1-125-08 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Giovanni Bognanni

(Residence in Baltimore: No. 155 S Robinson ; if under 1 day, hrs. or min.; if under 1 year, mos. ds.; if under 18 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Not Known, ... (Month) (Day) (Year)

7-AGE, 61 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Grocer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Michael Bognanni

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vincenza Bognanni

(Address) 155 S Robinson

15- Filed JUN 2-1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 5 (Month) 31 (Day), 1925 (Year).

17- I HEREBY CERTIFY, That I attended deceased from 1-31 1925, to 5-31 1925, that I saw him alive on 5-31 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Arteriosclerosis

Hypertension

(Duration) ? yrs. 4 mos. — ds.

CONTRIBUTORY (Secondary) Cerebral Hemiplegia

(Duration) yrs. mos. 10 ds.

(Signed) S. D. Ennacco M. D.

6-2, 1925 (Address) 1604 Fairfield Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, June 3, 1925

20-UNDERTAKER Frank E. Croft Son — ADDRESS 1906 Eastern

N.B.—Every item of information should be carefully supplied. Accuracy is important. CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99044 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99044

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1204 E. Preston St., 9-7 Ward) Registered No. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William M. Deegan

(a) Residence No. 1204 E. Preston St., Ward.
(Usual place of abode) (if non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of ------

6-DATE OF BIRTH (month, day and year) July 18, 1866

7-AGE. 58 yrs. 10 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Brass Worker 0/10

(b) General nature of industry, business, or establishment in which employed (or employer): McShane Bell Foundry

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Philadelphia Pa.

PARENTS:

10-NAME OF FATHER: William P. Deegan

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Alice Morgan

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Pennsylvania

14-(Informant): Miss Nellie G. Deegan
(Address): 1204 E. Preston Street

15- Filed JUN 2-1925 192 Robert J. Harrison, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 31 '25

17- I HEREBY CERTIFY, That I attended deceased from June 1920 to May 31 1925 that I last saw h[illegible] alive on May 30 1925 and that death occurred, on the date stated above, at 11½ P. m.

The CAUSE OF DEATH* was as follows:

Myocardial insuf.
Leisney and dilatation
Cattr of 3 days duration (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypochondria and endocarditis (Chr.) (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. H. Hazard M. D.
6/1, 19 25 (Address) 225 W Monument

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
St. Patrick's Cemetery	6/3, 19 25

20-UNDERTAKER.	ADDRESS
Henry U. Mears & Son	805 N. Calvert

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S NAME should be written in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 99045

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99045

CERTIFICATE OF DEATH.

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 9-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy M. E. Bauer

(a) RESIDENCE. No. 600 Water St. Havre de Grace, Md. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 16, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	2	14	

8 OCCUPATION OF DECEASED None

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Havre de Grace Md

PARENTS

10 NAME OF FATHER Howard A Bauer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Havredegrace Maryland

12 MAIDEN NAME OF MOTHER Rebecca Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bel Air Md

14 Informant Howard A Bauer (Address) Havre de Grace Md.

15 Filed June 2 1925 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1925, to June 2, 1925, that I last saw h.. alive on June 2, 1925, and that death occurred, on the date stated above, at 10 50 A m.

The CAUSE OF DEATH* was as follows:

Meningococcic Meningitis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lumbar puncture

(Signed) Myron G. Tull, M. D.

(Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Angle Hill Cemetery Buried in Md.	June 3 1925

20 UNDERTAKER ADDRESS

T. Madison Mitchell 215 S. Washington St Havre de Grace

JUN 2 - 1925

Information should be carefully supplied. Avoid abbreviations. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 99046

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99046

CERTIFICATE OF DEATH.

161-09

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 16-W ST. (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl McKee

(a) RESIDENCE NO. 3110 Norwood Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 6/1/25.

7 AGE	Years	Months	Days	If LESS than 1 day, 5 hrs. or 10 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John M McKee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Caramagno

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Hazel Record

(Address)

15 Filed 1925 Robert F. Harrison, 19 Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/1/25

17

I HEREBY CERTIFY, That I attended deceased from 6/1/25 19 , to 6/1/25 19 ,

that I last saw him alive on 6/1/25 19

and that death occurred, on the date stated above, at 4.20 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) K. W. Selby, M. D.

19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
Cathedral Cem	6/3/25
UNDERTAKER Joseph Farley Fulton	ADDRESS Loyola

mation should be carefully supplied. AGE should be given. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 99047

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99047

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 28-2 WARD)

REGISTERED NO. 1610

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl McKee

(a) RESIDENCE NO. 3110 Norwood Ave (ST.) WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): 6/1/25

7 AGE — Years — Months — Days — If LESS than 1 day, hrs. or min.: 45 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): and

PARENTS

10 NAME OF FATHER: Elwood McKee

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna

12 MAIDEN NAME OF MOTHER: Kavanaugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Hospt Record

(Address)

Filed JUN 25 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/1/25

17 I HEREBY CERTIFY, That I attended deceased from 6/1/25, 19 , to 6/1/25, 19 .

That I last saw h alive on 6/1/25, 19

and that death occurred, on the date stated above, at 10:30 a m.

The CAUSE OF DEATH* was as follows: Premature Birth

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) K. W. Goldberg, M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem

DATE OF BURIAL: 6 3 25

20 UNDERTAKER: George E. Farley Fulton & Fayette

ADDRESS

mation should be carefully supplied. Age, whether CAUSE OF DEATH is in plain terms, so that it may be properly classified. Exact statement of occupa- TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 99048

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99048

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Howard A. Kelly Hosp. REGISTERED NO. 14-123

CITY OF BALTIMORE: (No. 1418 Eutaw Pl. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Louisa Roe Herron

(a) RESIDENCE NO. Steubenville, Ohio ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced (or) ~~HUSBAND of~~ WIFE of Robert Herron

6 DATE OF BIRTH (month, day, and year) Sept 1882

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mossend Scotland

PARENTS

10 NAME OF FATHER Edward Roe

11 BIRTHPLACE OF FATHER (city or town) (State or country) England.

12 MAIDEN NAME OF MOTHER Louisa Humphreys

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs Robert Owen
(Address) 31 Eastbrook Rd Dundalk

15 Filed ..... 19 Robert P. Harrison, Registrar
Burial Permit Clerk.

JUN 2 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1 1925

17 I HEREBY CERTIFY, That I attended deceased from May 18, 1925, to June 1, 1925, that I last saw her alive on June 1, 1925, and that death occurred, on the date stated above, at 4.35 P. m.

The CAUSE OF DEATH* was as follows:

Operation - Gall stone in Common duct.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Degeneration

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of May 23 26

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Grant Edward, M. D.

, 19 (Address) 1418 Eutaw Pl,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Steubenville Ohio	June 5 1925

20 UNDERTAKER ADDRESS

Chas. G. Black 742 W. North ave

Information should be carefully supplied. Exact statement of OCCUPATION should be given. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of DURATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99049 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99049

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

City of BALTIMORE: (No. 19 S. Washington St., V-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jozef Smolinski

(a) Residence No. 19 S. Washington St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. Married

5a-If married, widowed or divorced, HUSBAND of (or WIFE of) Bertha Smolinski

6-DATE OF BIRTH (month, day and year) Oct 1869.

7-AGE. 55. yrs. mos. ds.

If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Cogamst.

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Poland.

PARENTS.

10-NAME OF FATHER. Jozef Smolinski

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Poland.

12-MAIDEN NAME OF MOTHER. Unknown.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Poland.

14- (Informant) Bertha Smolinski

(Address) 19 S. Washington St

15- Filed 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

N 2-1925

should be carefully supplied. Exact statement of OCCUPATION required. Indefinite terms, such as "laborer," "housework," "retired," etc., cannot be classified. Exact statement of OCCUPATION required. Indefinite terms, such as "laborer," "housework," "retired," etc., cannot be classified. Exact statement of OCCUPATION required. Indefinite terms, such as "laborer," "housework," "retired," etc., cannot be classified. Exact statement of OCCUPATION required. Indefinite terms, such as "laborer," "housework," "retired," etc., cannot be properly

Cor.—1-12-23—M&T—100 Blks.

D 99050

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99050

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Hospital ST., 12 WARD) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Mooney

(a) RESIDENCE No. 3209 N. Calvert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Catherine R. Mooney

6 DATE OF BIRTH (month, day, and year) 3-26-72

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Doorman
(b) General nature of Industry, business, or establishment in which employed (or employer): Maryland
(c) Name of employer: Casualty Company

9 BIRTHPLACE (city or town) (State or country): Balto Maryland

PARENTS

10 NAME OF FATHER: Joseph Mooney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Maryland

12 MAIDEN NAME OF MOTHER: Sarah Doren

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Maryland

14 Informant: Fred Friend
(Address) 3209 N. Calvert St.

15 Filed JUN 2 1925 192 Robert P. Harrison, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31st 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Delerium Tremens

Heart.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(duration) ....yrs. ....mos. ....ds.

(Signed) John Mooney, M. D.
(Coroner.)

June 1st 1925 (Address) 3632 Bloudon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death .... yrs., ... mos., ... ds. In the State .... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wood Lawn

DATE OF BURIAL: 6/3rd 1925

20 UNDERTAKER: William Cook

ADDRESS: SOLE North

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. TION is very important.

Spec.—1-10-21—M&T—1500 Blks.

99051 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99051

CERTIFICATE OF DEATH. 57

1-PLACE OF DEATH Hebrew Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. 1-1 ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Wuyek

(a) RESIDENCE NO. 221 S Madeira ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Wuyek

6 DATE OF BIRTH (month, day, and year) Oct. 5 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	7	26	

8 OCCUPATION OF DEACESED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Benedik Wojciechowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mr. Walter. Wujek
(Address) 327 S Madeira st

15 Filed ....., 19 Robert P. Harrison, Registrar
Burial Permit Clerk

N 2 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31st. 1925

17 I HEREBY CERTIFY, That I attended deceased from May 8th. 1925 to May 31st. 1925.

that I last saw her alive on May 31st. 1925

and that death occurred, on the date stated above, at 3:20 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary edema (acute)

(duration) ..... yrs. ..... mos 1 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus duration 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Wet Gangrene.

Did an operation precede death? Yes Date of May 23 1925

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) Philip Jacobson, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	June 3 1925

20 UNDERTAKER ADDRESS

John M Weber 1803 Bank St

Information should be carefully supplied. AGE should be stated EXACTLY. If unknown, approximate it. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 99052

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99052

CERTIFICATE OF DEATH.

12-4 185

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 407 W. 24th St ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Norris W. Smith

(Residence in Baltimore: No. 407 W. 24th St ..... St.; yrs., 22 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	widower

6-DATE OF BIRTH.

..... 1..... (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
..79..yrs. ....mos. ....ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired Yard-
(b) General nature of industry, business, or establishment in which employed (or employer)..... Master-Penna R.R.

9-BIRTHPLACE, (State or Country). West Chester Pa.

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER, (State or Country). Pa.

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M.B.Bormer

(Address) 407 W. 24th St

15. JUN 2 1925 Robert P. Harrison, 192..... Registrar.

Burial Permit Clark

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 1-25, 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probable Myocardial Insufficiency

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Possible Shock-accident fall on sidewalk ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Allen M. D. (Coroner.)

6-2-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park	June 3 192.5
20-UNDERTAKER.	ADDRESS
William Cole	532 E 8th

Every item of information should be given, so that it may be properly classified. Exact statement of cause of death is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99053

D 99053

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 N. Parrish ST. 19-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Perry R. Coleman

(a) RESIDENCE. No. 402 N. Parrish ST. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose

6 DATE OF BIRTH (month, day, and year) May 28 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

040

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant Mary E. Coleman (Address) 402 N. Parrish st

15 Filed ... 19 Robert P. Harrison, Registrar

UN 2 - 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1925

17

I HEREBY CERTIFY, That I attended deceased from Mar 7th, 1925, to May 31, 1925, that I last saw h... alive on May 30, 1925, and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 5 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) W. Grant Smith, M. D.

, 19 (Address) 354 N. Biddle st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cem	June 3 1925

20 UNDERTAKER Mrs Geo H Holland ADDRESS 1631 Druid Hill Ave

mation should be carefully prepared. Exact statement of the facts may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

D 99054

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99054

CERTIFICATE OF DEATH.

56

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 548 N. Bakes ST., 14-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harris Le Williams

(a) RESIDENCE NO 548 Baker ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 5. 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	2	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Charles Williams

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Sellman Sellers

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Sellman Williams
(Address) 548 Baker St.

15 Filed JUN 2 1925 192 Robert F. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Rickets. Intestinal

(Duration) ..... yrs. ..... mos 1 ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. 1 ..... ds.

(Signed) G C Clarke, M. D.

(Coroner)

June 2 192 (Address) 1423 E Pratt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	June 3 1925
20 UNDERTAKER Geo H Holland	ADDRESS 1631 Druid Hill ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of Occupation is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 99055

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99055

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

City of BALTIMORE: (No. 500 D mid Hall Av St., 17-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Mary Price

(a) Residence No. 500 D mid Hall Av St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (~~her~~) WIFE of Robt Price

6-DATE OF BIRTH (month, day and year) -1879

7-AGE. 46 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country) Chas. Co. Md

PARENTS.

10-NAME OF FATHER James Forest

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Md

12-MAIDEN NAME OF MOTHER Sarah Jones

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Md.

14- (Informant) Robert Price

(Address) 500 D mid Hall Ave

15- Filed ..... Robert P. Harrison, Registrar.

JN 2-1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 6/1/25

I HEREBY CERTIFY, That I attended deceased from May 1 1925 to June 1 1925

that I last saw h. alive on 5/31 1925

and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Chr Parenchymatous Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? uremalepsia

6/2 1925 (Signed) H S McCaul M.D.

(Address) 2005 D Hall Av

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn Cem

DATE OF BURIAL. June 3 1925

20-UNDERTAKER. Samuel Hensley

ADDRESS 522 N Gilmor St

Should be carefully filled in plain terms, so that it may be properly classified. Exact statement of occupation, instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

99056

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99056

CERTIFICATE OF DEATH.

1-PLACE OF DEATH General German Hospital of Baltimore (REGISTERED NO. DH-001)

CITY OF BALTIMORE: (No. Baltimore & Payson ST.: 70-5 WARD.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Simpson

(a) RESIDENCE. No. N E Cor Balto & Payson ST.. WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. 5 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced. HUSBAND of (or) WIFE of Lt. William Simpson

6 DATE OF BIRTH (month, day, and year) March 5 1836

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	89	2	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Shrewsbury, Penna

PARENTS

10 NAME OF FATHER Jacob Folckamer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Susan Boyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant Person in charge of Hospital (Address) Balto & Payson St

15 Filed 6-2 . 19 25 Robert F. Harrison, Registrar

Burial Permit Clerk.

N 2-1825

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 1925

17 I HEREBY CERTIFY, That I attended deceased from 5/22/25 . 19 . to 6/2/25 . 19 , that I last saw h alive on 6/1/25 . 19 , and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Cirrhosis Kidneys

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John L Hauff M. D.

(Address) 1843 W. Balto 6-2 . 1925

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Shrewsbury Pa — DATE OF BURIAL June 4 25

20 UNDERTAKER Jos B Cook — ADDRESS 1003 W Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Spec.—1-12-23—M&T—500 Blks.

WHEELER

D 99057. HEALTH DEPARTMENT—CITY OF BALTIMORE D 99057

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1531 Poplar Grove ST., 20-1 WARD)

REGISTERED NO. 101-081

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna M. Wheeler

(a) RESIDENCE NO. 4129 Potter Avenue ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH to plain terms. See instructions on back of certificates. TION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James S. Wheeler

6 DATE OF BIRTH (month, day, and year) Nov. 7, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	34	6	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) (At Home)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Martin J. Griffin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth M. Penman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant James S. Wheeler

(Address) 1531 Poplar Grove Street

15 Filed JUN 2-1925 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1925

17 I HEREBY CERTIFY, That I attended deceased from May 26, 1925, to May 31, 1925, that I last saw h[illegible] alive on May 31, 1925, and that death occurred, on the date stated above, at 10.30 P.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 6 ds

CONTRIBUTORY (Secondary) Myocarditis & Oedema of Lungs (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. Examination

(Signed) John A. Friedland, M. D.

6-1-1925 (Address) 1219 Poplar Grove St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	June 3" 1925
20 UNDERTAKER Joseph B. Cook	ADDRESS 1003 W. Balto St

Spec.—1-12-23—M&T—500 Bks.

D 99058 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 D 99058

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1320 W. Lombard ST. 19-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura V. Smith

(a) RESIDENCE No. 1320 W. Lombard ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (01) HUSBAND of (01) WIFE of Owen K. Smith

6 DATE OF BIRTH (month, day, and year) ~~Aug.~~ 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Catonsville (State or country) Maryland

PARENTS

10 NAME OF FATHER Bennett Walker

11 BIRTHPLACE OF FATHER (city or town) Catonsville (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rebecca Durham

13 BIRTHPLACE OF MOTHER (city or town) Catonsville (State or country) Maryland

14 Informant Gilbert Smith (Address) 1611 W. Fayette Street

15 Filed 6-2-1925, 19 Robert P. Harrison, Registrar

Burial Permit Given

CAUSE OF DEATH. IMPORTANT—Fill in plain terms, so that it can be clearly understood. See instructions on back of certificates. TION is very important.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1925

17

I HEREBY CERTIFY, That I attended deceased from May 20, 1925, to May 31, 1925, that I last saw her alive on May 31, 1925, and that death occurred, on the date stated above, at 6.50 P m.

The CAUSE OF DEATH* was as follows:

(1) Cerebral apoplexy.

Chronic nephritis.

Hypertension.

(duration) ? yrs. 7 mos. 0 3 ds.

CONTRIBUTORY (Secondary) Cerebrosclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Microscopic.

(Signed) Otto Schwab, M. D.

6-1-1925 (Address) 11 N. Carey Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	June 3 1925
20 UNDERTAKER Joseph B. Cook	ADDRESS 1003 N. Balto St

Spec.—1-10-21—M&T—1500 Bks.

D 99059

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99059

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mount Hope Retreat (ST.) 28 (WARD) - 122

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Raimbille (Louis Paul Raimhild

(a) RESIDENCE NO. Mount Hope Retreat ST., 28 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 60 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Petzold Raimhild

6 DATE OF BIRTH (month, day, and year) July 9- 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Saxony Germany

PARENTS

10 NAME OF FATHER Paul Raimhild

11 BIRTHPLACE OF FATHER (city or town) (?) (State or country) Germany

12 MAIDEN NAME OF MOTHER Bertha Wagner

13 BIRTHPLACE OF MOTHER (city or town) (?) (State or country) Germany

14 Informant Records of Mt Hope Retreat (Address) Mt Hope Md

15 Filed ....., 19.. Robert P. Harrison Registrar

N2 - 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1925

17 I HEREBY CERTIFY, That I attended deceased from July 9th, 1919, to May 31, 1925, that I last saw h..... alive on May 31, 1925, and that death occurred, on the date stated above, at 6. P. m.

The CAUSE OF DEATH* was as follows:

Chr. Hepatitis - Comp. by Chr. Myocarditis -

abt (duration) 6 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Chr. Nephr Pyelonesis -

abt (duration) 6 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannigan, M. D.

6-1, 1925 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	June 3 1925
20 UNDERTAKER Joseph B Cook.	ADDRESS 1003 W Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT LOCATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Moore.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99060

CERTIFICATE OF DEATH.

D 99060

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Ignes Hosp. ST., 25-2 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev. John W. Moore & Sr

(a) RESIDENCE No. St. John's College Brooklyn MD ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed,~~ or ~~Divorced, (write the word)~~
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min
	67 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Priest.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cape Girardeau Mo.

PARENTS

10 NAME OF FATHER William Moore.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mary MacDonald.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Sisters of St. Ignatius (Address)

15 JUN 3 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-3 1925

17

I HEREBY CERTIFY, That I attended deceased from 3-21- , 1925, to 6-3 , 1925, that I last saw him alive on 6-3 , 1925 and that death occurred, on the date stated above, at 1.36 A m

The CAUSE OF DEATH* was as follows:

Uraemia

Generalized Arteriosclerosis

Broncho-pneumonia

(duration) yrs. 2 mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 5-5-25

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & Lab. Exams.

(Signed) John T. Duane, M. D.

, 19 (Address) 804 Cathedral St,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brooklyn N.J.

DATE OF BURIAL 6/3 1925

20 UNDERTAKER Mitchell Valley Sons

ADDRESS 1358 Light St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99061

CERTIFICATE OF DEATH.

12 D 99061

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1319 Clipper Heights Ave ST., 13 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mahlon Poe

(a) RESIDENCE No. 1319 Clipper Heights Ave ST., 13 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Poe

6 DATE OF BIRTH (month, day, and year) Feb. 5-1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	3	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer) 006

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Poe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Ida Poe (Address) 1319 Clipper Heights Ave.

15 JUN 3 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1 1925

17 I HEREBY CERTIFY, That I attended deceased from May 30th, 19 25, to June 1st, 19 25.

that I last saw h alive on May 31st, 19 25

and that death occurred, on the date stated above, at 2.40 A. m.

The CAUSE OF DEATH* was as follows:

Uraemic Coma

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Chronic Int Nephritis Chole Cystitis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Typical Symptoms

(Signed) B.D. Fillet M. D.

6/1/ 19 25 (Address) 1127 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	June 3 1925
UNDERTAKER	ADDRESS
Horace H. Burgee	3631 Falls Rd.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF DISEASE OR CONDITION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99062

CERTIFICATE OF DEATH.

D 99062

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 316 St Helena ave St., 26-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Marie Hildt

(a) Residence No. 316 St Helena Ave St., ... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~Single~~, Married, ~~Widowed, or Divorced,~~ (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of, Married

6-DATE OF BIRTH (month, day and year) Dec 13 1874

7-AGE. 50 yrs. 7 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)..... 37

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Troy N.Y.

PARENTS.

10-NAME OF FATHER, Frederick Charles Kniese

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Margaret Lakey

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Ireland

11- (Informant) Henry Hildt

(Address) 316 St Helena ave

15- JUN 3 - 1925 M. DEG. I. R. KRAUTER, Registrar.

Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 2 1925

17- I HEREBY CERTIFY, That I attended deceased from May 25 1925 to June 2 1925

that I last saw h.. alive on June 2 1925,

and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Intoluar Pneum

Acute Nephritis Myocarditis

Valvular Disease Elephantiasis

Asthma

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Auscultation urinalysis ~~pneumonia~~ pneumonia typhoid

(Signed) E. R. Posey M. D.

, 19 (Address) Randolph Md.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral — DATE OF BURIAL, June 4 1925

20-UNDERTAKER. Wm Cook — ADDRESS 502 E Lord Balto

In plain terms, so that it may be properly classified. Carefully read instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99063

CERTIFICATE OF DEATH.

D 99063

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2716 Harlem Ave St., 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. J. Agtehart

(a) Residence No. 21 N Patterson St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Wid

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec 5 1858

7-AGE. 61 yrs. 5 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Paper Hanger

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer.....

9-BIRTHPLACE (city or town) Balto

(State or Country),

PARENTS.

10-NAME OF FATHER, Wm Agtehart

11-BIRTHPLACE OF FATHER (city or town) Md

(State or Country),

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) Unknown

(State or Country),

14- (Informant) Kate Balzer

(Address) 2716 Harlem Ave

15- Filed....., 19.. ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 1 1925

17- I HEREBY CERTIFY, That I attended deceased from June 10 1925 to June 1 1925

that I last saw h..... alive on June 1, 1925,

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulm Oedema

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date .....

Was there an autopsy?.....

What test confirmed diagnosis? .....

(Signed) H. Noonan, M. D.

June 7, 19 25 (Address) 939 W Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL. June 7, 1925

20-UNDERTAKER. Wm Cook Son & Adams — ADDRESS

In plain terms, so that it may be properly classified, instructions on back of certificates.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99064

CERTIFICATE OF DEATH.

D 99064
REGISTERED No.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412 Hanbert ST.; 24 WARD) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Lafflen

(Residence in Baltimore: No. 1412 Hanbert St. St.; yrs., mos., 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June 2, 1921
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 4 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Ivy Lafflen

11-BIRTHPLACE OF FATHER (State or Country) Austria-Hungary

12-MAIDEN NAME OF MOTHER Katherine Peter

13-BIRTHPLACE OF MOTHER (State or Country) Austria-Hungary

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lafflen

(Address) 1412 Hanbert

15- Filed JUN 3 - 1925, 191 ROBERT R. KRAUTER, Burial Permit Clerk.

CAUSE OF DEATH to be plainly written. Every question must be answered if possible. Omissions will cause delay. Read carefully. Special attention is called to the questions printed in heavy type. They are important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 2, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 2 1925, to June 2 1925, that I saw h[illegible] alive on June 2 1925, and that death occurred, on the date stated above, at 2 1/2 m.

The CAUSE OF DEATH* was as follows:

Atelectasis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (7 Months Baby)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Ira S. Kurz M. D.

6-3-2-5, 191... (Address) 516 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross, Md. DATE OF BURIAL, June 3, 1925

20-UNDERTAKER, Chas R. Devine ADDRESS 1501 E Fayette

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99065

CERTIFICATE OF DEATH.

D 99065

1-PLACE OF DEATH

City of BALTIMORE: (No. 1711 Park Ave St., 14-3 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adeline A. Wagner

(Residence in Baltimore: No. 1711 Park Ave St.; yrs. 45 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH. March 5 1837
(Month) (Day) (Year)

7-AGE. 88 yrs. 2 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of Industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). York, Pa

PARENTS.

10-NAME OF FATHER. ? Sleem

11-BIRTHPLACE OF FATHER, (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. ? Heneman

13-BIRTHPLACE OF MOTHER, (State or Country). Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. John A. Wagner

(Address) 1711 Park Ave

15- ROBERT R. KRAUTER,
Filed ..... 19? Assistant Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 2 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexia

(Duration) yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary) Obstruction

(Duration) yrs. mos. ds.

(Signed) W. H. Hess M. D.
(Coroner)

(Address) 1436 Eutaw

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
York Pa	June 4 1925

20-UNDERTAKER. Wm. Tucker & Son ADDRESS York Pa

state CAUSE OF DEATH in plain terms, so that it may be understood. It is very important. See instructions on back of certificate.

Spec.—1-10 21—M&T—1500 Blks.

D 99066 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99066

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. H. Hosp. ST. 28-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theodore Abramson

(a) RESIDENCE No. 2801 Sante Fe ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Beatrice Abramson

6 DATE OF BIRTH (month, day, and year) April 1 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	30	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Storage

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Morris Abramson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Clara —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Clara Abramson

(Address) 929 E Baltimore St

15 Filed JUN 3 - 1925 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/3 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1924, to June 3, 1925, that I last saw him alive on June 3, 1925, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Wm Carlson M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern Cem — DATE OF BURIAL 6/3 1925

20 UNDERTAKER Jack Lewis — ADDRESS 929 E Balt St

mation should be carefully supplied. Exact statement of occupation may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 99067 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99067.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 420

CITY OF BALTIMORE: (No. 420 Worsley ST., 12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Smith

(a) RESIDENCE NO. 420 420 Worsley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Annie Smith

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. C.

PARENTS

10 NAME OF FATHER Geo Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER Matilda Flores

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S.C.

14 Informant Annie Smith wife (Address) 420 Worsley

15 JUN 3 1925 HENRY F. KRAUER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1 1925

17 I HEREBY CERTIFY, That I attended deceased from April, 1925, to June 1, 1925, that I last saw him alive on May 31, 1925, and that death occurred, on the date stated above, at 3 A.M.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Perforation Ulcer

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R. E. Upshur, M. D.

6/1, 1925 (Address) 1422 Fairmount

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashley Cemetery — DATE OF BURIAL June 3 1925

20 UNDERTAKER Jos. T. H. Rochester — ADDRESS W. Jefferson St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99068

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

12-001

D 99068

REGISTERED NO.

CITY OF BALTIMORE: (No. 15 Brehms Lane ST., 8-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Hofstetter

(a) RESIDENCE No. 15 Brehms Lane ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. 9 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Mary E. Hofstetter

6 DATE OF BIRTH (month, day, and year) Aug 23rd 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Employed at.

(b) General nature of industry, business, or establishment in which employed (or employer) Brewery

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md (State or country)

PARENTS

10 NAME OF FATHER Joseph Hofstetter

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Not Known (State or country)

14 Informant Mrs Mary E. Hofstetter (Address) 15 Brehms Lane

15 Filed ....., 19.... ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 1925

17

I HEREBY CERTIFY, That I attended deceased from May 31, 1925, to June 2, 1925, that I last saw h.. alive on June 2, 1925, and that death occurred, on the date stated above, at 8.45 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Acute)

Hist. (duration) 1 yrs. 0 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis Duration 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis Physical Signs & Symptoms

(Signed) Edward Benson, M. D.

June 2 1925 (Address) Overlea Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	June 4 1925
20 UNDERTAKER	ADDRESS
Veney Hauck & Sons	1301 E Eager

mation should be correctly supplied. Exact statement of occupation is necessary so that it may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is necessary so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

99069 HEALTH DEPARTMENT—CITY OF BALTIMORE 99069

CERTIFICATE OF DEATH

111-002

1-PLACE OF DEATH St Josephs Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. 76-7 ST., WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Ferandes

(a) RESIDENCE NO. 324 S. 15th St, ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Ferandes.

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Ferandes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Philadelphia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Philadelphia

14 Informant Wm. Jones (Address) 323 S. 15th St.

15 Filed JUN 3 - 1925 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2, 1925.

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1925, to June 2, 1925.

that I last saw him alive on June 2, 1925.

and that death occurred, on the date stated above, at 10 o'clock a.m.

The CAUSE OF DEATH* was as follows:

Perforated duodenal ulcer and Peritonitis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 6/1/25

Was there an autopsy? No

What test confirmed diagnosis? Operative and Clinical

(Signed) B. M. Rhode, M. D.

, 19 (Address) St Josephs Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto Cem.	June 4th 1925
20 UNDERTAKER	ADDRESS
Leo G. Cook	1731 Bath Pk Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. It is very important.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99070 CERTIFICATE OF DEATH. X 101-001 D 99070

1-PLACE OF DEATH REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. BALTIMORE CITY HOSPITALS ST. 26-7 WARD)

2-FULL NAME George Kates

(a) RESIDENCE NO. Patapsco Hotel, Sparrows Point
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Walter Kates

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Della Kates

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Baltimore City Hospital Records.
(Address)

15 JUN 3 - 1925 [illegible] R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1925

17 I HEREBY CERTIFY, That I attended deceased from May 31, 1925, to May 31, 1925, that I last saw him alive on May 31, 1925 and that death occurred, on the date stated above, at 6 P m

The CAUSE OF DEATH* was as follows:

Lobar pneumonia (History)

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) W Lindsay Miller, M. D.

6/2, 1925 (Address) Baltimore City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
UNIVERSITY OF MARYLAND	JUN 3 - 1925
20 UNDERTAKER	ADDRESS

Clerk in Charge Health.

CAUSE OF DEATH to be plainly written. See instructions on back of certificates. TION is very important.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99071

CERTIFICATE OF DEATH.

D 99071

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] ST., BALTIMORE CITY HOSPITALS 14 WARD)

REGISTERED No. 117

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Brewer

(a) RESIDENCE No. 1707 McCulloh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) D.C.

PARENTS

10 NAME OF FATHER James Brewer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Rachel Brewer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospital Records

(Address)

15 Filed JUN 3 - 1925 CHERI A. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 1925

17 I HEREBY CERTIFY, That I attended deceased from May 28, 1925, to May 30, 1925, that I last saw him alive on May 30, 1925 and that death occurred, on the date stated above, at 11:20 P m.

The CAUSE OF DEATH* was as follows:

Colitis

(duration) yrs. 1 mos ds. (History)

CONTRIBUTORY (Secondary) Pulmonary Embolus

(duration) yrs. Instantaneous mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W. Lindsay Miller, M. D.

6/1/ 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
UNIVERSITY OF MARYLAND	19
20 UNDERTAKER	ADDRESS

Commissioner Health, JUN 3 1925

CAUSE OF DEATH must be given. See instructions on back of certificates. TION is very important.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99072

CERTIFICATE OF DEATH.

129 D 99072

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Greenspring ave mt Washington St.. 27 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Clark.

(a) RESIDENCE. No. Greenspring ave Mt Washington St.. WARD.
(Usual place of abode)
Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married, Widowed, or Divorced~~ (write the word)
Female	White	married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Geo J. Clark

6 DATE OF BIRTH (month, day, and year) aug 6 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Henry Kimpfer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Geo J. Clark
(Address) Greenspring ave

15 Filed ..... 19.. [illegible] Registrar

JUN 3 - 1925

[illegible] District Registrar

CAUSE OF DEATH in plain terms, so that a non-medical person can understand it. See instructions on back of certificates. TION is very important.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 1925

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1924, to June 2, 1925, that I last saw h[illegible] alive on June 2, 1925, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H C Klaus, M. D.

6-27-1925 (Address) 5600 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	June 5. 1925
20 UNDERTAKER Robt J Turner Inc	ADDRESS 1942 N Broadway

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99073

CERTIFICATE OF DEATH.

77-001

D 99073

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 502 N. Castle St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Sarah A. Winters

(a) Residence No. 502 N. Castle St., Ward.....

(Usual place of abode.) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female.

4-COLOR OR RACE, white

5-Single, Married, Widowed or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. Winters

6-DATE OF BIRTH (month, day and year) Mch. 21-1857

7-AGE, 68 yrs. 2 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer)..... 037

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Ireland.

PARENTS.

10-NAME OF FATHER, John. Watson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Ann Jan. Dawson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Chas. Winters

(Address) 502 N. Castle

15- JUN 3 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 6-2-25

17- I HEREBY CERTIFY, That I attended deceased from May 28, 19 25 to June 2, 19 25

that I last saw h.. alive on June 1 19 25

and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

6

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interst. Nephritis

Arteriosclerosis 1

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

6/2, 1925 (Signed) Alma B Lemmon M. D.

(Address) 718 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Balto Cem	6/4, 1925
20-UNDERTAKER,	ADDRESS
J. F. McCully	1305 Fort

In plain terms, so that it may be properly understood, write instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

D 99074

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99074

CERTIFICATE OF DEATH.

58 001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1725 Homestead ST., 9-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev Walter George Trauty

(a) RESIDENCE NO. 1725 Homestead ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Irene Sunderland

6 DATE OF BIRTH (month, day, and year) Apr 26-1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister.

(b) General nature of industry, business, or establishment in which employed (or employer) M E

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER George Trauty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Alice Robb

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs Irene Trauty

(Address) 1735 Homestead St

15 Filed JUN 3-1925, 19.. Robert P. Harrison, Registrar

Burial Permit Clerk,

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-2-1925

17

I HEREBY CERTIFY, That I attended deceased from May-25, 1925, to June 2, 1925, that I last saw him alive on June 2, 1925, and that death occurred, on the date stated above, at 11.0 A m.

The CAUSE OF DEATH* was as follows:

Pernicous Anaemia

(Primary)

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Davidsonville Md

Did an operation precede death? Yes Date of Mar 12-25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. O. Hoen, M. D.

6-2, 1925 (Address) 5600 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	June 5 1925
20 UNDERTAKER John Heerich	ADDRESS 2108 Orleans

CAUSE OF DEATH must be given. See instructions on back of certificates.
TION is very important

D 99075

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 ✓ D 99075

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3544 Benson St. 13 WARD)

2-FULL NAME Robert Shipley

(Residence in Baltimore: No. 3544 Benson St. St.: 40 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (If write the word)
Male	White	Widowed

6-DATE OF BIRTH Sept 30, 1842 (Month) (Day) (Year)

7-AGE 82 yrs. 8 mos. 3 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Miller
(b) General nature of industry, business, or establishment in which employed (or employer): Hand 146

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: David E. Shipley

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Ann Wheeler

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) David Chilcoat

(Address) 3544 Benson St

15. 6-3-1925 Robert P. Harrison, 191 Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH June 2nd, 1925 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 18, 1925, to June 2nd 1925; that I saw him alive on June 1st, 1925; and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Odema of Lungs.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

June 3, 1925. (Address) 846 W 36th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Mary's Hampden — DATE OF BURIAL: June 4, 1925

20-UNDERTAKER: Openorth & Son — ADDRESS: 3615 Chestnut Ave

23.-Every item of information should be carefully supplied. Exact statement of OCCUPATION may be properly classified. State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. is very important.

Spec.—I-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99076 | CERTIFICATE OF DEATH. | D 99076

101 901

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST., 17-3 WARD.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Blaine Quarles

(a) RESIDENCE NO. 416 N. Green ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 31 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Balto

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Thomas Quarles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Thomas Quarles

(Address) 416 N. Green St

15 Filed JUN 3 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/2/25 19

17 I HEREBY CERTIFY, That I attended deceased from 5/29 1925. to 6/2 1925.

that I last saw h alive on June 2 1925.

and that death occurred, on the date stated above, at 4.45 10 m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) ~~Nephritis~~, acute nephritis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Wm. S. Carr, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampstead | DATE OF BURIAL June 4, 25

20 UNDERTAKER Cohenwurth & Son | ADDRESS 2617 Chestnut Ave

mation should be entered ... CAUSE OF DEATH in plain terms, so that it may be properly classified. ... TION is very important. See instructions on back of certificates.

K.S.A. FORM

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99077.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99077

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 2100 E Baltimore

City of BALTIMORE: (No. Hebrew Home Chronic St., 1-150 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Spector

(a) Residence No. Washington Blvd St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, W

5-~~Single,~~ Married, ~~Widowed, or Divorced (Write the~~ Divorced

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Unknown 1888

7-AGE. 37 yrs. mos. ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Candy

(b) General nature of industry, business, or establishment in which employed (or employer) Mfg Co

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Asrael Spector

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Meriel —

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14-INFORMANT. Frank Spector

(Address) 428 S Patterson Park Ave

15-FILED Robert P. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 4/25

17- I HEREBY CERTIFY, That I attended deceased from May 4, 1924 to June 3, 1925

that I last saw him alive on June 2 1925

and that death occurred, on the date stated above, at 4.9 m.

The CAUSE OF DEATH* was as follows:

Spinal cord tumor

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Samuel Levi Adams, M. D.

, 19 (Address) 810 Eutaw Place

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Hebrew Int Rem | DATE OF BURIAL, 6/3, 1925

20-UNDERTAKER, Jack Levinson | ADDRESS 2 E Baltimore

Burial Permit Clerk

In plain terms, so that it may be properly classified, instructions on back of certificates.

3 1925

Spec—12-23-21—E.B.R.S.—400 Bks.

99078

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99078

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., 19-1 Ward) 31

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Cooper

(a) Residence No. 315 N. Bruce st. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Colored	Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Not stated

6-DATE OF BIRTH (month, day and year) 1873

7-AGE.	If LESS than 1 day,
52 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Samuel Cooper

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Katherine Snells

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Virginia

14- (Informant) Hospital Records

(Address) M.T.H.

15- Filed JUN 3 1925 Robert F. Harrison, Registrar.

Burial Forest Park

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 2, 1925

17- I HEREBY CERTIFY, That I attended deceased from May 15 19 25 to June 2 19 25

that I last saw him alive on June 2 19 25

and that death occurred, on the date stated above, at 9.10 A. m.

The CAUSE OF DEATH* was as follows:

pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) J. S. White M. D.

6-2- 1925 (Address) Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Osborney Md a.a.Co.	6/5/25
20-UNDERTAKER	ADDRESS
Wm. Geo. H. Holland	1631 Druid Hill

in plain terms, so that it may be properly classified. instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 99079

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99079

CERTIFICATE OF DEATH.

58-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1408 McHenry St ST., 19-2 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Atwood H. Hilton

(a) RESIDENCE NO. 1408 McHenry St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of --

6 DATE OF BIRTH (month, day, and year) June 17, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Fred. W. Hilton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn.

12 MAIDEN NAME OF MOTHER L. Atwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Co. Md

14 Informant Anna N. Patterson

(Address) 1408 McHenry St

15 Filed JUN 3 - 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 1925

17

I HEREBY CERTIFY, That I attended deceased (from May 25, 1925, to June 2, 1925, that I last saw h im alive on June 2, 1925, and that death occurred, on the date stated above, at 12.20 A m.

The CAUSE OF DEATH* was as follows:

Anaemia (Splenic)

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? ---

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edward V. Coolahan, M. D.

, 19 (Address) 24 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodbine, Carroll Co, Md. DATE OF BURIAL: June 4 1925

20 UNDERTAKER William Cook ADDRESS Sulena

IMPORTANT—CAUSE OF DEATH in plain terms, so that it may be properly coded. See instructions on back of certificates. CAUSE OF DEATH is very important.

Spec.—1-10-21—M&T—1500 Blks.

D 99080 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99080

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2876 W Lanvale st ST., 16 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Elizabeth Hamp.

(a) RESIDENCE NO. 2876 W Lanvale st ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of) John H Hamp

6 DATE OF BIRTH (month, day, and year) July 30, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stone cutter

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Geo Jacobs

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Hugo

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant John H Hamp
(Address) 2876 W Lanvale St

15 Filed JUN 3 1925, 19 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/3 1925

17

I HEREBY CERTIFY, That I attended deceased from May 20, 1925, to June 3, 1925, that I last saw her alive on June 3, 1925, and that death occurred, on the date stated above, at 2.45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Chronic Myocarditis

Chronic Endocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Laboratory

(Signed) Clement R. Manor, M. D.

, 19 (Address) West Baltimore General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Western DATE OF BURIAL JUN 6 1925, 19

20 UNDERTAKER Geo W Little ADDRESS 2700 EDMONDSON AVE.

CAUSE OF DEATH in plain terms, so that it may be properly coded. TION is very important. See instructions on back of certificates.

12-23-21—E.B.R.S.—400 Blks.

D 99081

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99081

CERTIFICATE OF DEATH.

Registered No. 9 90 2

1-PLACE OF DEATH
City of BALTIMORE: (No. 1933 E 32nd St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. William M. Bichell

(a) Residence No. 1933 E 32nd St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Elgin E. Bichell

6-DATE OF BIRTH (month, day and year) Jan 19. 1886

7-AGE. 39 yrs. 4 mos. 15 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Chief Engineer
(b) General nature of industry, business, or establishment in which employed (or employer). 030
(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). A. A. Co. Md.

PARENTS.
10-NAME OF FATHER. William P. Bichell
11-BIRTHPLACE OF FATHER (city or town) (State or Country). A. A. Co. Md.
12-MAIDEN NAME OF MOTHER. Dont Know.
13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Dont Know

14- (Informant). Elgin E. Bichell
(Address) 1933 E 32nd St

15- Filed JUN 3 - 1925 192 Registrar. Robert F. Harrison, Burial Permit Clerk.

In plain terms, so that everyone can understand, please answer all questions. Follow instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 3/25

17- I HEREBY CERTIFY, That I attended deceased from May 20 19.25 to June 3 19.25, that I last saw him alive on June 2 19.25, and that death occurred, on the date stated above, at 4-25 A. m.

The CAUSE OF DEATH* was as follows:
Chronic Valvular Disease Heart
Cardiac Insufficiency.
(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) ✓
(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Glenn S. Bishop M. D.
, 19 (Address) 930 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. London Park — DATE OF BURIAL. June 5, 19.25

20-UNDERTAKER. Mr & Mrs. John W. Teufel & Son — ADDRESS 801 W. Fayette

Spec—12-23-21—E.B.R.S.—400 Blks.

) 99082

HEALTH DEPARTMENT—CITY OF BALTIMORE

) 99082

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1035 Gilsan Ct St., 18 Ward) 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. John R. Rose

(a) Residence No. 1035 Gilsan Ct St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Rose

6-DATE OF BIRTH (month, day and year) Aug. 26, 1889

7-AGE, 36 yrs. mos. ds.

If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John R. Rose (Sr.)

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Sarah ?

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Maryland

14- (Informant) Helen Lawson

(Address) 1035 Gilsan Ct

15- Filed JUN 3 - 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

In plain terms, so that it may be easily understood. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 2 1925

17- I HEREBY CERTIFY, That I attended deceased from May 24, 1925, to June 1, 1925, that I last saw h... alive on June 2, 1925, and that death occurred, on the date stated above, at 1 45 m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) John Rose

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H Morrow Wirt, M. D.

June 2, 1925 (Address) 939 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn Cemetery — DATE OF BURIAL, June 5, 1925.

20-UNDERTAKER. Mrs. Katie R. Williams — ADDRESS 322 N. Schroeder St.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99083

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99083

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3409 Springdale Avenue St., 15-4 Ward)

Registered No. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Louise Groscup

(a) Residence No. 3409 Springdale Avenue St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 6 mos. 9 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of William Groscup

6-DATE OF BIRTH (month, day and year) Nov. 23, 1848

7-AGE.	If LESS than 1 day,
76 yrs. 6 mos. 9 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) Baltimore (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Justus Weber

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Anna Wildprett

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) W. Fred Groscup

(Address) 3409 Springdale Avenue

15- Filed N 3- 1925 192 Robert P. Harrison, Registrar.

Burial Permit Clerk.

in plain terms, so that it may be properly coded. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 2, 25

17- I HEREBY CERTIFY, That I attended deceased from May 4, 19 25 to June 2, 19 25

that I last saw h[illegible] alive on June 2, 19 25

and that death occurred, on the date stated above, at 1.20 a. m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

Unknown. (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Endocarditis.

Unknown. (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Meredith Lovell M. D.

, 19 (Address) 3705 Liberty Hts Ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
Loudon Park Cemetery	6/4 19 25

20-UNDERTAKER	ADDRESS
Henry W. Mears & Son	805 N. Calvert

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99084

A) 99084

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH Homewood Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: No. 2724 N. Charles St. 20-1 WARD)

2-FULL NAME Frank Stockett Howard

(a) RESIDENCE. No. 3815 Edmondson Ave WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eva G. Hobbs Howard

6 DATE OF BIRTH (month, day, and year) Feb. 1, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance District Superintendent.

(b) General nature of industry, business, or establishment in which employed (or employer) Insurance

(c) Name of employer Home Friendly Ins. Co.

9 BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Maryland

PARENTS

10 NAME OF FATHER William Henry Howard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Anne Arundel Co. Maryland

12 MAIDEN NAME OF MOTHER Wagson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Anne Arundel Co. Maryland.

14 Informant Mrs Eva G. Hobbs Howard

(Address) 3815 Edmondson Ave

15 Filed JUN 3 1925 19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1 1925

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to June 1, 1925, that I last saw him alive on June 1, 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Hypertension

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? 3815 Edmondson Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Rud Fellows M.D.

6/1. 1925 (Address) 2724 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery DATE OF BURIAL June 4 1925

20 UNDERTAKER W. Bloom ADDRESS 1003 Balto

CAUSE OF DEATH must be plainly written. See instructions on back of certificates. TION is very important.

D 99085

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99085

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. South Baltimore General Hospital. Ward) 24-3 1925

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Moses Thomas.(C)

(Residence in Baltimore: No. 505 W. West St. St.; yrs. 35 mos. ---- ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced. (Write the word.)
Male.	Colored	Widower.

6-DATE OF BIRTH. Do not know. 1.....
(Month) (Day) (Year)

7-AGE. 60 yrs. ---- mos. ---- ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). South Carolina

PARENTS.

10-NAME OF FATHER. Do not know.

11-BIRTHPLACE OF FATHER, (State or Country). Do not know.

12-MAIDEN NAME OF MOTHER. Do not know.

13-BIRTHPLACE OF MOTHER, (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert R. Johnson.(C)

(Address) 505 W. West St.

15- JUN 4 - 1925 (Sgd.) J. R. KRAUTER (Registrar.)

Burial Permit Issued.

STATE CAUSE OF DEATH in questions on back of certificate. It is very important. See instructions on back of

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 31, 1925
(Month) (Day) (Year) 192.....

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy & inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull and laceration of the brain having been struck in the jaw and knocked down striking his head on the pavement. Homicide.
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....
(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner.)

June, 1, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Auburn	June 4 1925

20-UNDERTAKER.	ADDRESS
R. L. Parham	906 Leadenhall. st

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

D 99086

Registered No.....

1-PLACE OF DEATH Church Home & Infirmary

City of BALTIMORE: (No. 67 St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev Alvin Boyer Da Key

(a) Residence No. Joppa (Usual place of abode) Maryland St., ... Ward.....

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. DuRey.

6-DATE OF BIRTH (month, day and year) Aug 1 1880

7-AGE. 44. 45 Aug 1

If LESS than 1 day, ...hrs. or....min.?

.....yrs.....mos.....ds.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clergyman.

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Md
(State or Country),

PARENTS.

10-NAME OF FATHER, Joseph DuRey.

11-BIRTHPLACE OF FATHER (city or town)..... Va
(State or Country),

12-MAIDEN NAME OF MOTHER Alice Boyer

13-BIRTHPLACE OF MOTHER (city or town)..... Md
(State or Country),

14- (Informant) Mary M DuRey (Wife)

(Address) Joppa Md

15- Filed ..... 192.. ROBERT R. KRAUTER, Registrar.

JUN 4 - 1925 Burial Permit Clerk.

In plain terms, so that it may be properly coded, see instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 2, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 30 1925 to June 2 1925

that I last saw h. alive on June 2 1925

and that death occurred, on the date stated above, at 6 30 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobar

.....(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) None

.....(Duration) .....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) L. C. Saunders M. D.

, 19 (Address) Church Home & Inf

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lynchburg Va	6-4, 19 25
20-UNDERTAKER. E & B Harlr	ADDRESS 115 E Lexington

Spec.—1-10-21—M&T—1500 Bks.

D 99087

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99087

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 Winston Ave (Govans) ST., 22 WARD) 90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William E Johnson

(a) RESIDENCE No. 805 Winston Ave. Govans ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Information is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Johnson

6 DATE OF BIRTH (month, day, and year) Aug 25 1869

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Littleton C Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Lucy Powell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mary E Johnson

(Address) 805 Winston Ave Govans

JUN 4 - 1925

ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6 - 1 1925

17 I HEREBY CERTIFY, That I attended deceased from Jany 10 1925 to June 1 1925

that I last saw h alive on May 28 1925

and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. 7 mos. 7 ds.

CONTRIBUTORY (Secondary) Syphilis Tertiary

(duration) 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) N Krusen M. D.

1925 (Address) 1340 N Mark

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cem	6-4 1925
20 UNDERTAKER	ADDRESS
E T Black	1521 E Mon St

Spec—12-23-21—E.B.R.S.—400 Blks.

D 99088

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

X 90 D 99088

1-PLACE OF DEATH Union Memorial Hospital

Registered No.....

City of BALTIMORE: (No.....St., 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Joseph F. Finlay (Margaret P.)

(a) Residence No. McDonough School St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Divorced

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 27 1862

7-AGE. 62 yrs. 11 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Matron 186

(b) General nature of industry, business, or establishment in which employed (or employer) Mc Donough School

(c) Name of employer.....

9-BIRTHPLACE (city or town) Elkton (State or Country), Md

PARENTS.

10-NAME OF FATHER, Richard Dixon

11-BIRTHPLACE OF FATHER (city or town) (State or Country), md

12-MAIDEN NAME OF MOTHER, Sallie Ridgely

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), md

14- (Informant) Mary Chew Green

(Address) Lawson Md

15- Filed JUN 4 - 1925 ROBERT R. KRAUTER Registrar. Burial Permit Clerk.

In plain terms, so that it may be easily understood, state instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 3 25

17- I HEREBY CERTIFY, That I attended deceased from June 1, 19 25 to June 3, 19 25

that I last saw h. alive on June 3, 19 25

and that death occurred, on the date stated above, at 1 p.m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Myocardial Failure

(Duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? None

(Signed) Edward J. Jarrett M. D.

19 (Address)

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Greenmount Cemetery

DATE OF BURIAL. June 4, 1925

20-UNDERTAKER. Chas. G. Black

ADDRESS 742 W. North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 99089

CERTIFICATE OF DEATH.

1593 D 99089

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Benesch

(a) RESIDENCE No. 3032 Presstman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5/30/25

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work NNO

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Eli Benesch

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Annie Freeman

13 BIRTHPLACE OF MOTHER (city or town) Pa
(State or country)

14 Informant Eli Benesch
(Address) 3032 Presstman St

15 JUN 4 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/3/25

17 I HEREBY CERTIFY, That I attended deceased from 5/30/25, 19 to 6/3/25, 19, that I last saw her alive on 6/3/25, 19, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Meningocele

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted —
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) K. W. Gelbey, M. D.

6, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Edmondson Friendship	6/4/25
20 UNDERTAKER	ADDRESS
J. Abrens & Co	3314 Pennsylvania Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

18493 D 99090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 D 99090

1-PLACE OF DEATH Johns Hopkins Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO.) ST., 14 WARD

2-FULL NAME Florence Thomas

(a) RESIDENCE NO. 504 Robert ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Ruben Thomas

6 DATE OF BIRTH (month, day, and year) Unknown 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Henry Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Sarah Hailstalk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Ricardo (Address) Johns Hopkins Hospital

15 JUN 4 - 1925 ROBERT R. KRAUTER Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1-1925

17 I HEREBY CERTIFY, That I attended deceased from May 22, 1925, to June 1, 1925, that I last saw her alive on June 1, 1925, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Rectum

(duration) 9 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insuff

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 5 mo May 26

Did an operation precede death? Yes Date of June 1

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Henry A. Feldman M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL June 4 1925

20 UNDERTAKER Samuel Hinsley ADDRESS 1128 Eden

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT LOCALITY must be given. See instructions on back of certificates. TION is very important.

D 99091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90D 99091

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 217 W Baltimore St., 10-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jas. H. Goldsborough

(Residence in Baltimore: No. 1230 E. Monument St St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	Col.	Married

6-DATE OF BIRTH.

..... 1.....
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
43 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Porter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Balto City

PARENTS.

10-NAME OF FATHER. Wm Mansfield

11-BIRTHPLACE OF FATHER, (State or Country). Mat India

12-MAIDEN NAME OF MOTHER. Mary E Harvey

13-BIRTHPLACE OF MOTHER, (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Goldsborough

(Address) 1114 E Lexington St

JUN 4 - 1925

ROBERT R. KRAUTER, Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 3, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... ~~(Inquest, autopsy or inquiry.)~~ find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

..... (Duration) a few mths. yrs. mos. ds.

CONTRIBUTORY (Secondary) Dont Know

..... (Duration) yrs. mos. ds.

(Signed) J H Swindell M. D.
(Coroner.)

June 4 1925 (Address) 117 W Saratoga St

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park	6/5 1925
20-UNDERTAKER.	ADDRESS
Jas. Fr. Skinner	1625 E. Lond St

THE CAUSE OF DEATH is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99092 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99092

100-08

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 705 W. Saratoga St., 4-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Mary Davis

(a) Residence No.... 705 W. Saratoga St.,..... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-Single, Married, ~~Widowed, or Divorced.~~ (Write the word.) Married

5a-If married, widowed, or divorced ~~HUSBAND of (or)~~ WIFE of Joseph Davis

6-DATE OF BIRTH (month, day and year) [illegible]

7-AGE, 38 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)..... O/O

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, [illegible] Gray

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto

12-MAIDEN NAME OF MOTHER, [illegible] Brown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), [illegible] Brown

14- (Informant) [illegible] Francis

(Address) 705 W. Saratoga St

15-

Filed JUN 4 - 1925 19.. ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 6/2/25

17- I HEREBY CERTIFY, That I attended deceased from 5/31/ 19 25 to 6/2/ 19 25

that I last saw h[illegible] alive on 5/31/ 19 25

and that death occurred, on the date stated above, at 5.50 m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho

Pneumonia

Acute chronic endocarditis

Terminal (Duration) Knowledge mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

6/3, 1925 (Address) 805 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
MT Auburn Cem	6/4/1925
20-UNDERTAKER	ADDRESS
Dan Zapoi	916 Pa Ave

Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99093 | CERTIFICATE OF DEATH. | D 99093

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene Sts. WARD) 4-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lenny Adams

(a) RESIDENCE NO. White Hall ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	white	Sing

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1915

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	10			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Isaac Adams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Ida Isaacs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant (Address) University Hospital Records Lomb & Greene Sts. Balto

15 Filed JUN 4 - 1925, 19 ..... CARL R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1925

17

I HEREBY CERTIFY, That I attended deceased from May 11, 1925, to June 3, 1925,

that I last saw him alive on June 3, 1925,

and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Brain Tumor.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Intra Cranial Pressure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of May 13th

Was there an autopsy? June 3- 1925

What test confirmed diagnosis? Clinical Signs

(Signed) W. Warren Walker M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Vernon Cemetery Whitewall	June 6 1925
20 UNDERTAKER William Cook	ADDRESS 1032 E. Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

• Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99094

CERTIFICATE OF DEATH.

185

D 99094

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 9— WARD 1)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Ellen Hayes

(a) RESIDENCE NO. 610 E 33rd St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. | 4 COLOR OR RACE W. | 5 Single, ~~Married~~, Widowed, or ~~Divorced~~ (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Information

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
78		—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Patrick Hayes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Do not know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant William A. Higgins

(Address) 2220 Fenwick Ave

Filed JUN 4 - 1925, 19 ROBERT A. KRAUSER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-2 1925

17

I HEREBY CERTIFY, That I attended deceased from 2-19- , 1925 , to 6-2- , 1925 ,

that I last saw her alive on 6-2- , 1925 ,

and that death occurred, on the date stated above, at 7 30 P. m.

The ~~CAUSE~~ OF DEATH* was as follows:

Fractured Neck of Left Femur — (duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) K. W. Hellwig M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL June 6 1925

20 UNDERTAKER H. O. Means & Son

ADDRESS 705 N. Gilmor St

CAUSE OF DEATH in plain terms, so that it may be properly coded. TION is very important. See instructions on back of certificates.

N. B.—Every item of information should be given. Be sure to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

99095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1001

D 99095

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 6012 Dunmore ave ST. 27 WARD 13)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret W Hoffman

(Residence in Baltimore: No. 6012 Dunmore ave St.: 52 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Jan 10 (Month), 10 (Day), 1873 (Year)

7-AGE: 52 yrs. 4 mos. 22 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Edwin W Bafter

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Emily C. Loudenslagel

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J Edwin Hoffman

(Address) 6012 Dunmore ave

15.

JUN 4 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 2 (Day), 1925 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 26, 1925. to June 2 1925.
that I saw her alive on June 2, 1925.
and that death occurred, on the date stated above, at 5.30 p.m.
The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) ..... yrs. ..... mos. 8 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. J. Brennan, M. D.

June 3, 1925 (Address) 2733 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudenslagel Bridgeport — DATE OF BURIAL: June 5, 1925

20-UNDERTAKER: William H Skinner — ADDRESS: 1010 Edmondson Ave

99096

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 99096

CERTIFICATE OF DEATH.

X 4 167 801

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 710 W. Fayette St. St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard F. Kruse

(Residence in Baltimore: No. 710 W. Fayette St. St.; yrs., mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Feb. 10 1861
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
64 yrs. 3 mos. 22 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Salesman
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Chicago Ill.

PARENTS.

10-NAME OF FATHER. Don Kruse

11-BIRTHPLACE OF FATHER, (State or Country). I I

12-MAIDEN NAME OF MOTHER, I I

13-BIRTHPLACE OF MOTHER, (State or Country). I I

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. G. Kruse

(Address) 900 6th ave N.Y.

15-
Filed JUN 4 1925 Wm
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 2 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an.....
(Inquest, autopsy or Inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or Inquiry.)
find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gas Inhalations

Illuminating

(Duration) a few hrs. yrs. mos. ds.

CONTRIBUTORY (Secondary) Suicidal

(Duration) yrs. mos. ds.

(Signed) W. H. Grinnell M. D.
(Coroner.)

6 4 1925 (Address) 117 W. Saratoga St.

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence New York

19-PLACE OF BURIAL OR REMOVAL. Geo. W. Little DATE OF BURIAL. June 4 1925

20-UNDERTAKER. Dreed Ridge ADDRESS 270 N. Edmondson

Back of certificate. See instructions on back of certificate. is very important.

Spec.—1-10-21—M&T—1500 Blks.

D 99097

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

46 D 99097.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Marlborough Apts. ST., 14 WARD)

2-FULL NAME Hennie Adler Koshland

(a) RESIDENCE NO. Marlborough Apts ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced ~~HUSBAND OF~~ (or) WIFE of Moses Koshland

6 DATE OF BIRTH (month, day, and year) — 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Louis Adler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER — — Rosenfeld

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Daniel Crone

(Address) West & Stratford Aves

15 Filed [illegible] 19 H.L.M.M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1925

17

I HEREBY CERTIFY, That I attended deceased from January, 1925, to June 3, 1925, that I last saw h[illegible] alive on June 3, 1925, and that death occurred, on the date stated above, at 2.50 P. m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis

Primary in pelvis (Ovary)

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) oedema of Lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? No Date of /

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Frederick Lentz, M. D.

3, 1925 (Address) 2040 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Hebrew Cem.	6/5/1925
20 UNDERTAKER David Sondheim	ADDRESS 118-20 N. Gay St. Royal Ave.

CAUSE OF DEATH must be plainly written. See instructions on back of certificates. TION is very important.

D 99098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8-4 1925

D 99098

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1225 N. Dallas St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara Bennett

(Residence in Baltimore: No. 1225 N. Dallas St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	col	widiw

6-DATE OF BIRTH, ...1872...., 1.....
(Month) (Day) (Year)

7-AGE, ...52.... yrs. .... mos. .... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housemaid
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country), "

12-MAIDEN NAME OF MOTHER, Mary Tolson

13-BIRTHPLACE OF MOTHER, (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Bennett (son)

(Address) 1225 N. Dallas St

JUN 4 - 1925 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 2-25, 192.....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cardiac Failure
due to heat prostration

(Duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) .....

(Duration) .... yrs. .... mos. .... ds.

(Signed) J. H. Ellis M. D.
(Coroner)

6-4-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
asbury cemetery	June 5 1925

20-UNDERTAKER, Edward Bryan ADDRESS 1681 orleans st

Is very important. See instructions on back of certificate.

D 99099

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99099

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 76 Ward) 186-03

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leo Gray

(Residence in Baltimore: No. 510 S. Bouldin St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	mar

6-DATE OF BIRTH. June 21-1899, 1..... (Month) (Day) (Year)

7-AGE. 25 yrs. 11 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION. Warehouseman
(a) Trade, profession, or particular kind of work..... Penn. R.R.
(b) General nature of industry, business, or establishment in which employed (or employer)..... D

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, George Gray

11-BIRTHPLACE OF FATHER, (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Nora Fick

13-BIRTHPLACE OF MOTHER, (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie Gray (wife)

(Address) 510 S. Bouldin St

15- JUN 4 - 1925 Wm

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 2-25, 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal Hemorrhage (abdominal)
Frac. Pelvis
(Run over by Autotrock)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. S. H. Patterson M. D. (Coroner.)

6-4-25 192.... (Address 508 E. North Ave

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal**, or **Homicidal**.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Oak Lawn Cem.	June 4th 1925
20-UNDERTAKER. Lutz & Zeibe	ADDRESS 403 S. Wolfe St.

Read back of certificate. See instructions on back of certificate. This space is very important.

Spec.—1-10-21—M&T—1500 Bks.

D 99100

D 99100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

86001

1-PLACE OF DEATH Johns Hopkins Hospital

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 76-5 WARD)

2-FULL NAME Harry E. Kraemer

(a) RESIDENCE NO. 3302 Hudson ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan - 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	-	6	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER George

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Nellie Green

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Records Johns Hopkins Hospital
(Address) .....

JUN 4 - 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2-1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 9, 1925 to June 2 1925
that I last saw him alive on June 2, 1925
and that death occurred, on the date stated above, at 7a. m.

The CAUSE OF DEATH* was as follows:

Otitis Media

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Chronic Mastoiditis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of? 5-18-25 — 6-2-25

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Geo Elliott, M. D.

63 E. 25 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem. DATE OF BURIAL June 5 1925

20 UNDERTAKER Tully & Zeiler ADDRESS 403 S. Wolfe St

CAUSE OF DEATH in plain terms, so that it may be classified. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Bks.

D 99101 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99101

CERTIFICATE OF DEATH. X 57

REGISTERED NO. H 3

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. William Brereton

(a) RESIDENCE NO. 19 So Gate Ave. St. Annapolis Md. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word)
M.	W.	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Brereton

6 DATE OF BIRTH (month, day, and year) Oct 14th 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penn.

PARENTS

10 NAME OF FATHER Thomas J Brereton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Amelia Denny

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn.

14 Informant Lewis H. Brereton (Address) Annapolis Md.

15 Filed JUN 4 - 1925 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 1925

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1925, to June 2, 1925, that I last saw him alive on June 2 1925, and that death occurred, on the date stated above, at 4.40 P. m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardiovascular disease,

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Diabetes, Cerebral Hemorrage (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. W. Hilley M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Anns Cem. Annapolis	June 4 1925
20 UNDERTAKER Geo M. Frick & Son	ADDRESS 811 N Mt St

CAUSE OF DEATH. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Bks.

D 99102

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99102

CERTIFICATE OF DEATH.

100-90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 4-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joshua L. Craig

(a) RESIDENCE NO. 406 St Paul ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1847

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
78 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Jame Craig

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Mary Hume

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Baltimore City Hospitals Records (Address)

15 Filed JUN 4 - 1925 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1 1924 to June 2 1925.

that I last saw h alive on June 2 1925

and that death occurred, on the date stated above, at 6:45 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Hypertension

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W Lindsay Miller, M. D.

6/3, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	June 5 1925
20 UNDERTAKER	ADDRESS
Geo M. Frank & Son	811 N Ave

CAUSE OF DEATH in plain terms, so that it may be understood by the public. TION is very important. See instructions on back of certificates.

Spec.—I-12-23—M&T—500 Blks.

D 99103

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99103

CERTIFICATE OF DEATH.

93

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bon Secours Hospital ST., 11-2 WARD)

2-FULL NAME Edwin N. Chapman.

(a) RESIDENCE NO. Western apts - 859 Parkan ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Margaret Chapman (alive)

6 DATE OF BIRTH (month, day, and year) Nov 28. 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	33	6.	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coal dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Wm J. Chapman

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Sallie E. Bayly

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Wm J. Chapman
(Address) Catonsville Md

15 Filed JUN 4 1925 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 7, 1925, to June 2, 1925, that I last saw h in alive on June 2, 1925, and that death occurred, on the date stated above, at 4.30 m.

The CAUSE OF DEATH* was as follows:

Thrombophlebitis General, ped

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Apr 24

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Jay Mathis, M. D.

, 19 (Address) 12 East Eager

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	1925

20 UNDERTAKER ADDRESS

John O Mitchell Sons Fayette

TION is very important. See instructions

Spec.—1-10-21—M&T—1500 Blks.

D 99104 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99104

CERTIFICATE OF DEATH.

1-PLACE OF DEATH John Hopkins Hospital 1-2 REGISTERED NO.

CITY OF BALTIMORE: (NO. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marion Beyers

(a) RESIDENCE NO. 600 S Rose ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Infant 1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Noah Beyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Frances Novak

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Regnds

(Address) John Hopkins Hospital

JUN 4 - 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1925

17 I HEREBY CERTIFY, That I attended deceased from May 11, 1925, to June 3, 1925,

that I last saw him alive on June 3, 1925,

and that death occurred, on the date stated above, at 4.45 P m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) ✓ yrs. ✓ mos. 15 ds.

CONTRIBUTORY (Secondary) T.B. Hip

(duration) ✓ yrs. 1 mos. ✓ ds.

18 Where was disease contracted If not at place of death? at home

Did an operation precede death? yes Date of May 19, 1925

Was there an autopsy? no

What test confirmed diagnosis? Spinal Puncture + culture

(Signed) R. Leonhard, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem	June 5 1925
20 UNDERTAKER	ADDRESS
John M. Weber	1803 Bank St

CAUSE OF DEATH in plain terms, so that it may be readily understood by the public. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 99105

D 99105 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 627 S. Curley ST., 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Petronela . Bozek

(a) RESIDENCE NO. 627 S. Curley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs. Swiston

(Address) 239 S. Ann Street

Filed JUN 4 - 1925, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/2/25

17

I HEREBY CERTIFY, That I attended deceased from May 24, 19 25, to June 2, 19 25, that I last saw h[illegible] alive on June 2, 19 25 and that death occurred, on the date stated above, at 10 50 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension; Arteriosclerosis

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Nath. Stelfox M. D.

6/3, 19 25 (Address) 1710 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem.	June 5 1925
20 UNDERTAKER	ADDRESS
John M Weber	1803 Bank St

CAUSE OF DEATH. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 99106 HEALTH DEPARTMENT—CITY OF BALTIMORE. D 99106

CERTIFICATE OF DEATH

129

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Rayner ave & Dukeland ST., 12 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Lilly Renfrew.

(a) RESIDENCE NO. 318 Tennessee ave ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Renfrew

6 DATE OF BIRTH (month, day, and year) July 24 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	11	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Fitter
(b) General nature of industry, business, or establishment in which employed (or employer) Clothing
(c) Name of employer Kahn

9 BIRTHPLACE (city or town) (State or country) Summerville SC

PARENTS

10 NAME OF FATHER C. Abrams

11 BIRTHPLACE OF FATHER (city or town) (State or country) SC

12 MAIDEN NAME OF MOTHER Louise Jours

13 BIRTHPLACE OF MOTHER (city or town) (State or country) SC

14 Informant Mrs Delphia Koch
(Address) 318 Tennessee ave

JUN 4 - 1925

Filed ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/4 1925

17 I HEREBY CERTIFY, That I attended deceased from 5/15, 1925, to 6/4, 1925, that I last saw her alive on 6/4, 1925, and that death occurred, on the date stated above, at 12:55 P m.

The CAUSE OF DEATH* was as follows:

chronic Syphilis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Anemia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical - Laboratory

(Signed) Clement R. Monroe, M. D.

, 19 (Address) West Balto Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine W	Jun 4 1925
20 UNDERTAKER	ADDRESS
H. D. Tuckwell Son	North ave

CAUSE OF DEATH TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Rks.

D 99107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99107

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2140 Fine St. Ward 3)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marguerite E. Burke

(a) RESIDENCE NO. 2140 Fine St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. 10 mos. 24 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 9th 1904

7 AGE: Years 20 Months 10 Days 24 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Patrick H Burke

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary E Goodwin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore County

14 Informant (Address): Emma E Burke 2140 Fine St

15 Filed JUN 4 - 1925 19... ROBERT R. KRAUER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 2nd 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1925, to June 2, 1925

that I last saw h... alive on June 2 1925

and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

T.B. Lungs

about (duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary): Dilatation of Heart

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Sputum Ex.

(Signed) Walter E Longshaw M. D.

6/3. 1925 (Address) 2002 N. Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cemetery

DATE OF BURIAL: June 5 1925

UNDERTAKER: F.B. Wagner 1850 N. Gilmor St.

ADDRESS

CAUSE OF DEATH. See instructions on back of certificate. TION is very important.

Spec.—1-10-21—M&T—1500 Bkn.

D 99108 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99108

3045 Fredrick Ave 109-002

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Clara Roloff ST., 70 WARD) 2

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME .....

(a) RESIDENCE NO. 3045 Frederick Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. 1 mos. 17 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alfred Roloff.

6 DATE OF BIRTH (month, day, and year): April 4-1884

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (City or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: John Wiegand

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Frances Linett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): R. Wiegand 1002 Bruce St

15 JUN 4 - 1925 ROBT. R. KRAUTER Registrar

Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 31st 1925

17 I HEREBY CERTIFY, That I attended deceased from May 29, 1925, to May 31, 1925.

That I last saw h[illegible] alive on May 31, 1925, and that death occurred, on the date stated above at 11:50 a.m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Septic Tonsilitis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) [illegible] M. D.

6/3 1925 (Address) 1729 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lindenwood Park DATE OF BURIAL June 4 1925

UNDERTAKER: F. B. Wright ADDRESS 1850 W. Baltimore

CAUSE OF DEATH. See instructions on back of certificate. TION is very important.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99109

CERTIFICATE OF DEATH.

10 D 99109

REGISTERED No.....

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Sydenham Hosp ST.: 14 WARD) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clyde Wennerston

(a) RESIDENCE. No. 1916 Linden Ave ST., ... WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 19, 1921

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Clyde Wennerston

11 BIRTHPLACE OF FATHER (city or town) Michigan
(State or country)

12 MAIDEN NAME OF MOTHER Marg. Hynson

13 BIRTHPLACE OF MOTHER (city or town) Maryland
(State or country)

14 Informant Clyde Wennerston
(Address) 1916 Linden Av

15 Filed JUN 4 - 1925 19 Wm. F. KRAUER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1925

17 I HEREBY CERTIFY, That I attended deceased from June 2, 1925, to June 3, 1925, that I last saw h in alive on June 3, 1925, and that death occurred, on the date stated above, at 6 40 P. m.

The CAUSE OF DEATH* was as follows:

Diphtheria, Nasal, Tonsillar & pharyngeal

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Positive Culture (Diph)

(Signed) Myron G. Tull, M. D.

6/4 1925 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	6/4 19 25
20 UNDERTAKER	ADDRESS
Wm Leach	502 E. Monument

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 99110 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99110

CERTIFICATE OF DEATH

X 101-001

1-PLACE OF DEATH Howard A Kelly Hospital

REGISTERED NO.....

CITY OF BALTIMORE: (No. 1418 Eutaw Pl. ST., 14 WARD) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Julia Marscher

(a) RESIDENCE NO. 338 Spruce ST., Philadelphia Pa. WARD.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced (or) WIFE of Mr. John C. Marscher.

6 DATE OF BIRTH (month, day, and year) Nov. 6. 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Sparta Ga. U.S.A.

PARENTS

10 NAME OF FATHER Charles Sledge.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Alabama U.S.A.

12 MAIDEN NAME OF MOTHER Laura Romain

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sparta Ga. U.S.A.

14 Informant Robert Brooks (Address) 173 Calhoun St

15 Filed JUN 4 - 1925 H. Ann. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1925

17 I HEREBY CERTIFY, That I attended deceased from May 27, 1925, to June 4, 1925, that I last saw her alive on June 4, 1925, and that death occurred, on the date stated above, at 8 10 A. m.

The CAUSE OF DEATH* was as follows:

Operation - Gallstone in Common duct.

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of June 1'25

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) Grant Edwards, M. D.

. 19 (Address) 1418 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Washington DC	June 4 1925
20 UNDERTAKER Robert Bowkerson	ADDRESS Calhoun & Collins St

CAUTION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Bks.

99111

HEALTH DEPARTMENT—CITY OF BALTIMORE

99111

CERTIFICATE OF DEATH.

74-90

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 111 Aisquith St., 5 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Gelblum

(a) RESIDENCE NO. 111 Aisquith St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? 30 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham Gelblum

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Manuel Gerber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Emanuel Gelblum

(Address) 2511 McCulloh St

15 JUN 4 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6 - 3 - 1925

17

I HEREBY CERTIFY, That I attended deceased from June 2nd, 1925, to June 3rd, 1925.

that I last saw her alive on June 3rd, 1925.

and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Coma

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) apoplexy

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jacob L. Wisman M. D.

6-3, 1925 (Address) 30 S. B'way

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herring Run — DATE OF BURIAL 6/4 1925

20 UNDERTAKER Sol Levinson & Bro — ADDRESS 1127 E Balto St

INSTRUCTION is very important. See instructions on back of certificate.

KODAK

Spec.—1-10-21—M&T—1500 Bks.

D 99112 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. X 84 D 99112

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital ST., 7-1 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isabella Baer

(a) RESIDENCE NO. Renova Pa ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 3 ds. How long in U. S., if of foreign birth? — yrs. — mos. 3 ds.

CAUSE OF DEATH is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	10			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Renova Pa

PARENTS

10 NAME OF FATHER Julius Baier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Bonnie Parell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Julius Baer (Address) Renova Pa

15 Filed JUN 4 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1925, to June 3, 1925, that I last saw her alive on June 3/25, 19 , and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor, Benign cerebellar, Fibroma,

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hydrocephalus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 6-3-25

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) Julian D Hart, M. D.

6/3/25 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Rock Haven Pa.	June 4 1925
20 UNDERTAKER S Levinson Bro	ADDRESS 1127 E Balto St

D 99113

D 99113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159-002

21-3

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1112 Warner St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Consein Morsell.(C)

(Residence in Baltimore: No. 1112 Warner St. St.; ~~yrs.~~ 5 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced. (Write the word.)
Female.	Colored	Single.

6-DATE OF BIRTH. January 1 1925 1.....
(Month) (Day) (Year)

7-AGE. --- yrs. 5 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Pedro Calimlim.

11-BIRTHPLACE OF FATHER. (State or Country). Phillipine I.

12-MAIDEN NAME OF MOTHER. Leola Morsell.(C)

13-BIRTHPLACE OF MOTHER. (State or Country). Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leola Morsell (C)mother.

(Address) 1112 Warner St.

JUN 4 - 1925 H. Lann
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. June 3, 1925 192.....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or Inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.
congenital.

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

June 4, 1925 (Address) 1617 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Auburn	May 3- 1925
20-UNDERTAKER.	**ADDRESS**
S. E. Brown & Son	108 N. Monty St

is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99114

CERTIFICATE OF DEATH.

161-001

D 99114

REGISTERED NO.

1-PLACE OF DEATH Balto. Md.

CITY OF BALTIMORE: (No.) 707 N Sterling ST., 10-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Burch

(a) RESIDENCE No. 707 Sterling St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6-3-25

7 AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work hm.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Richard Burch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rosie Whitney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Richard Burch (Address) 707 Sterling St

15 Filed JUN 4 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-3-25 19

17

I HEREBY CERTIFY, That I attended deceased from 6-3-25, 19..., to 6-3-25, 19...

that I last saw h— alive on 6-3-25, 19...

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth - 7 mos.
Congenital Atelectasis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Clinical

(Signed) M. B. Butler, M. D.

, 19 (Address) 425 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion

DATE OF BURIAL 6/4/25 19

20 UNDERTAKER R. L. Gross

ADDRESS 1405 McElderry

CAUSE OF DEATH: (See instructions on back of certificate. See instructions on back of certificate.)

Spec.—1-10-21—M&T—1500 Bks.

D 99115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99115

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 N Longwood ST., 16 WARD)

REGISTERED NO. 45

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella N. Morris

(a) RESIDENCE No. 1314 N. Longwood ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life time ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Peter F. Morris

6 DATE OF BIRTH (month, day, and year) Dec 22/82

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42	5	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Benj. F. Booth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Anna M. Hildebrandt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Peter F. Morris

(Address) ~~1314 Longwood St.~~

15 4 - 1925 Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2, 1925.

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1925. to June 2, 1925.

that I last saw her alive on June 1, 1925,

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum + Pelvis wall.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) General Metastases

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of March 25/25

Was there an autopsy? No

What test confirmed diagnosis? Laboratory Tests

(Signed) A. Paul Dingenfeld, M. D.

6/2/, 1925 (Address) 1635 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem. DATE OF BURIAL 6/6 1925

20 UNDERTAKER Philip Herwig ADDRESS 2016 Orleans

CAUSE OF DEATH. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Bks.

D 99116

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99116

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Genl Hospital St., 27—1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George P. Knachel

(a) RESIDENCE NO. 2 Traymore Rd. Hamilton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~the WIFE~~ of Late Caroline Knachel

6 DATE OF BIRTH (month, day, and year) Dec 9/47

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	5	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None of

(b) General nature of Industry, business, or establishment in which employed (or employer) Retired Cutler

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Geo. T. Knachel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Caroline Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Adam P. Knachel

(Address) 2 Traymore Road

15 Filed 4-1925, 19 Robert F. Harrison, Registrar

Burial Permit Mark

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 1925

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1925, to June 2, 1925.

That I last saw him alive on June 2, 1925

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

General Arteriosclerosis

Cardiac Asthenia

Chronic Nephritis

(duration) 12 yrs. mos ds.

CONTRIBUTORY (Secondary) Gangrene (R foot)

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs

(Signed) F. W. Krats, M. D.

, 19 (Address) Md Genl Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn	6/5 1925
20 UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans

BURIAL PERMIT—Keep this stub for your record of certificates. See instructions on back of certificate. ATTENTION is very important.

Spec.—1-10-21—M&T—1500 Bks.

D 99117

D 99117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 132

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 16 WARD) 6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edna Ann Ball

(a) RESIDENCE NO. 1109 Fairview Av ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	7	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Burnis Gray
11 BIRTHPLACE OF FATHER (city or town) Va.
(State or country)
12 MAIDEN NAME OF MOTHER Emma Ball
13 BIRTHPLACE OF MOTHER (city or town) Va.
(State or country)

14 Informant Parent
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Robert F. [illegible] Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 - 1925

17 I HEREBY CERTIFY, That I attended deceased from May 15 - 1925, to May 24 - 1925, that I last saw him alive on May 24 - 1925, and that death occurred, on the date stated above, at 3 40 P m.

The CAUSE OF DEATH* was as follows:
Acute General Miliary Tuberculosis

(duration) ..... yrs. ..... mos. 28 ds.

CONTRIBUTORY (Secondary) Tuberculous Meningitis
(duration) ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of .....
Was there an autopsy? Yes None
What test confirmed diagnosis? .....

(Signed) [signature] M. D.
(Address) John Hopkins Hospital 6-3-1925

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER ..... ADDRESS .....

Commissioner Health. JUN 4 - 1925

Sign Name in Ink.

CIRCLE OF BACK of certificates. See instructions on back of TION is very important.

Spec.—1-10 21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99118 ✓ 99118

99118

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL 9—1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD .....)

2-FULL NAME Ed. Marshall

(a) RESIDENCE NO. 713 Pendleton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. white ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 JUN 4 1925 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 1925

17 I HEREBY CERTIFY, That I attended deceased from May 8, 1925, to May 27, 1925, that I last saw him alive on May 27, 1925, and that death occurred, on the date stated above, at 1 62 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (Secondary) Empyema

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? None

(Signed) C. H. Scott, M. D.

6 V. 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

JOHNS HOPKINS HOSPITAL

20 UNDERTAKER Commissioner Health

ADDRESS JUN 4 1925

Burial Permit

IMPORTANT. See instructions on back of certificates.

Spec.—1-12-25—MAT—500 Blks.

D 99119 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99119

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 28 S. Schroeder ST., 18 WARD) 2

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Louis Lambert

(a) RESIDENCE NO. 28 S. Schroeder ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Lambert

6 DATE OF BIRTH (month, day, and year) Aug. 8 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	9	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Schmidt Printing Co.

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Theodore Lambert

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Julia Kleiman

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Andrew Lambert

(Address) 28 S. Schroeder St.

Filed 4-1925, 19 Robert F. Harriman, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1925

17 I HEREBY CERTIFY, That I attended deceased from May 5 , 1925, to June 5 , 1925, that I last saw him alive on June 1 , 1925, and that death occurred, on the date stated above, at 3:20 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? ap Stephan Donatorum

(Signed) Jas L. Hooper M. D.

6-3, 19 25 (Address) 862 W Fayette Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL June 6 1925

20 UNDERTAKER Joseph L. B. Cook

ADDRESS 1003 N. Balto St.

TION IS very important

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE D 99120

99120

CERTIFICATE OF DEATH.

REGISTERED NO. 74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 217 E. Federal St.; (Ward) 9-7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph A Dove

(a) RESIDENCE (Usual place of abode) No. 217 E. Federal St. WARD.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Margt. Dove.

6 DATE OF BIRTH (month, day, and year) Sept 23 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✱	45	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Capt of Fire Dept

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 032

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER James Dove.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Mary McMullan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington D.C.

14 Informant (Address) Mrs. Margt Dove 217 E. Federal St.

15 Filed 4-1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 1925

17 I HEREBY CERTIFY, that I attended deceased from Aug 1 1924 to June 2 1925

that I last saw h.. alive on June 2 1925

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. E. Brumbach M.D.

(Address) 1531 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	June 6 1925
20 UNDERTAKER	ADDRESS
E. A. Wiedefeld &	501 E 24th St.

TION is very important. See instructions on back of certificate

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99121

CERTIFICATE OF DEATH.

90

D 99121

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1202 Wilcox ST.; 10-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Baker

(Residence in Baltimore: No. 1202 Wilcox St.; 75 yrs., 1 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April 17, 1850
(Month) (Day) (Year)

7-AGE, 75 yrs. 1 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer): Oil

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John T. Baker

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), France

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henrietta Baker

(Address) 1202 Wilcox St

15-

Filed. 6-1925 Robert P. Harrison, Dr.
Registrar.
~~Burial Permit Clerk.~~

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 6-7, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 10-21 1924 to 6-7 1925, that I saw h... alive on 6-7 1925, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
a contributory cause
unknown,
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) a contributory cause Chronic Nephritis
(Duration) yrs. mos. 1 ds.

(Signed) J. Reginald Guyola M. D.

6-7 1925 (Address) 800 N Gilmor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel — DATE OF BURIAL, June 5, 1925

20-UNDERTAKER Henry Lutz — ADDRESS 1203 Broadway

Spec.—1-12-23—M&T—500 Bks.

) 99122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

D 99122

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] ST., BALTIMORE CITY HOSPITALS 16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Nutrell

(a) RESIDENCE NO. Gwynnoak Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? 71 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Wm. Burch

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Baltimore City Hospital Records
(Address)

15 Filed JUN 4 - 1925 Robert J. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1925

17

I HEREBY CERTIFY, That I attended deceased from May 18, 1925, to June 3, 1925, that I last saw her alive on June 2, 1925 and that death occurred, on the date stated above, at 12:45 a m

The CAUSE OF DEATH* was as follows:

Senile Deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) D. Lindsay Miller, M. D.

6/4, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	June 6 1925
20 UNDERTAKER Henry Lutz	ADDRESS 1203 Broadway

TION is very important. See instructions.

Spec.—1-12-23—M&T—500 Blks.

D 99123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4# D 99123

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 737 E. Preston ST., 10 WARD) 2

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Mohr

(a) RESIDENCE No. 737 E. Preston ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Mohr dec

6 DATE OF BIRTH (month, day, and year) Oct 31st 1859.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	7.	3.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Conrad Sey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Hemelia Richno.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Miss Lottie Forry (Address) 7 Robert J Preston St.

15 Filed 4-1925 19 Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1925

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to June 3, 1925, that I last saw h alive on June 2, 1925, and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Arthrosclerosis

(duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) Cancer of Liver

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. Fraser Jones, M. D.

6. 3. 1925 (Address) 1 W. Randal. St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	June 6 1925
20 UNDERTAKER	ADDRESS
Fred A Schmeisser	703 Hanover St

Spec.—1-10-21—M&T—1500 Blks.

D 99124

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99124

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U.S. Marine Hospital #1 Balt md REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD) 12-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles H. Brooks.

(a) RESIDENCE NO. 22-5th ave Bridgeton N.J. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	black	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman 886

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman.

(c) Name of employer Sch Walter M Johnson

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant self

(Address) Robert P. Harrison,

15 6-4 1925 Burial Permit Clark Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/4 1925

17 I HEREBY CERTIFY, That I attended deceased from May 23, 1925, to June 4, 1925, that I last saw h-- alive on June 4, 1925, and that death occurred, on the date stated above, at 4.30 a. m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

Mitral insufficiency

(duration) 7 yrs. - mos - ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Physical findings & autopsy tests

(Signed) [signature], M. D.

6/4, 1925 (Address) U.S. Marine Hospital #1 Baltimore Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Budgeton N.J. City	June 4, 1925
20 UNDERTAKER [signature]	ADDRESS 1107 E Balto St

CAUTION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

D 99125

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 170 D 99125

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 E. Baltimore St., 5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Weiss

(a) RESIDENCE NO. 2152 N. 32nd St. Phila. Pa. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Weiss

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Phila.
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Pauline Weiss
(Address) 2152 E. 32nd St Phila

15 Filed JUN 4 1925, 192 Robert P. Harrison, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Found dead June 3 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by pistol shot
wound in brain.

Right temple (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) Jos. Leon, (Coroner.) M. D.

June 4, 192 5 (Address) 1037 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern

DATE OF BURIAL June 5 192 5

20 UNDERTAKER S. Fenner Bro

ADDRESS 1121 E Balto St

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

99126 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 99126

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 24 WARD 3)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Bayclona

(a) RESIDENCE No. 1402 Reynolds ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. 4 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profesion or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Baltimore City Hospitals Records (Address)

15 Filed N 4 1925. 19 Robert F. Harrison, Registrar ~~Burial Permit Clerk~~

TION is very important. See instructions on

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1925

17

I HEREBY CERTIFY, That I attended deceased from June 2, 1925, to June 3, 1925, that I last saw him alive on June 3, 1925 and that death occurred, on the date stated above, at 3130a m.

The CAUSE OF DEATH* was as follows:

Emphysema, chronic

myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure (History)

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W Lindsay Miller, M. D.

6/3, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL 6/6 1925

20 UNDERTAKER Chas. B. Kuchawska — ADDRESS 637 S. Paca St.

Spec.—1-10-21—M&T—1500 Bks.

D 99127 12-1-56

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99127

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Johns Hopkins Hospital 100-08

CITY OF BALTIMORE: (No. ..... ST., 14 WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Johnson

(a) RESIDENCE No. 16 11 Pac Ave ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Geo. Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records John Hopkins Hospital (Address)

15 Filed Robert F. Harrison, Registrar

4-1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3. 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1925 to June 3. 1925.

that I last saw her alive on June 3. 1925

and that death occurred, on the date stated above, at 2.35 P m.

The CAUSE OF DEATH* was as follows:

Myomata Uteri - very large size producing many pressure Symptoms

(duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia - Secondary Anemia (duration) ..... yrs. 1 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam.

(Signed) George H. Gardner M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	June 5 1925
20 UNDERTAKER Mrs Geo H. Dennis	ADDRESS 1303 Pennsylvania Ave

Robert E. Nelson

CAUSE OF DEATH must be given. See instructions on back of certificates. TION is very important.

Cor.—1-12-23—M&T—100 Bks.

D 99128

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99128

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 840 N. Carey ST., 16 WARD) 90

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Nichols

(a) RESIDENCE No. 840 N Carey ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE: Years 49 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 27
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ashland Va

PARENTS

10 NAME OF FATHER Richard Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant William Stevens
(Address) 840 N Carey St

15 Filed 4-1925, 192 Robert F. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis Senilis

(Duration) yrs. mos. 2 3/4 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

(Signed) ..... M. D.
(Coroner.)

JUN 4 1925 (Address) 1436 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashland Va — DATE OF BURIAL June 6 1925

20 UNDERTAKER Lawrence B. Stanley — ADDRESS Mt Bridge

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99129

CERTIFICATE OF DEATH.

D 99129

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hosp ST., 4-1 WARD)

2-FULL NAME Angelo Frombori

(a) RESIDENCE No. 725 W. Lexington ST., WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, ~~Widowed,~~ or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Frombori

6 DATE OF BIRTH (month, day, and year): May 17 - 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Victoria Frombori
(Address): 725 W Lexington St

JUN 4 - 1925

ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/3 1925

17 I HEREBY CERTIFY, That I attended deceased from 5/27, 1925, to 6/3, 1925, that I last saw h alive on 6/3, 1925 and that death occurred, on the date stated above, at 8.05 A m.

The CAUSE OF DEATH* was as follows:

Cachexia

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary): Carcinoma Stomach

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 5/28/25

Was there an autopsy? Yes

What test confirmed diagnosis? Examination

(Signed) Newman Friedman M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral

DATE OF BURIAL: 6/6 1925

20 UNDERTAKER: James A Jones

ADDRESS: 120 N Paca St

TION is very important See instructions on

Spec—12-23-21—E.B.R.S.—400 Bks.

99130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 D 99130

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pauline Foster

(a) Residence No. N. Gay near Central ave. St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6-DATE OF BIRTH (month, day and year) 1875 Jan 14

7-AGE.	If LESS than 1 day.
50 yrs. mos. ds.	hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Edward Wolfe

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Margaret McGee

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland

14- (Informant) Hospital Records

(Address) M.T.H.

15- Filed JUN 5 - 1925 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 3, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 23, 1925, to June 3, 1925.

that I last saw her alive on June 3, 1925.

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) J. D. White, M. D.

6-3-, 1925 (Address) Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
New Cathedral	June 5, 1925
20-UNDERTAKER	ADDRESS
John Staelin	1200 W. Fayette

instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

D 99131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

99 D 99131

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., WARD) 163

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William McAlpin

(a) RESIDENCE No. 19 N. Curley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
56yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 15

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Scotland

PARENTS

10 NAME OF FATHER William McAlpin

11 BIRTHPLACE OF FATHER (city or town) Scotland (State or country)

12 MAIDEN NAME OF MOTHER Agnes Ogden

13 BIRTHPLACE OF MOTHER (city or town) Scotland (State or country)

14 Informant Baltimore City Hospital Records (Address)

15 JUN 5 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 1925

17 I HEREBY CERTIFY, That I attended deceased from May 8, 1925, to June 2, 1925, that I last saw him alive on June 2, 1925, and that death occurred, on the date stated above, at 12:15 P m.

The CAUSE OF DEATH* was as follows:

arteriosclerosis, chronic myocarditis, auricular fibrillation, myocardial failure (duration) 2 yrs. 9 mos (History) ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller M. D.

6/3, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's / Hampden DATE OF BURIAL Jun 5 1925

20 UNDERTAKER William Cahoon ADDRESS 502 E Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

99132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99132

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Morgan College (York Rd) ST. 27-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Horsey

(Residence in Baltimore: No. Morgan College St.; 10 yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day) 18?3 (Year)

7-AGE, 52 yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Snow Hill Md

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ernest N. Carter

(Address) Morgan College

15- JUN 5 - 1925 (Date Received) ROBERT R. KRAUTER, Registrar. Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June - 3 -, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 29 1925, to June 3 1925, that I saw h[illegible] alive on June 3 - 1925, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Excision of Fibroid of Uterus

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock

(Duration) yrs. mos. 2 ds.

(Signed) S. A. Hughes M. D.

June 4, 1925 (Address) 1413 E. Mt. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 5 ds. In the State Unknown yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Morgan College

19-PLACE OF BURIAL OR REMOVAL. Snow Hill Md

DATE OF BURIAL, June, 1925

20-UNDERTAKER Samuel Hawley

ADDRESS [illegible]

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99133

CERTIFICATE OF DEATH.

91302

D 99133

REGISTERED No.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2027 Brunt ST., 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Young

(a) RESIDENCE No. 2027 Brunt ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced (or) WIFE of Somerset Young

6 DATE OF BIRTH (month, day, and year) Apx ?

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
61	?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Catonsville Md

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Isabelle Young

(Address) 2027 Brunt St

15 Filed JUN 5 1925, 19 ROBERT R. MAURER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 15, 1925, to June 2, 1925, that I last saw h[illegible] alive on June 2, 1925, and that death occurred, on the date stated above, at 0.30 P. m.

The CAUSE OF DEATH* was as follows:

Senile Gangrene

(Obliterating Endarteritis)

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Amputation of two toes of left foot Apr 8 1925

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. William Frey M. D.

6/3, 1925 (Address) 1928 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] DATE OF BURIAL [illegible] 19[illegible]

20 UNDERTAKER [illegible] ADDRESS [illegible]

CAUSE OF DEATH must be filled in plainly and completely. See instructions on back of certificates.
TION is very important.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 99134

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99134

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 623 Glenwood Ave St., 27 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura J. Ffoss

(a) Residence No. 623 Glenwood St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 4 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widow

3a-If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of John P Ffoss

6-DATE OF BIRTH (month, day and year) Jan 27/53

7-AGE.	If LESS than 1 day.
72 yrs. 4 mos. 6 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Balto Md.

PARENTS.

10-NAME OF FATHER. Wm S Shelton

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto

12-MAIDEN NAME OF MOTHER. Mary A Crusall

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto Md

14-

(Informant) C. Oswald Ffoss

(Address) 623 Glenwood ave

JUN 5 - 1925 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 3/25

17- I HEREBY CERTIFY, That I attended deceased from Nov 5 1923 to June 2 1925

that I last saw h[illegible] alive on June 2, 1925,

and that death occurred, on the date stated above, at 3:15 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac enlargement, valvular insufficiency,

about 3
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary oedema Coma

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual tests

(Signed) H. E. Knipp M. D.

Jun 3, 1925 (Address) 1002 N. Lanvale

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cemetery	June 6th, 1925
20-UNDERTAKER.	ADDRESS.
E Schlosman & Son	1034 Hanover st

instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Eks.

D 99135 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99135

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2019 Eagle St St., 20-16 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosie Freeman

(a) Residence No. 2019 Eagle Street St., ... Ward.....
(Usual place of abode) (If non-residents give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, Negro

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Hyman Friedman

6-DATE OF BIRTH (month, day and year) — 1855

7-AGE. 70 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER Abraham Joseph

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER Anna —

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Russia

14- (Informant) Jack Lewis

(Address) 1439 E Balt St

15- JUN 5 - 1925 HARRY R. KRAUSS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 5 25

17- I HEREBY CERTIFY, That I attended deceased from June 3, 1925, to June 5, 1925

that I last saw her alive on ..... 19..

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

~~Broncho Pneumonia~~
Cerebral Hemorrhage 14
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia 3
(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? —

(Signed) R. H. Isaacs M. D.

, 19 (Address) 2114 Wilkens ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Rehrersburg Rd DATE OF BURIAL. 6/5 19 25

20-UNDERTAKER Jack Lewis ADDRESS 1439 E Balt

Burial Cert. Issued

instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 99136 HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

D 99136

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital 26-7 Registered No.....

City of BALTIMORE: (No.....St.,.....Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Block

(a) Residence No. 4017 Eastern Ave. St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. W

5-Single, Married, Widowed, or Divorced. (Write the word.) S

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan 8 1906

7-AGE. 19 yrs. 4 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER Abraham Block

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Russia

12-MAIDEN NAME OF MOTHER Sarah Abrams

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Russia

14- (Informant) A. Block

(Address) 4017 Eastern Ave

15- Date received JUN 5 - 1925

WM. R. KRAUTER, Registrar.

Burial Permit Clerk.

instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 4 25

17- I HEREBY CERTIFY, That I attended deceased from June 2, 19 25 to June 4, 19 25

that I last saw him alive on June 4 19 25

and that death occurred, on the date stated above, at 12 30 pm.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Carcinoma Forehead

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edwin B Jarrett M. D.

, 19 (Address) Univ Maryland Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Hebrew Cemetery DATE OF BURIAL, 6/5 19 25

20-UNDERTAKER. Jack Levin ADDRESS 1439 E Balto

Spec.—1-10-21—M&T—1500 Bks.

D 99137 HEALTH DEPARTMENT—CITY OF BALTIMORE 001 74 D 99137

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 641 Kenwood ave North ST., WARD) 3

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George John Gettman

(a) RESIDENCE NO. 641 Kenwood ave North ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 0 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Catherine Gettman

6 DATE OF BIRTH (month, day, and year) May 5-1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	0	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Catherine Johnson

(Address) 641 North Kenwood

(ROBERT A. RESNICK, Deputy Registrar)

15 Filed JUN 5- 1925 Deputy Health Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3rd 1925

17 I HEREBY CERTIFY, That I attended deceased from June, 1922, to June 3, 1925; that I last saw him alive on June 3, 1925, and that death occurred, on the date stated above, at 1245 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L H Meyer Jr, M. D.

6/4. 1925 (Address) 1520 E. 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL 6/6/25

20 UNDERTAKER Geo. J. Weber & Son — ADDRESS 2503 Edmondson Ave

CAUSE OF DEATH. See instructions on back of certificate. TION is very important.

Spec.—1-10-21—M&T—1500 Blks.

D 99138 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99138

CERTIFICATE OF DEATH.

5-23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] ST., BALTIMORE CITY HOSPITALS WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lenora or Louise Miller

(a) RESIDENCE No. 307 N. Eden ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1904

7 AGE: Years 21 yr. Months ..... Days ..... If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Baltimore City Hospital Records (Address)

Filed JUN 5 - 1925 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 1 1924 to June 2 1925

that I last saw her alive on June 2 1925

and that death occurred, on the date stated above, at 5:10 P m.

The CAUSE OF DEATH* was as follows:

Progressive Central Muscular Atrophy

(duration) 3 yrs. 6 mos (History) ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes.

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller, M. D.

6/4. 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury — DATE OF BURIAL: June 6 1925

20 UNDERTAKER: John W Henderson — ADDRESS 1502 Monument

CAUSE OF DEATH is very important. See instructions on back of certificates.

D99139

HEALTH DEPARTMENT—CITY OF BALTIMORE

D99139

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1924 Bank St., W-1/13 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gilbert Habermacks

(Residence in Baltimore: No. 1924 Bank St.; yrs. ..... mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	white	Single

6-DATE OF BIRTH, May (Month) 9 (Day) 1925 (Year)

7-AGE, ... yrs. ..... mos. 26 ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry Habermacks

11-BIRTHPLACE OF FATHER, (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER, Edna Crisp

13-BIRTHPLACE OF MOTHER, (State or Country) Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Barbara

(Address) 1702 E Baltimore St

15- Filed ..... 192.. ROBERT R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 4 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: A

Gastro Enteritis

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Heat Exhaustion

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) James M Kemler M. D. (Coroner.)

June 6 1926 (Address) 200 E Chase

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mount Carmel Cemetery	June 5th 1926
20-UNDERTAKER, Lilly + Zeiler	ADDRESS 403 S. Wolfe St.

IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—6-9-19—H. P. Co.—1000 Blks.

D 99140 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99140

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 Day. ST.: 4 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hom Sing Yon

(a) RESIDENCE. NO. 209 Day ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Chinese

5 ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sing Yon

6 DATE OF BIRTH (month, day, and year): July 15. 1892

7 AGE: 33 yr 4 mo 19 ds. If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundry

(b) General nature of industry, business, or establishment in which employed (or employer): " 041

(c) Name of employer: Family

9 BIRTHPLACE (city or town) (State or country): China

PARENTS

10 NAME OF FATHER: Wah Sing

11 BIRTHPLACE OF FATHER (city or town) (State or country): China

12 MAIDEN NAME OF MOTHER: —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): China

14 Informant: How Jong (Address) 232 Barclay Ave

15 Filed JUN 5 - 1925 19... Registrar: H. Lum

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 4 1925

17 I HEREBY CERTIFY, That I attended deceased from June 2, 1925, to June 4, 1925, that I last saw h— alive on June 4, 1925, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 1 yrs. mos. 24 ds.

CONTRIBUTORY (Secondary) Acute Indigestion (duration) yrs. mos. 24 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of ...

Was there an autopsy? no

What test confirmed diagnosis? ...

(Signed) A. J. Clemson, M. D.

June 3. 1925 (Address) 1401 Bway

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	June 4 1925

20 UNDERTAKER ADDRESS: John O'Neill 1201 W. Fayette St.

TION is very important. See instructions on back

Spec—12-23-21—E.B.R.S.—400 Blks.

D 99141

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99141

CERTIFICATE OF DEATH.

71-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 509 Beaumont St., 27 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Mary Guerin

(a) Residence No. 509 Beaumont Ave St., Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec. 17. 1877

7-AGE, 47 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Mathew Guerin

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Margaret L. Lyons

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Margt. Guerin

(Address) 509 Beaumont Ave

15-

Filed ..... 192.....

Registrar.

JUN 5 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 4/925

17- I HEREBY CERTIFY, That I attended deceased from May 28 1925 to June 4 1925

that I last saw h.. alive on June 4 1925

and that death occurred, on the date stated above, at 30 P. m.

The CAUSE OF DEATH* was as follows:

Septic Meningitis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Infected Nasal Polypus (Duration) 3 yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of May 29/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas. T. Hamilton M. D.

June 4. 1925 (Address) 1504 McCulloh St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Cathedral	June 6., 1925
20-UNDERTAKER,	ADDRESS
H. C. Wiedefeld	14 Reisterstown

instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 99142

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-901 D 99142

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sisters of N. Pov. 10 — 2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jane Lawless

(a) RESIDENCE NO. Poorhouse & Catty ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11 Feby 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Scotland

PARENTS

10 NAME OF FATHER Martin Lawless

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Rose McElwee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Sister Florence

(Address) Poorhouse & Catty

15 JUN 5 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/4 1925

17 I HEREBY CERTIFY, That I attended deceased from 6/2 1925 to 6/4 1925 that I last saw h[er] alive on 6/3 1925 and that death occurred, on the date stated above, at 9:15 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernard Korn M. D.

6/5, 1925 (Address) 914 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Peters	June 6, 1925
20 UNDERTAKER	ADDRESS
H. C. Friedfeld	914 Greenmount Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99143

CERTIFICATE OF DEATH.

90

D 99143

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 S. Durham ST., 7 WARD)

2-FULL NAME Ann Callahan

(a) RESIDENCE NO. 412 S Durham ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? 72 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thos Callahan

6 DATE OF BIRTH (month, day, and year): July 1 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	76	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: John Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ann Clemens

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs Mary Rush

(Address): 2314 E Baltimore St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 4 1925

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to June 4, 1925, that I last saw her alive on May 30, 1925, and that death occurred, on the date stated above, at 4:45 m.

The CAUSE OF DEATH* was as follows:

Myocarditis (Chronic)

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Eugene L. Passano, M. D.

June 4, 1925. (Address) 514 Drury Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral

DATE OF BURIAL: 6/8 1925

20 UNDERTAKER: New York

ADDRESS: E Lord St

CAUSE OF DEATH in plain English and without abbreviations. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Nbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99144

CERTIFICATE OF DEATH.

D 99144

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Warnick

(a) RESIDENCE NO. 1745 Jackson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed or divorced (or) WIFE of James Warnick

6 DATE OF BIRTH (month, day, and year) May 31 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	0	0	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Cornelius Coughlan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Johanna Sheehan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Sadie Schmidt

(Address) 1748 Jackson Street

15 Filed JUN 5 - 1925 ROBERT R. KRAUTER, Registrar

Vital Statistics Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/4/25

17

I HEREBY CERTIFY, That I attended deceased from 6/1/25, 19 , to 6/4/25 19 ,

that I last saw h alive on 6/4/25, 19 ;

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Cystitis Pulmonary Embolism

Chronic Interstitial Nephritis

Cerebral Thrombosis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? P

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) K. W. Kelly, M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Hanford Road

DATE OF BURIAL 6-6th 1925

20 UNDERTAKER William Cook,

ADDRESS 502 East North Ave

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99145

D 99145

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2419 Ellwood Ave St. 13 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Octavus Graham

(a) Residence No. 2419 Ellwood Ave St. Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Octavus Graham

6-DATE OF BIRTH (month, day and year) 1871

7-AGE. 54 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Porter

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer. Coco Cola Bldg

9-BIRTHPLACE (city or town) (State or Country). North Carolina

PARENTS.

10-NAME OF FATHER. John Graham

11-BIRTHPLACE OF FATHER (city or town) (State or Country). N C

12-MAIDEN NAME OF MOTHER. Lillie Bass

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). N Carolina

14- (Informant). Octavus Graham

(Address) 2419 Ellwood Ave

15- Filed JUN 5 - 1925 [illegible] KRAULER Registrar.

instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 4/1925

17- I HEREBY CERTIFY, That I attended deceased from April 1 1924 to June 4 1925 that I last saw him alive on June 4 1925 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

6/5, 1925 (Signed) H S McCaul M.D.
(Address) 1005 Druid Hill Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Greenmount Cem. DATE OF BURIAL June 6 1925

20-UNDERTAKER. Emmert & Crisfield ADDRESS 1364 N Carey

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99146

D 99146

CERTIFICATE OF DEATH.

35

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp ST., 76-7 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Taylor

(a) RESIDENCE No. Baltimore City Hosp ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1839

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	86			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address): Baltimore City Hosp Records

15 JUN 5 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-1 1925

17 I HEREBY CERTIFY, That I attended deceased from 5-22, 1925, to 6-1, 1925

that I last saw her alive on 6-1, 1925

and that death occurred, on the date stated above, at 5 10 P.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis pulmonary

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Nervous Breakdown

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 5-25-25

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Arnold L Jensen M. D.

6-1, 1925 (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn DATE OF BURIAL June 6th 1925

20 UNDERTAKER: Harmon & Mitchell ADDRESS Baltimore

CAUSE OF DEATH must be filled in by the attending physician. See instructions on back of certificate. TION is very important.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99147

CERTIFICATE OF DEATH.

3/ D 99147

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., N Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary (Anna) Borowska

(a) Residence No. 1805 Gough st. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown 18 mos. 2 ds. 17 How long in U. S., if of foreign birth? 18 yrs. 2 mos. 17 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Borowska

6-DATE OF BIRTH (month, day and year) 1907

7-AGE.	If LESS than 1 day.
18 yrs. mos. ds.	hrs. or min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Olszewski

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Mary Blackowitz

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Hospital Records

(Address) M.T.H.

JUN 5 - 1925 [illegible] Registrar.

instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 3, 1925

17- I HEREBY CERTIFY, That I attended deceased from June 1, 1925, to June 3, 1925, that I last saw her alive on June 3, 1925, and that death occurred, on the date stated above, at 4.35 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings.

(Signed) [illegible] M. D.

6-3-, 1925 (Address) Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
St. Stanislaus	June 6", 1925
20-UNDERTAKER,	**ADDRESS**
M. F. Sadowski.	905 S. Ann St.

Spec.—1-10-21—M&T—1500 Blks.

Praxedia Holofczynska,

D 99148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

185 D 99148

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 S. East Ave ST., 26-5 WARD)

2-FULL NAME Praxedia Holofczynska.

(a) RESIDENCE NO. 611 S. East Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Antoni Holofczynski.

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	84			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs. Silvestra Holofczynska (Address) 611 S. East Ave.

15 Filed JUN 5 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1925

17 I HEREBY CERTIFY, That I attended deceased from June 3 1925 to June 4 1925 that I last saw her alive on " 3 1925 and that death occurred, on the date stated above, at 1 30 a m

The CAUSE OF DEATH* was as follows:

Fracture Left Femur

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Chas. S. Reed, M. D.

6/4/25 (Address) 408 S Patterson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus. DATE OF BURIAL June 6. 1925

20 UNDERTAKER M. J. Sadowski ADDRESS 405 S. Ann

CAUSE OF DEATH. See instructions on back of certificates. TION is very important.

D 99149

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99149

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. 2 Talbott St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mayo Burley Burley Mayo

(Residence in Baltimore: No. 2 Talbott St nr 33rd St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	col	unknown

6-DATE OF BIRTH, (Month) (Day) 1874 (Year)

7-AGE, 51 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): unknown

PARENTS.

10-NAME OF FATHER, "

11-BIRTHPLACE OF FATHER, (State or Country), "

12-MAIDEN NAME OF MOTHER, "

13-BIRTHPLACE OF MOTHER, (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs R.A.Elliott

(Address) 1725 Castlandan.

15- Filed JUN 5 - 1925 192.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 2-25 (Month) (Day) 192.. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) found that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heat Prostration

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. S. H. Pallen M. D. (Coroner.)

6-4-25 192.. (Address) 508 E. North Ave

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	June 5, 1925

20-UNDERTAKER,	ADDRESS
Mrs R. G. Elliott	1725 Castlandan

is very important. See instructions on back of Certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99150

CERTIFICATE OF DEATH.

74-001 ✓

D 99150

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2042 E. Fairmount Ave ST., 6-2 WARD)

2-FULL NAME Susan J. Mann

(a) RESIDENCE NO. 2042 E. Fairmount Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. 11 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Mann

6 DATE OF BIRTH (month, day, and year) June 28, 1841

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83	11	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Samuel Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Susanna Hignet

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs. John H. Bonday

(Address) 2042 E. Fairmount Ave.

15 Filed ..... 19 ..... HERBERT R. KRAUTER, Registrar

JUN 5 - 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3, 1925

17 I HEREBY CERTIFY, That I attended deceased from May 30, 1925, to June 3, 1925, that I last saw h[illegible] alive on June 3, 1925, and that death occurred, on the date stated above, at 4.30 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Senility - Arteriosclerosis (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) H. D. Gray, M. D.

6/5, 19 (Address) 6??? to Rutland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet Cemetery	June 6 1925
20 UNDERTAKER	**ADDRESS**
John F. Denny	715 Light St

IMPORTANT—Physicians and Undertakers are required by law to fill out this certificate in full. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 99151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99151

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Cedar Park-196 Cedar Ave ST., Roland Park WARD)

2-FULL NAME Mr. Abel L. Davis

(a) RESIDENCE NO. Cedar Park-196 Cedar Ave ST., Roland Park WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Davis

6 DATE OF BIRTH (month, day, and year) Dec. 15, 1830

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	94	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Mattewan (State or country) N. Y.

PARENTS

10 NAME OF FATHER Sheldon Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

14 Informant Miss Lucia Davis

(Address) 196 Cedar Ave.

15 Filed JUN 5 - 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4, 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 19th, 1925, to June 4th, 1925, that I last saw him alive on June 4th, 1925, and that death occurred, on the date stated above, at 2 15 P. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. mos one ds.

CONTRIBUTORY (Secondary) Senility - Arteriosclerosis -

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) Graham R. Clarke, M. D.

, 19 (Address) 1 St. Johns Rd - Roland Park - Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL June 6 1925

20 UNDERTAKER John F Denny — ADDRESS 715 Lexington St

TION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99152

D 99152

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 215 S. Eden Street St., 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Abraham Cohen

(a) Residence No. 215 S Eden Street St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? 34 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	M

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Cohen

6-DATE OF BIRTH (month, day and year) ~~last now~~ 1861

7-AGE 64 yrs. mos. ds. | If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Russia

PARENTS.

10-NAME OF FATHER Alexander Cohen

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Russia

12-MAIDEN NAME OF MOTHER Gittel —

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Russia

14- (Informant) Annie Cohen

(Address) 215 S. Eden St

15-

JUN 5 - 1925 ROBERT P. KRAUTER Registrar.

instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 5/1925

17- I HEREBY CERTIFY, That I attended deceased from the 15th May 25 to June 5 19 25

that I last saw h. in life on June 4th 1925

and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Lymphatic Leukemia

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? Date of removal of gland

Was there an autopsy? yes What test confirmed diagnosis? microscopic exam

(Signed) Herman Seidel M. D.

, 19 (Address) 2404 Entaw Pl

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Wehrenrush Road	June 5 1925
20-UNDERTAKER.	ADDRESS
Jack Levin	1435 Eutaw St

Spec.—1-12-23—M&T—500 Blks.

Sexton ✓

D 99153

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99153

CERTIFICATE OF DEATH.

129

19-2

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 338 S. Calhoun Street ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dennis Sexton

(a) RESIDENCE NO. 338 S. Calhoun Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Sexton

6 DATE OF BIRTH (month, day, and year) Mar. 4, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	2	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith 106

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Heyward & Bartlett

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John Sexton

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret O'Connell

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14

Informant Mrs. Mary E. Sexton

(Address) 338 S. Calhoun Street

15

JUN 5 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3rd 1925

17

I HEREBY CERTIFY, That I attended deceased from March 14, 1925, to June 3, 1925, that I last saw him alive on June 3, 1925, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis chronic

Arteriosclerosis

Hypertension several

(duration) 2 yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Urinalysis

(Signed) J. Thompson M. D.

6-3-25 (Address) 11 N. Carey Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL June 5 1925

20 UNDERTAKER Joseph B. Cook

ADDRESS Nos 5 & 7 Butler St

FROM A very imperfect

D 99154 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 D 99154

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Loretta Lenyer

(Residence in Baltimore: No. 1330 Mosher St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, Divorced, (Write the word.)
female	col	sing

6-DATE OF BIRTH. Nov 12-24, 1.....
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
yrs. 6 mos. 23 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Henry Lenyer

11-BIRTHPLACE OF FATHER, (State or Country). N.C.

12-MAIDEN NAME OF MOTHER. Josephine Campbell

13-BIRTHPLACE OF MOTHER, (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josephine Lenyer

(Address) 1330 Mosher St

15- JUN 5 - 1925 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 4-25, 192.....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Tuberculosis (Pulmonary & Meningeal)

(Autopsy at Hopkins Hospital)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. H. Cullen M. D.
(Coroner.)

6-5-25 192.... (Address) 508 E. North Ave

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn	June 6 1925
20-UNDERTAKER. Sam'l R Chase Son	ADDRESS 1400 Mosher

is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99155

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

74-001 D 99155

Registered No. C.....

City of BALTIMORE: (No. Foot of Bush St. St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Allen.(C)

(Residence in Baltimore: No. 856 W.Lexington St. St.; yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Male.	Colored	Married.

6-DATE OF BIRTH. September 15, 1879. 1.....
(Month) (Day) (Year)

7-AGE. 45 yrs. 8 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). South Carolina.

PARENTS.

10-NAME OF FATHER. Millage Allen.(C)

11-BIRTHPLACE OF FATHER, (State or Country). South Carolina.

12-MAIDEN NAME OF MOTHER. Lula Black.(C)

13-BIRTHPLACE OF MOTHER, (State or Country). South Carolina.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henrietta Allen.(C) wife.

(Address) 856 W.Lexington St.

15- JUN 5 - 1925 Robert K. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. June 2, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That, I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

June 4, 1925 (Address) 1017 S.Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Anderson S.C. DATE OF BURIAL. June 9 1925

20-UNDERTAKER. Sam'l Chastain ADDRESS Edgemoor

Is very important. See instructions on back of Certificate.

Spec.—1-10-21—M&T—1500 Bks.

99156

HEALTH DEPARTMENT—CITY OF BALTIMORE

99156

CERTIFICATE OF DEATH.

155

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., ... WARD)

2-FULL NAME Henry Gough

(a) RESIDENCE NO. 616 Eutaw ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE Years 45 Months Days If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 040

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Mercy Hospital Record (Address)

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/3/25

17 I HEREBY CERTIFY, That I attended deceased from 4/14/25 to 6/3/25, that I last saw h alive on 6/3/25, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Osteomyelitis of Radius & Ulna (No history of injury).

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Septicemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of 4/17/25

Was there an autopsy? No What test confirmed diagnosis? Clinical Obs.

(Signed) K. W. Kelly, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 6/5 1925

20 UNDERTAKER Wm E. White

ADDRESS 111 Orleans

IMPORTANT. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 99157 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99157

CERTIFICATE OF DEATH. 4 135

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bullock, Granville

(a) RESIDENCE NO. New Windsor ST., WARD Maryland.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Bessie M. Bullock

6 DATE OF BIRTH (month, day, and year) ? 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Teacher
(b) General nature of industry, business, or establishment in which employed (or employer) 168
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Granville Bullock

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Caroline Winston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant University Hospital, Balto. Md.
(Address)

15 Filed JUN 5 - 1925, 19 [illegible] Registrar

Burial Permit Cl

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5th 1925

17

I HEREBY CERTIFY, That I attended deceased from June 1st, 19 25, to June 5th, 19 25,
that I last saw him alive on June 5th, 19 25,
and that death occurred, on the date stated above, at 9.45 a.m.
The CAUSE OF DEATH* was as follows:
Post-operative Hemorrhage
following operation for Hypertrophied prostate.

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Myocarditis
(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of June 3, '25
Was there an autopsy? No
What test confirmed diagnosis? Typical Symptoms - Phys. Signs

(Signed) [signature] M. D.
, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Windsor Cemetery, Carroll Co. Md. DATE OF BURIAL: June 7, 1925

20 UNDERTAKER: L. H. Weaver ADDRESS: New Windsor

CAUSE OF DEATH—See instructions on back of certificates. See instructions on back of certificates. See instructions on back of certificates.

Spec—1-12-23—M&T—500 Blks.

D 99158

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99158

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital 10 — 2 ST., WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Riley.

(a) RESIDENCE No. Little Sisters of the Poor ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White	Widowed.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	70 yrs.	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Thomas Riley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Donat Roan.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Leo A Riley

(Address) Dundalk Md

15 Filed 5-1925, 19 Robert P. Harriben, Registrar

Burial Permit Clerk

TION is very important. See instructions on back

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1925

17

I HEREBY CERTIFY, That I attended deceased from May 7th, 1925, to June 3, 1925, that I last saw him alive on June 3, 1925 and that death occurred, on the date stated above, at 9-40 P. m

The CAUSE OF DEATH* was as follows:

Terminal Broncopneumonia.
Generalized Arteriosclerosis
Chronic Nephritis.
Gangrene of the foot.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No. Findings

What test confirmed diagnosis? Clinical.

(Signed) J.B. Shannon, M. D.

, 19 (Address) 804 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	6/6/25
20 UNDERTAKER	ADDRESS
J. J. Fahey & Son	138 Light St.

Apmc. 1-10-21—MAT—1500 Mbs.

D 99159

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99159

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1516 Covington ST., 24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Pennsmith Sr.

(a) RESIDENCE NO. 1516 Covington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. 1 mos. 0 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Pennsmith

6 DATE OF BIRTH (month, day, and year) May 5 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	1	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Collector

(b) General nature of industry, business, or establishment in which employed (or employer) 072

(c) Name of employer A.D. Shillingberg

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Wm Pennsmith

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Catherine Lentz

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Mrs Minnie Pennsmith
(Address) 1516 Covington St.

15 5 - 1925 1925 Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 14, 1923 to June 5, 1925 that I last saw him alive on June 4, 1925 and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(duration) 1 yrs. 6 mos 0 ds.

CONTRIBUTORY (Secondary) Chronic Valvular Heart Disease

(duration) 1 yrs. 6 mos. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Henry F. Buettner, M. D.

, 19 (Address) 1273 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	June 8 1925

20 UNDERTAKER Wm Fickus Sons ADDRESS Rosedale Pa

CAUSE OF DEATH to be plainly written, so that no mistake can be made in copying. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99160

CERTIFICATE OF DEATH.

D 99160

65 901

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 E Clement ST., 24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Birkel

(a) RESIDENCE NO. 413 E Clement ST., 24 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Crescentia Birkel

6 DATE OF BIRTH (month, day, and year) Sept 13-1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) Stevedores.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Peter Birkel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Crescentia Birkel (Address) 413 E Clement St

15 [illegible] 19

Registrar

6 - 5 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-3 1925

17

I HEREBY CERTIFY, That I attended deceased from May 29 1925 to June 3rd 1925, that I last saw him alive on June 3rd 1925, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Splenic Leukaemia

(duration) — yrs. 6 mos ✓ ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Auguststorn M. D.

19 (Address) 2803 Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross C.A. Co	6-6 1925
20 UNDERTAKER	ADDRESS
E & B Harle 115-121	E West St

CAUSE OF DEATH. See instructions on back of certificates. TION is very important.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 99161 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99161

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 24 Gearman Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Hannah M. Holland

(a) Residence No. 24 Gearman ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of William C. Holland

6-DATE OF BIRTH (month, day and year) April 9-1846

7-AGE. 79 yrs. 1 mos. 23 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. none

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). (State or Country). England

PARENTS.

10-NAME OF FATHER. George Bennett

11-BIRTHPLACE OF FATHER (city or town). (State or Country). England

12-MAIDEN NAME OF MOTHER. Hannah Breaton

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). England

14- (Informant). Albert E. Holland

(Address). 24 Gearman Ave

15- Filed 6 1925 Robert P. Harrison Registrar.

Burial Permit Clerk.

instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 4-10-10 PM

17- I HEREBY CERTIFY, That I attended deceased from Feb 2 1925 to June 4 1925

that I last saw h. alive on June 4 1925

and that death occurred, on the date stated above, at 10.10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. G. Jones M. D.

6/5, 1925 (Address) 720 W. North Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Western Cemetery — DATE OF BURIAL. June 5 1925

20-UNDERTAKER. Josiah Syfer — ADDRESS 1600 W. North Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 99162 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99162

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2105 Hollins St. W-4 Ward) REGISTERED NO.

2-FULL NAME Elizabeth Anne Colley

(a) RESIDENCE. No. 2105 Hollins St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a If married, widowed, or divorced (or) WIFE of Wife of William H. Colley

6 DATE OF BIRTH (month, day, and year) May 23-1837

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	X	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard Co. Md

PARENTS

10 NAME OF FATHER George Hesser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Sarah Clarke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs Mollie Speak

(Address) 2105 Hollins St

15 Filed 6-5-1925, 19 Robert F. Harris Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3. 1925

17 I HEREBY CERTIFY, That I attended deceased from 3-2-, 1925, to June 2. 1925, that I last saw h[illegible] alive on June 2. 1925 and that death occurred, on the date stated above, at 11.30 m.

The CAUSE OF DEATH* was as follows:

Carcinoma Breast

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Ethel Hammond M. D.

6/5, 1925 (Address) 2000 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	June 6 1925
20 UNDERTAKER George L. Schnabel	ADDRESS 2101 Guilford Ave

TION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99163

CERTIFICATE OF DEATH.

D 99163

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4331 Ready Ave ST.: Garage 29 WARD) 27

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Garfield Parlett

(a) RESIDENCE NO. 4331 Ready Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. 2 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie K. Parlett

6 DATE OF BIRTH (month, day, and year) May 13-1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44		21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Contractor 016

(b) General nature of industry, business, or establishment in which employed (or employer) Excavating & Hauling

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

PARENTS

10 NAME OF FATHER Wm. J. Parlett.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co Md.

12 MAIDEN NAME OF MOTHER Anna L. Amos.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co Md.

14 Informant Mollie K. Parlett (Address) 4331 Readyave.

15 Filed ..... 19 ..... Registrar

5-1925 Burial Permit Clerk

THIS IS very important.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1925

17 I HEREBY CERTIFY, That I attended deceased from June, 1923, to June 4, 1925, that I last saw h[illegible] alive on June 4, 1925, and that death occurred, on the date stated above, at 4.20 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. O'Hara M. D.

6-4-, 1925 (Address) 5600 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oakdawn Cemetery	June 7 1925
20 UNDERTAKER	ADDRESS
A. E. Hughes	4 & 6 W. Fayette

Spec.—1-10-21—M&T—1500 Bks.

99164

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99164

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3832 Ashburton Ave 15 WARD) 90

REGISTERED NO. 15-3

2-FULL NAME Hamilton H. Showman Sr.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE No. 3832 Ashburton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Abbie E Showman

6 DATE OF BIRTH (month, day, and year) Feb 17

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 045

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Melville S

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Abbie E Showman (Address) 3832 Ashburton Ave

15 Filed JUN 5 1925 . 19 Robert P Harrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1 1925 to June 4 1925 that I last saw h alive on June 3 1925 and that death occurred, on the date stated above, at 1.15 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Fermentative Gastritis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edwin Murray, M. D.

Jun 5 1925 (Address) 1517 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Frederick Md

DATE OF BURIAL June 6 1925

20 UNDERTAKER W M Routson

ADDRESS 2238 N Smith

TION is very important. See instructions on

Spec.—1-10-21—M&T—1500 Bks.

D 99165

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99165

CERTIFICATE OF DEATH.

47

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 St. Paul ST. 17-6 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Avarilla Bowling

(a) RESIDENCE NO. 1806 St. Paul ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 7 mos. 16 ds. How long in U. S., if of foreign birth? 57 yrs. 7 mos. 16 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of (Single)

6 DATE OF BIRTH (month, day, and year) October-17-1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	7	16.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Robt. P. Bowling

11 BIRTHPLACE OF FATHER (city or town) Prince Geo. Co.

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Fannie Pallerino

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Maryland

14 Informant Wm. John P. Bowling (Son)

(Address) 1806 St. Paul St.

15 Filed JUN 5 1925, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June - 3 - 1925

17 I HEREBY CERTIFY, That I attended deceased from April 30, 1925, to June 3, 1925, that I last saw her alive on June 3, 1925, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast with metastasis in spine

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Asthma

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? yes Date of April (24)

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) ..... M. D.

June 4, 1925 (Address) 842 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemy

DATE OF BURIAL June 5 1925

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE

Burial Permit Clerk.

TION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Eks.

D 99166

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99166

CERTIFICATE OF DEATH.

5-31

1-PLACE OF DEATH

City of BALTIMORE, (No. 318 Walnut Ave St., 5 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Consentina Scandaliato

(a) Residence No. 415 East Street St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 10 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Scandaliato

6-DATE OF BIRTH (month, day and year) 1/11/1897

7-AGE 28 yrs. 5 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Salvatore Bluso

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Francesca

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Italy

14- (Informant) Joseph Scandaliato

(Address) 318 Walnut Ave

15- Filed 1925 Robert P. Harrison Registrar.

Burial Permit Clerk.

instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 3, 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept 15th 24 to June 3 1925

that I last saw h alive on June 2nd 1925

and that death occurred, on the date stated above, at 6:05 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 18 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical diagnosis

(Signed) J B Culverhouse M. D.

6/5 1925 (Address) 1901 Eutaw Pl

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer Cem

DATE OF BURIAL. 6/6 1925

20-UNDERTAKER. George J Ruth

ADDRESS 1735 Harford Av

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99167 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99167

CERTIFICATE OF DEATH.

Registered No. 90

1-PLACE OF DEATH

City of BALTIMORE: (No. 2545 W. North ave. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bell Shreengost

(a) Residence No. 2545 W. North ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S., if of foreign birth? 15 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of C. O. Shreengost

6-DATE OF BIRTH (month, day and year) Jany. 3, 1845

7-AGE. 80 yrs. 5 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Penna

PARENTS.

10-NAME OF FATHER, Frances Ruffin

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Pa

12-MAIDEN NAME OF MOTHER, Betsy Olinger

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Pa

14- (Informant) Mrs. Bertha McPhail

(Address) 2545 W. North ave

15- Filed 5 1925 Robert P. Harrison, 192 Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 4, 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 25, 19.... to June 4/25, 19....

that I last saw h... alive on June 4/25, 19....

and that death occurred, on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

(Duration) ....yrs. 5 mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac Hemiplegia

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. D.

, 19 (Address)

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Echo Penna — DATE OF BURIAL, June 5, 1925

20-UNDERTAKER, Harry W. Ehlen — ADDRESS 1942 W. North ave

instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99168 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 99168

CERTIFICATE OF DEATH.

4 31 4-3

1-PLACE OF DEATH

City of BALTIMORE: (No.) Municipal Tuberculosis Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J. Riley

(a) Residence No. Hotel Dolph, Pratt st. and Canton ave. St., Ward

(Usual place of abode)

Fallsway

Length of residence in city or town where death occurred: life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widow(er), or Divorced, (Write the word.)
Male	white	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1865

7-AGE	If LESS than 1 day
60 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9-BIRTHPLACE (city or town): Baltimore (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Riley

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Margaret Glenn

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Hospital Records

(Address) M. T. H.

15- Filed 5-1925, 192 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 1, 1925

17- I HEREBY CERTIFY, That I attended deceased from May 27, 1925, to June 1, 1925, that I last saw him alive on June 1, 1925, and that death occurred, on the date stated above, at 10.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) J. D. White, M. D.

6-1-1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	June 6, 1925
20-UNDERTAKER John A. Moran	ADDRESS 3000 E. Balto St.

Instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99169

CERTIFICATE OF DEATH.

D 99169

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 Belmar Ave. Rogers ST., ... WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Elizabeth James

(a) RESIDENCE No. 14 Belmar Ave. ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Gustavus B. James

6 DATE OF BIRTH (month, day, and year) Feb 11th 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	58	3	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework 037
(b) General nature of Industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William D. Kelley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine Shores

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Gustavus B. James
(Address) 14 Belmar Ave. Rogers

15 Filed ..... 19 Robert P. Harrison, Registrar

5-1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1924, to June 3, 1925, that I last saw h[illegible] alive on June 3 25, 1925, and that death occurred, on the date stated above, at 230 a. m.

The CAUSE OF DEATH* was as follows:
Adeno-Carcinoma
of Bladder

(duration) 1 yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) Hypertension, Bilateral

(duration) yrs. 3 mos. 4 ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Microscopic Section of fragment of tumor

(Signed) William D. Kelley M. D.

, 19 (Address) 1120 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL June 6 1925

20 UNDERTAKER Frederick Lassahn Sons — ADDRESS Fullerton

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

(Cassean)

D 99170 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99170

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1345 Myrtle Ave ST., 17th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amanda Cassean

(a) RESIDENCE NO. 1345 Myrtle ave WARD 17th.
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Cassine

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE: Years 70 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) William Cassean 1345 Myrtle ave

15 Filed ..... 19 Nobie F. Harrison, Registrar

5-1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3, 1925

17

I HEREBY CERTIFY, That I attended deceased from June 3, 1925, to June 3, 1925, that I last saw h alive on June 3, 1925 and that death occurred, on the date stated above, at 5.05 P.m.

The CAUSE OF DEATH* was as follows:

Senile degeneration of heart and Kidneys

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Heat exhaustion.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Maceo Williams, M. D.

6-3, 1925 (Address) 1830 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pearson Wharf. Md. | DATE OF BURIAL: 6/6/1925

20 UNDERTAKER: Daniel Easton | ADDRESS 916 Eutaw

CAUSE OF DEATH MUST BE FILLED IN. See instructions on back of certificate. TION is very important.

Spec.—1-10-21—M&T—1500 Bks.

18/99171

HEALTH DEPARTMENT—CITY OF BALTIMORE

33 D 99171

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hosp ST., 4 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Johnson

(a) RESIDENCE No. 633 Mulberry St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records

(Address) John Hopkins Hosp

15 Filed 5-1925 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 - 1925

17

I HEREBY CERTIFY, That I attended deceased from May 23 - 1925, to June 3 - 1925;

that I last saw him alive on June 3 - 1925;

and that death occurred, on the date stated above, at 10 00 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculous peritonitis

(duration) About yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of May 28th

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Louis E. Martin M. D.

, 19 (Address) Johns Hopkins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	6/6/1925
20 UNDERTAKER	ADDRESS
Daniel Carter	916 Park Ave

CAUSE OF DEATH must be stated plainly. See instructions on back of certificates. TION is very important.

Spec.—1-12-23—M&T—500 Blks.

D 99172 HEALTH DEPARTMENT—CITY OF BALTIMORE 101-001 D 99172

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 22-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jerry Gant Hughes

(a) RESIDENCE No. 115 ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 40

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Amos. Gant

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Caroline Driver

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Baltimore City Hospitals Records (Address)

Filed JUN 5 - 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3, 1925

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1925, to June 3, 1925, that I last saw h. alive on June 3, 1925 and that death occurred, on the date stated above, at 12:45 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Myocardial fanlure (acute) (duration) yrs. mos. 6 hrs

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller, M. D.

6/5 1925 Address Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 6/6/1925

20 UNDERTAKER David Easton

ADDRESS 916 Pa ave

TION is very important

Spec.—1-12-23—M&T—500 Blks.

D 99173 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99173

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE, No. BALTIMORE CITY HOSPITALS ST. 18-1 WARD

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Allen Wright

(a) RESIDENCE No. 204 Rock ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
42 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) 121

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S.C.

PARENTS

10 NAME OF FATHER Robert Garrett

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER Bettie Garrett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S.C.

14 Informant Baltimore City Hospitals Records (Address)

15 Filed 5-1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1925

17 I HEREBY CERTIFY, That I attended deceased from May 21, 1925, to June 3, 1925

that I last saw her alive on June 3, 1925

and that death occurred, on the date stated above, at 10:25 P m

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, hypertension

Chronic myocarditis,

myocardial failure

(duration) 1 (history) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller, M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 6/16/1925

20 UNDERTAKER Dan Tarbox — ADDRESS 916 Eager

TION is very important. See instructions.

Spec.—6-9-19—H. P. Co.—1000 Blks.

D 99174 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99174

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 741 S Potomac ST. 1st WARD.)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herman J. E. Koehler

(a) RESIDENCE. NO. 741 S Potomac ST., 1st WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. — mos. — ds. How long in U. S., if of foreign birth? 47 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ertina Koehler

6 DATE OF BIRTH (month, day, and year) June 28 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	11	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Aug E Pull
(Address) 741 S Potomac St

15 Filed ..... 19 Robert J. Harrison, Registrar

5 - 1925 Burial Permit Clerk.

TION is very important. See instructions on ba

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3rd 1925

17

I HEREBY CERTIFY, That I attended deceased from March 19, 1925, to June 3rd, 1925,

that I last saw him alive on May 29, 1925,

and that death occurred, on the date stated above, at 6 p. — m.

The CAUSE OF DEATH* was as follows:

Carcinoma Esophagus

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Edmundson

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? X Ray

(Signed) Chas. A. Heer, M. D.

6/4/25 (Address) 408 S Patterson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem	June 6 1925
20 UNDERTAKER	ADDRESS
Peter Nicolaisen	2166 Eastern Ave

Spec.—1-10-21—M&T—1500 Bks.

D 99175

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99175

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 Chilton ST., 9 WARD) 9-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances M. S Franklin

(a) RESIDENCE No. 1707 Chilton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 82 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm F. S Franklin

6 DATE OF BIRTH (month, day, and year) Jan 26, 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	4	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Canton O

PARENTS

10 NAME OF FATHER James Wilkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Elizabeth Holland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mary V. Lamor

(Address) 1707 Chilton st

15 Filed 6-1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1925

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1925, to June 3, 1925, that I last saw him alive on June 3, 1925, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage of Brain

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Hardening of Arteries (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) C. C Carey, M. D.

6/4 1925 (Address) 3901 Harford a.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL June 6 1925

20 UNDERTAKER Zurkler & Zurkler

ADDRESS 1739 Eager

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

99176 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99176

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1003 N. Chapel ST., 7 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harman B. Smith

(a) RESIDENCE No. 1003 N. Chapel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced (or) WIFE of Annie T. Smith

6 DATE OF BIRTH (month, day, and year) Aug 8, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	9	26	

8 OCCUPATION OF DECEASED Painter 050

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Wm Smith

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Julia Bayley

13 BIRTHPLACE OF MOTHER (City or town) (State or country) England

14 Informant Annie T. Smith

(Address) 1003 N. Chapel St

15 Filed NOV 6 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1925

17 I HEREBY CERTIFY, That I attended deceased from May 3, 1925, to June 5, 1925, that I last saw him alive on June 4, 1925, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Arthritis

(Duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Chr Endocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Walter W White Jr. M. D.

6/5, 1925 (Address) 2800 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood

DATE OF BURIAL June 8 1925

20 UNDERTAKER Forkler & Forkler

ADDRESS 1739 Eager

(Instructions on back of Certificate.)

TION is very important. See instructions on back of Certificate.

Spec.—1-12-23—M&T—500 Bks.

D 99177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 D 99177

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2438 E Preston ST., 8-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza J White

(a) RESIDENCE NO. 2438 E Preston ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. 4 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late. James A White

6 DATE OF BIRTH (month, day, and year) January 17 1846

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
79	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House keeping

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bath Me

PARENTS

10 NAME OF FATHER Jacob Ramsay

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bath Me

12 MAIDEN NAME OF MOTHER Eliza Morris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bath Me

14 Informant Sister White

(Address) 2438 E Preston

15 Filed JUN 6 1925, 19

Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1925

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1924, to June 3, 1925, that I last saw h[illegible] alive on June 2, 1925, and that death occurred, on the date stated above, at 4:45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) J. L. Kerr M. D.

June 5, 1925 (Address) 1301 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL June 6 1925

20 UNDERTAKER Windell & Dippel Son — ADDRESS 378 [illegible]

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99178

CERTIFICATE OF DEATH.

D 99178

91-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1601 Edmondson ST., 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah A Nutz

(a) RESIDENCE No. 1601 Edmondson Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 28 1835

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	90	4	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Wm Cooper

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Emily Fairbank

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Emily Hicks
(Address) 1601 Edmondson Ave

15 Filed JUN 6 1925 192 Robert P. Harrison, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

(Signed) Otto Hicks, M. D.
(Coroner.)

June 5 '25, 192 (Address) 1426 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Wittman Talbot Co. Md.	June 7 1925
20 UNDERTAKER ADDRESS	
Wm C. Black	927 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

D 99179

HEALTH DEPARTMENT—CITY OF BALTIMORE

99179

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 N Spring St.) (WARD) 9-6 129

2-FULL NAME Cecelia Blake

(a) RESIDENCE No. 1710 N Spring ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Widow

5a If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About 70		—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

PARENTS

10 NAME OF FATHER John Sullivan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Eastern Shore Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Maggie Black

(Address) 1710 N Spring St

15 Filed ....., 19 ..... Registrar

Robert E. Harrison

1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1925

17 I HEREBY CERTIFY, That I attended deceased from May 13, 1925, to June 3, 1925, that I last saw h alive on June 3, 1925, and that death occurred, on the date stated above, at 6 10 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. 7 mos. 7 da.

CONTRIBUTORY (Secondary) Age & Tired

(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of 2nd

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Exam

(Signed) Geo. H. Hall, M. D.

, 19 (Address) 4266 23rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Int Auburn Cem	6/6 1925

20 UNDERTAKER ADDRESS

Jas. M. Shimer 1620 Eutaw St

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 99180

HEALTH DEPARTMENT—CITY OF BALTIMORE D 99180

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2723 Baker ST., 15-9 WARD)

REGISTERED NO. 1925

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry A. Baker

(a) RESIDENCE NO. 2723 Baker ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	Wh.	Divd.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 26 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	21	10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER John E Baker

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Ida I. Boad

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Mrs Ida I Davis
(Address) 2723 Baker st

15 Filed ....., 19..... Registrar Robert F. Harrison

6-1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1925

17

I HEREBY CERTIFY, That I attended deceased from June, 1925, to June 4, 1925, that I last saw him alive on June 4th, 1925, and that death occurred, on the date stated above, at 4.20 P. m.

The CAUSE OF DEATH* was as follows:

Heat Prostration, upon long tuberculosis, & pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mobility, to take pneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Visible

(Signed) Ed Smith, M. D.

June 4, 1925 (Address) 1605 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore City	June 6 1925
20 UNDERTAKER Edw. L. Cook	ADDRESS 603 W Balto St

CAUSE OF DEATH must be stated plainly. See instructions on back of certificates.
TION is very important.

S·A·F·E

D 99181

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99181

Premature Dead at

CERTIFICATE OF DEATH.

(Registered No. C.....)

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hospital St. 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellsworth L. Ring

(Residence in Baltimore: No. Sulphur Spring + Reding Road - Relay - Howard Co. Md St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. February 12th 1909
(Month) (Day) (Year)

7-AGE. 16 yrs. 3 mos. 23 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Helping Father
(b) General nature of industry, business, or establishment in which employed (or employer): who is Contractor

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Samuel D. Ring

11-BIRTHPLACE OF FATHER. (State or Country). Towson, Md

12-MAIDEN NAME OF MOTHER. Clara Webb

13-BIRTHPLACE OF MOTHER. (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel D. Ring

(Address) Relay, Md

15-

6 Dec 1925 Robert P. Harrison, Registrar.

Burial Permit Clark.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 4th, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

In Swimming Patches

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) at Relay - Howard Co. Md

(Duration) yrs. mos. ds.

Signed Thos. B. Hutton M. D.
(Coroner)

June 4th 1925. (Address) Curtis Bay,

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Balto. Md.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park Cem	June 8th 1925

20-UNDERTAKER.	ADDRESS
Capt. B Cook	1003 N. Bata St

is very important. See instructions on back of Certificate.

Spec--12-23-21--E.B.R.S.--400 Bks.

D 99182 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99182

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1612 N. Chapsful St St., 8 Ward) 90 Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah A. Baker

(a) Residence No. 1612 N. Chapsful St St., ... Ward.....
(Usual place of abode) 60 60 (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, W.

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced [redacted]ND of (or) WIFE of Jeremiah Baker

6-DATE OF BIRTH (month, day and year) July 26 1838

7-AGE. 86 yrs. 11 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town) ..... (State or Country) Manchester Carroll County Md

PARENTS.
10-NAME OF FATHER, Samuel Price
11-BIRTHPLACE OF FATHER (city or town) ..... (State or Country) Manchester Md
12-MAIDEN NAME OF MOTHER, Unknown
13-BIRTHPLACE OF MOTHER (city or town) ..... (State or Country) .....

14- (Informant) Albert H. Baker
(Address) 1612 N. Chapsful St.

15- Filed N6 1925 192.... Robert F. Harrison, Registrar.
Burial Permit Clerk

Instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 6-4-25

17- I HEREBY CERTIFY, That I attended deceased from 6-1- 1925 to 6-4 1925
that I last saw h[redacted] alive on 6-4 1925
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(Duration) ..... yrs. ..... mos. 2 ds.

Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) David Miller M. D
, 19 (Address) 1500 N Broadway

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Carroll's Lot Green Mount Sta. Md. — DATE OF BURIAL. June 7. 1925

20-UNDERTAKER. Frank A. Fink — ADDRESS 915 N. Gay St

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99183

D 99183

CERTIFICATE OF DEATH.

REGISTERED NO. MH-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2724 N. Charles St — Homewood Hosp. ST.: 15 WARD)

2-FULL NAME Thomas C. Grove

(a) RESIDENCE. NO. 2308 Eldonior Ave ST., WARD.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Boardman Grove

6 DATE OF BIRTH (month, day, and year) Feb. 13 1856

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	3	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance broker.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER James J. Grove

11 BIRTHPLACE OF FATHER (city or town) (State or country) York Co Pa

12 MAIDEN NAME OF MOTHER Caroline R. Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Mrs. Alice B. Grove
(Address) 2308 Eldonior Ave.

15 Filed JUN 6 1925, 19 Robert F. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1925

17 I HEREBY CERTIFY, That I attended deceased from June 2nd, 1925, to June 4, 1925, that I last saw h[illegible] alive on June 3rd, 1925, and that death occurred, on the date stated above, at 12.25 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Ch. Interstitial Nephritis

Arterio Sclerosis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis?

(Signed) Vernon N. Condon, M. D.

, 19 (Address) 750 N. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	June 6 '25

20 UNDERTAKER Joseph B. Cook ADDRESS 1003 N. Calvert St

TION is very important. See instructions on back

Spec.—1-12-23—M&T—500 Bks.

D 99184 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99184

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Kernan Drive and Hutton ST. Ave. 28 WARD) 3

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Mautner

(a) RESIDENCE NO. Kernan Drive & Hutton Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Mautner

6 DATE OF BIRTH (month, day, and year) May 9, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37		26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Germany

PARENTS

10 NAME OF FATHER Henry Ruppertsburger

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14
Informant Henry Mautner
(Address) Windsor Terrace

15
Filed JUN 6 1925, 19 .....
Robert F. Harriben
Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 19 25

17
I HEREBY CERTIFY, That I attended deceased from
May 30, 1925, to June 4, 1925,
that I last saw her alive on June 4, 1925
and that death occurred, on the date stated above, at 6.53 P.m.
The CAUSE OF DEATH* was as follows:
Coloa Pneumonia

(duration) ..... yrs. ..... mos 6 ds.

CONTRIBUTORY
(Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Auscultation

(Signed) A. C. Smith M. D.

6-5-, 25 (Address) 4509 Liberty Heights Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet	June 6 1925
20 UNDERTAKER Joseph B. Cook	ADDRESS 1003 W. Baltimore St.

Spec.—1-10-21—M&T—1500 Blks.

D 99185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99185

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 804 Sterling ST., 10 WARD, 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Brown

(a) RESIDENCE No. 804 Sterling ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years 61; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: David Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Chas. D. Harris

(Address) 804 Sterling St.

15 Filed 6-1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1925

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1924, to June 4, 1925, that I last saw h[illegible] alive on June 2, 1925, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Ch nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) J. S. Horstein, M. D.

6/5, 1925 (Address) 733 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery

DATE OF BURIAL: June 7 1925

20 UNDERTAKER: Chas. H. Johnson

ADDRESS: 446 N. Caroline St.

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

99186

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99186

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 25 — WARD) 23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Smith

(a) RESIDENCE NO. 506 Harford Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur L. Smith

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
49				

8 OCCUPATION OF DECEASED

(a) Trade, profesion or particular kind of work at home

(b) General nature of Industry, business, or establishment in which employed (or employer) Housekeeper

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John F. Ellerson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Sarah Leigh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Chas Ellerson

(Address) 1005 U St Wash D C

15 Filed 6-1925, 19 Robert P. Harrison, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/5/25

17 I HEREBY CERTIFY, That I attended deceased from 5/19/25, 19 ... to 6/5/25.

that I last saw h alive on 6/5/25

and that death occurred, on the date stated above, at 4.02 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Endo & Endocarditis

(duration) yrs. mos ds

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Chronic Endocarditis

Did an operation precede death? No Date of 5/16/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) K. W. Hooley, M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D C

DATE OF BURIAL June 8, 1925

20 UNDERTAKER John Ellrich

ADDRESS 208 Cathedral

TION is very important. See instructions on back of Certificate.

Spec.—L.10-21—M&T—1500 Blks.

D 99187

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99187

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1 Wed. Jail Sept 7-2 ST. WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Annie M. Fountain

(a) RESIDENCE NO. 1925 Mc Elderry ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry Fountain

6 DATE OF BIRTH (month, day, and year): 1869

7 AGE: Years 56 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: H. Bergmann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dorothea Kuss

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Annie M. Fountain

(Address) 1925 Mc Elderry St.

15 Filed 6-1925, 19 Robert F. Harrison, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 6 1925

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1925 to June 6, 1925

that I last saw h[illegible] alive on June 6, 1925

and that death occurred, on the date stated above, at 5:30 A. m.

The CAUSE OF DEATH* was as follows:

Abdominal Adhesions

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Gallbladder disease Chronic nephritis - Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of May 13, 25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

, 19 (Address) 1 McElderry St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem

DATE OF BURIAL: June 9 1925

20 UNDERTAKER: John Leerich

ADDRESS: 2008 Orleans

TION is very important. See instructions on back of Certificate

D 99188

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99188

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 873 W. Fayette St. St., 18-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick Goldman

(Residence in Baltimore: No. 873 W. Fayette St apt St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced. (Write the word.)
Male	White	Single

6-DATE OF BIRTH.

..... 1.....
(Month) (Day) (Year)

7-AGE. 53 yrs. 9 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Salesman
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Pa.

PARENTS.

10-NAME OF FATHER. Wm Goldman

11-BIRTHPLACE OF FATHER. (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Ann Kerr

13-BIRTHPLACE OF MOTHER. (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. E. Breslin

(Address) Dillsburg Pa.

15- Robert F. Harrison,
Registrar.

FILED 1925 192 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. June 5 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows: Tabulur Heart disease

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bowel Trouble

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. H. Forman (Coroner.) M. D.

6-6 1925 (Address) 417 W. Saratoga St.

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Wolfsburg Pa	6/6/ 1925
20-UNDERTAKER.	ADDRESS.
Frank A. Cole	1411 Holbrook

(6) is very important. See instructions on back

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99189 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99189

CERTIFICATE OF DEATH.

8-87

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1733 Rutland Av St., Ward Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jarrett J. Mitchell

(a) Residence No. 1733 Rutland Av St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? 80 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Oct 4, 1840

7-AGE.	If LESS than 1 day,
84 yrs. 8 mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Churchville Md.

PARENTS.

10-NAME OF FATHER: Elisha Mitchell

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER: Eliza Gilbert

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14- (Informant) Edw. Mitchell

(Address) 1733 Rutland av

15- Filed JUN 6 1925 Robert F. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): June 5/25

17- I HEREBY CERTIFY, That I attended deceased from ——— 19.16 to June 5 19.25

that I last saw h.... alive on May 29th 19.25

and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

General arterio sclerosis —

(Duration) 10 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pericarditis -

(Duration) yrs. mos. 14 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Evidence

(Signed) Frederick Butler M. D.

June 5, 1925 (Address) Reisterstown Md.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
London Park Cem	June 8 19.25
20-UNDERTAKER.	ADDRESS
Harry W. Ehlen	W. Northam

INSTRUCTIONS ON BACK OF CERTIFICATE

D 99190 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99190

113

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward) 23-3

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Samuel Walters.

(Residence in Baltimore: No. 59 E. Heath St. St.; yrs. 6 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced. (Write the word.)
Male.	White.	Single.

6-DATE OF BIRTH. November 23, 1924. (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
-- yrs. 6 mos. 13 ds.	....hrs. or....min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Frederick Walters.

11-BIRTHPLACE OF FATHER, (State or Country). Baltimore, Md.

12-MAIDEN NAME OF MOTHER. Lillian Doenges.

13-BIRTHPLACE OF MOTHER, (State or Country). Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillian Walters. (mother)

(Address) 59 E. Heath St.

15- Filed 6-1925 19.. Robert P. Harrison, Registrar.

Burial Permit Clark.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 5th. 1925. (Month) (Day) (Year) 192....

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Enteritis.
Mitral Insufficiency.
Congenital
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....
(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

June 6, 1925 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Iustitutions. Transients, or Recent Resideuts).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? 59 E. Heath St.

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cedar Hill Cem	June 6 1925
20-UNDERTAKER.	ADDRESS
Peter Nicolaus & Co.	Eastern Ave

IS VERY IMPORTANT. See instructions on back

Spec.—1-10-21—M&T—1500 Blks.

D 99191

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99191

CERTIFICATE OF DEATH.

1519

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. Fm. WARD 10-5

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Murray.

(a) RESIDENCE NO. Preston & Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 1840

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
85			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER James Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Helen Fitzgerald

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Sister Florence (Address) Preston & Valley

15 Filed 6-16-1925 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/5 1925

17 I HEREBY CERTIFY, That I attended deceased from 6/5, 1925, to 6/5, 1925, that I last saw h alive on 6/4, 1925, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senile gangrene of foot (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Benson M. D.

6/6, 1925 (Address) 914 E Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Phila, Pa. DATE OF BURIAL June 8 1925

20 UNDERTAKER J. E. Brudfield ADDRESS 914 Greenmount Ave

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 99192

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99192

CERTIFICATE OF DEATH.

REGISTERED NO. 78

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mary Seibel ST., 10-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME of the Sisters of the Poor,

(a) RESIDENCE No. Preston or Lanvale ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If ~~married~~, widowed, ~~or divorced~~ (or) ~~HUSBAND~~ WIFE of John A. Seibel

6 DATE OF BIRTH (month, day, and year) Mar. 3-1844

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	3	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Louis Butler.

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Louise Wettick

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Sister Superior (Address) Preston & Lanvale

15 Filed ....., 19 Robert P. Harrison, Registrar

6-1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16 DATE OF DEATH (month, day, and year) 6/5 1925

17 I HEREBY CERTIFY, That I attended deceased from 6/2, 1925, to 6/5, 1925, that I last saw h.. alive on 6/2, 1925, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Epilepsy

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D. T. Clemens Jr. M. D.

6/6, 1925 (Address) 914 E. Biddle St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross	June 8 1925

20 UNDERTAKER ADDRESS

J. C. Riedefeld 914 Greenmount Ave

TION is very important. See instructions on

Spec.—1-10-21—M&T—1500 Blks.

D 99193

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99193

CERTIFICATE OF DEATH.

X 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 W. 20th St. 12-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Robinson

(a) RESIDENCE NO. 125 W 20th ST., WARD Richmond Va
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5 If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown.

6 DATE OF BIRTH (month, day, and year) Unknown 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profesaion or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant Mary Smith (Address) 125 W. 20th st.

15 Filed 6 1925, 19 Robert J. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1925

17 I HEREBY CERTIFY, That I attended deceased from May 31, 1925, to June 4, 1925, that I last saw h[illegible] alive on June 4, 1925, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Dropsy (Failure of cardiac Compensation and Chronic nephritis)

(duration) yrs. mos dys

CONTRIBUTORY (Secondary) Heart weakness

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) Ed F. Hall, M. D.

, 19 (Address) 426 E 23rd st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	June 7 1925
20 UNDERTAKER Mrs R. G. Ellery	ADDRESS 525 Cookland

TION is very important. See instructions on back of certificate.

D 99194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 99194

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 829 Harford Ave ST.; 10 WARD 2)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elenor Bantum

(Residence in Baltimore: No. 829 Harford Ave St. Life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, C.

5-SINGLE, MARRIED, WIDOW OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, September, 1885
(Month) (Day) (Year)

7-AGE, 40 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House work
(b) General nature of industry, business, or establishment in which employed (or employer)..... Own

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER (State or Country), unknown.

12-MAIDEN NAME OF MOTHER, Willeman Lamb

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wilhemena Bantum

(Address) 829 H

15-

Filed....., 191.....

6-1925 Robert F. Harrison Registrar.

Burial Permit Clark.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 3, 1925.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 4 1925, to June 3 1925, that I saw her alive on June 3 1925, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Ch. Myocarditis

(Duration) ..... yrs. 11 mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) A. L. Hartman M. D.

6/5, 1925 (Address) 733 Ausquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Cemetery — DATE OF BURIAL, June 6 1925

20-UNDERTAKER, Mrs R. G. Ellis — ADDRESS, 25 Eastland ave

D 99195 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99195

CERTIFICATE OF DEATH. 1925

1-PLACE OF DEATH City of BALTIMORE: (No. P.R.R. Crossing at Edwardin Ward) Registered No. C.....

2-FULL NAME James L. Wilson (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 923 Valley St. St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-DATE OF BIRTH, Apr 7 1855 (Month) (Day) (Year)

7-AGE, 45 yrs. 1 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work Watchman (b) General nature of industry, business, or establishment in which employed (or employer) P.R.R. 96

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, James L. Wilson

11-BIRTHPLACE OF FATHER, (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER, Annie O'Brien

13-BIRTHPLACE OF MOTHER, (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Margaret F. Wilson

(Address) 923 Valley St.

15- Robert F. Harrison, Registrar.

Filed 6th 1925 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 4 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heat Exhaustion

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Thos. B. Clinton M. D. Coroner

June 5th 1925 (Address) Curtis Bay, Balto.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL.

New Cathedral Cemetery June 8 1925

20-UNDERTAKER, ADDRESS

Henry Heath & Sons 1301 E Eager St

IS VERY IMPORTANT. See instructions on back

Spec.—1-12-23—M&T—500 Blks.

D 99196 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99196

CERTIFICATE OF DEATH. 1925

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1029 N. Fulton Ave. ST., 16-6 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Melvin E.Poole Jr.

(a) RESIDENCE NO. 1029 N.Fulton Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 if yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 21, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Melvin E.Poole

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Charlotte Corne

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Melvin E.Poole
(Address) 1029 N.Fulton Ave.

Filed JUN 6- 1925. Robert F. Harriban,
Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5th 1925

17 I HEREBY CERTIFY, That I attended deceased from May 21, 1925, to June 5th, 1925,
that I last saw him alive on June 5th, 1925,
and that death occurred, on the date stated above, at 6.15 P m.
The CAUSE OF DEATH* was as follows:

Guanline

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Acute Pernicitation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Abysmal Cy

(Signed) J. M. Lankpeim, M. D.

6-6, 1925 (Address) 826 N.Carrollton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Co.	June 6, 1925
20 UNDERTAKER Joseph B. Cook	ADDRESS 1063 N. Bath St.

Spec.—1-10-21—M&T—1500 Bks.

D 99197 HEALTH DEPARTMENT—CITY OF BALTIMORE 99197

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ~~St.~~ 5 WARD)

REGISTERED NO. 5-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena Walters

(a) RESIDENCE NO. Hebrew Hospital ST. Aged Home. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) — 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER — Wall

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England.

14 Informant Mrs H. S. Block

(Address) South Bend Road

15 Filed 6-1925, 19 Asbury P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-5 1925

17 I HEREBY CERTIFY, That I attended deceased from 5-25, 1925, to 6-5, 1925, that I last saw her alive on 6-5, 1925, and that death occurred, on the date stated above, at 5.00 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical & lab

(Signed) Isidor D. Jay, M. D.

June, 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balt. Hebrew Cem

DATE OF BURIAL 6/7/1925

20 UNDERTAKER David Sondheim

ADDRESS 1118 26 W. Mt. Royal Ave.

CAUSE OF DEATH. See instructions on back of certificate. IMPORTANT is very important.

D 99198 HEALTH DEPARTMENT—CITY OF BALTIMORE 99198

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. St. Agnes Hospital St. 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Weeks Coker

(Residence in Baltimore: No. #8 Madison ave, Catonsville St., yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	white	Single

6-DATE OF BIRTH. Oct 27 1907 (Month) (Day) (Year)

7-AGE. 17 yrs. 6 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work School Boy
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Beck. Md

PARENTS.

10-NAME OF FATHER. Thad B. Coker

11-BIRTHPLACE OF FATHER. (State or Country). Ga.

12-MAIDEN NAME OF MOTHER. Rachel Weeks

13-BIRTHPLACE OF MOTHER. (State or Country). Do do-

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thad B. Coker

(Address) Catonsville Md

15- Filed 6 1925 192.... Robert F. Harrison, Registrar.

Daniel Permitt Clark

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 5 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull
Auto Accident

(Duration) ....yrs. ....mos. 24 hrs

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Thos. D. Norton M. D.
(Coroner.)

June 5 1925 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?....

Former or usual residence....

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.
London Park June 6 1925

20-UNDERTAKER Chas. E. Franck ADDRESS 502 Madison

Is very important. See instructions on back

Spec.—1-10-21—MAT—1500 Blks.

D 99199

HEALTH DEPARTMENT—CITY OF BALTIMORE

185 4.1

D 99199 HK Jones

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U. of Md. Hospital.

CITY OF BALTIMORE: (No. Lombard & Greene ST. 18 - 2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Ighart.

(a) RESIDENCE NO. 21 S Poppleton ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 16. 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	2	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Wm Ighart

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Teresa Lehman

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Hospital records
(Address)

15 Filed 6-[illegible]-1925, 19 ..... Robert F. Harrison, Jr.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1925

17

I HEREBY CERTIFY, That I attended deceased from 4-1-25, 19..., to 6-5- 19..., that I last saw h..., alive on 6-5, 19 25, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Concussion of Brain - Fractured Skull arm & Pelvis Acute myelitis

(duration) ... yrs. ... mos. 4 wks. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) R. S. Anderson, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount — DATE OF BURIAL 6/8 [illegible]

20 UNDERTAKER [illegible] — ADDRESS E. Mont

TION is very important. See instructions on

Spec.—1-10-21 M&T 1500 Blks.

D 99200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001 D 99200

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1625 Eutaw pl. ST., 44-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Warfield

(a) RESIDENCE NO. 1625 Eutaw place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	87			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Elzabeth Hamm
(Address) 2547 Pennsylvania

15 Filed ....., Robert P. Harrison, Registrar

6-1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4, 1925

17

I HEREBY CERTIFY, That I attended deceased from May 20, 1925, to June 4, 1925, that I last saw h. alive on June 4, 1925, and that death occurred, on the date stated above, at 8.15 P. m.

The CAUSE OF DEATH* was as follows:

Influenza.

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(duration) yrs. mos 20 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) C. Abbaye M. D.

, 19 (Address) 827 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	6/8 1925
20 UNDERTAKER William Cook	ADDRESS 502 E. Wash

IF NOT very important. See instructions on back of this sheet.

Spec.—1-10-21—M&T—1500 Bks.

D 99201

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99201

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2628 Maemphle Lane ST.) (W 26 - 31 - 3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Anthony Lynch

(a) RESIDENCE NO. 2628 Maemphle Lane ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 18 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22	3.	17.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Wagner & Gaull

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Edward J. Lynch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Cora A. Harrison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Edward J. Lynch
(Address) 2628 Maemphle Lane

15 Filed ... 19... Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 - 1925

17 I HEREBY CERTIFY, That I attended deceased from March 1925 to June 1925.

that I last saw him alive on June 4 1925.

and that death occurred, on the date stated above, at 6-10 a. m.

The CAUSE OF DEATH* was as follows:

Complication beginning with Diarrhoea - and Malarial fever - and Congestion of Lungs (duration) 0 yrs. 2 mos. 0 ds.

CONTRIBUTORY (Secondary) Cirrhosis to Alcohol (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? At work

Did an operation precede death? No Date of No

Was there an autopsy? No What test confirmed diagnosis? Usual tests

(Signed) Emma A. Lynch M. D.

19 (Address) 618 N. Calvert City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National — DATE OF BURIAL: June 8 1925

20 UNDERTAKER: Wm. Cook 5012 N. Ave — ADDRESS

TION is very important. See instructions on back

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 99202

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99202

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 Grindall ST.: 24th WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena Gilbert Roeder.

(a) RESIDENCE. NO. 221 Grindall ST., 24th WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 3 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

3a If married, widowed, or divorced (or) WIFE of John A. Roeder.

6 DATE OF BIRTH (month, day, and year) Feb 23 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	3	13.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER 1st name unknown (Gilbert)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant (Son) Wm. Roeder.

(Address) 221 Grindall St

15 Filed ..... 19 Robert F. Harriger, Registrar

6-1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5, 1925

17 I HEREBY CERTIFY, That I attended deceased from January 1, 1920, to June 5, 1925, that I last saw her alive on June 5, 1925, and that death occurred, on the date stated above, at 10.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) 2 yrs. 6 mos. 0 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis.

(duration) 2 yrs. 6 mos. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Henry F. Buettner, M. D.

19 (Address) 1213 William St.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	June 8 1925
20 UNDERTAKER George J Smith	ADDRESS 1532 Hollins

TION IS very important. Give information on

Spec.—1-10-21—M&T—1500 Bks.

D 99203

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99203

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 S Calhoun ST., 19 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carolin D. Bilson

(a) RESIDENCE NO. 116 S. Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Dan. Bilson

6 DATE OF BIRTH (month, day, and year) 1/2/47

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Fredrick Walter

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Mrs Mary Bilson
(Address) 116 S Calhoun St

Filed 6-1925, 19 Robert P. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/5/1925

17

I HEREBY CERTIFY, That I attended deceased from 6/3, 19 25, to 6/5/25, 19,

that I last saw h.. alive on 6/4/25, 19,

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Hypertension

Chr. Inter. Nephr.

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Unknown

(Signed) Bernard J Tenny, M. D.

6/6/1925 (Address) 910 W Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	June 8 1925
20 UNDERTAKER	ADDRESS 1532
George J Smith	Hollins St

Burial Permit Clerk

'TION is very important. See instructions on back of certificate.

99204 HEALTH DEPARTMENT—CITY OF BALTIMORE 99204

CERTIFICATE OF DEATH.

1-PLACE OF DEATH City of BALTIMORE: (No. 2101 Penrose Ave Ward 14) Registered No. C 3

2-FULL NAME Mary R. Graner

(Residence in Baltimore: No. 2101 Penrose Ave St.; yrs. 15 mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Widow

6-DATE OF BIRTH: May (Month) 15 (Day) 1852 (Year)

7-AGE: 73 yrs. 9 mos. 20 ds. If LESS than 1 day, hrs. or mln.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Dover, Del.

PARENTS.

10-NAME OF FATHER: A B Bennett

11-BIRTHPLACE OF FATHER, (State or Country): U.S.

12-MAIDEN NAME OF MOTHER: Katherine Jones

13-BIRTHPLACE OF MOTHER, (State or Country): U.S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. H. Graner

(Address) 2101 Penrose Ave

15-

Filed 6-1925

Robert P. Harrison, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: June (Month) 4 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq Jury (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, and (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

4 days (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

Signed Thos. B. Norton, M. D. (Coroner.)

June 4th 1925 (Address) Curtis Bay, Md.

*State the Disease Causing Death, Or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park DATE OF BURIAL: June 6 1925

20-UNDERTAKER: George J. Smith ADDRESS 1532 Hollins St

It is very important that all questions be answered.

Spec.—1-10-21—M&T—1500 Blks.

(Reely)

D 99205

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99205

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1903 Pattonsp. ST., 8-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nancy Reely

(a) RESIDENCE NO. 1903 Pattonsp. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? 7 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Reely

6 DATE OF BIRTH (month, day, and year) Mch 4. 1833

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	92	2	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Anne Arundel Co.

PARENTS

10 NAME OF FATHER Isaac Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Waters

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Conrad Pilgrim

(Address) 1923 Pattonsp Place

15 Filed 6-1925, 19 Robert F. Harrison Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 10, 1923, to June 3, 1925, that I last saw h[illegible] alive on May 15, 1925, and that death occurred, on the date stated above, at 5.35 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob Fisher, M. D.

6/5, 1925 (Address) 1823 N Rose 20.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Guilford Howard Co Md

DATE OF BURIAL 6/6 1925

20 UNDERTAKER Philip Herring

ADDRESS 206 Oliver

TION is very important. See instructions on

Spec—12-23-21—E.B.R.S.—400 Blks.

D 99206 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99206

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Aged Women Home St., 19-1 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lenora Whiteford

(a) Residence No. 1400 W Lexington St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Wid.

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) July 15 1851

7-AGE, 73 yrs. 11 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER Samuel Porter

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Sarah Porter

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md

14- (Informant) Ella F. Jones

(Address) 1400 W. Lexington St.

15- Filed, 19 Robert P. Harrison, Registrar.

6-1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 5. 1925

17- I HEREBY CERTIFY, That I attended deceased from April 10, 19 25, to June 5, 19 25, that I last saw h alive on June 5, 19 25, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Woodward M. D.

June 6, 19 (Address) 939 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park DATE OF BURIAL, June 8, 19 25

20-UNDERTAKER, George J. Smith ADDRESS 1532 Hollins St

Spec.—1-10-21—M&T—1500 Bks.

D. 99207 HEALTH DEPARTMENT—CITY OF BALTIMORE D. 99207

18 12 1207

CERTIFICATE OF DEATH.

4 49 4 - 1

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hosp ST., ... WARD)

2-FULL NAME Esther Baron

(a) RESIDENCE NO. 234 N Pinton St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER George Cornell

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. Ire.

12 MAIDEN NAME OF MOTHER Mary Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. Ire.

14 Informant: Friends

(Address): Johns Hopkins Hosp

JUN 6 - 1925 Filed, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1925

17 I HEREBY CERTIFY, That I attended deceased from May 4 - , 1925 to June 6 , 1925

that I last saw her alive on June 6 - , 1925

and that death occurred, on the date stated above, at 2.50 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of lungs

? Carcinoma of lungs

(duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Trevor Owen, M.B.

(Address) Johns Hopkins Hospital Path.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New York City — DATE OF BURIAL 6/10 1925

20 UNDERTAKER: Jack Lewis 1439 Eutaw St ADDRESS

Burial Permit Clerk.

TION is very important. See instructions on back of certificate.

Spec- 12-23-21—E.B.R.S.—400 Bks.

D 99203

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99208

CERTIFICATE OF DEATH.

6 × 49 — 2

1-PLACE OF DEATH Church Home & Infirmary

Registered No.....

City of BALTIMORE: (No.....St.,.....Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr. William MILTON Lewis

(a) Residence No. Lutherville Maryland St.,.....Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Hastings

6-DATE OF BIRTH (month, day and year) ——

7-AGE: 65 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Physician

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town).....
(State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country),

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country),

14-
(Informant) Edgar Hastings
(Address) Richmond, Va.

15-
Filed.....19.....
Robert J. Harrison, Registrar.

6-1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 4, 1925

17- I HEREBY CERTIFY, That I attended deceased from May 13, 1925 to June 4, 1925

that I last saw h/M alive on June 4, 1925,

and that death occurred, on the date stated above, at 3.35 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of bladder (Cancer)

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic interstitial nephritis

(Duration) ? yrs. mos. ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Mar. 20, 1925

Was there an autopsy? No

What test confirmed diagnosis? Operation & Microscopical findings

(Signed) Henry U. P. Wilson M.D., M. D

, 19 (Address) Church Home & Inf.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Cemetery

DATE OF BURIAL. 6/6, 19 25

20-UNDERTAKER. Henry U. Mears & Son

ADDRESS 805 N. Calvert

Spec.—1-10-21—M&T—1500 Blks.

D 99209

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99209

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2111 Druid Hill Ave St., 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Beatrice Swann

(a) RESIDENCE NO. 2111 Druid Hill Ave St.; WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Colored 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Swann

6 DATE OF BIRTH (month, day, and year) July-23-1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Henry Harmon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ella Mellvin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Wm Swann (Address) 2111 Druid Hill Ave City

15 6-1925 19 Robert P. Harrison, Registrar

Deputy Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-5- 1925

17

I HEREBY CERTIFY, That I attended deceased from May 30, 1925, to June 5, 1925.

that I last saw her alive on June 5, 1925

and that death occurred, on the date stated above, at 7:01 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral Meningitis

Acute Nephritis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Uremic Coma

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. White, M. D.

, 19 (Address) 1029 Madison Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL June 8 1925

20 UNDERTAKER Samuel Hemsley ADDRESS 718 Eddy

TION is very important. See instructions on back

Spec.—6-9-19—H. P. Co.—1000 Blks. (Ruth Dodson)

99210

HEALTH DEPARTMENT—CITY OF BALTIMORE

99210

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1057 Argyle Ave ST. 17-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth Dodson (Dodson)

(a) RESIDENCE. No. 1057 Argyle Ave ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 10

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolgirl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Percy Dodson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Susie Henry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Susie Dodson (Address) 1057 Argyle Ave

15 Filed 6-[illegible]-1925 19 Robert P. Garrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 4 1925

17

I HEREBY CERTIFY, That I attended deceased from May 20, 1925, to Jan 4, 1925,

that I last saw her alive on Jan 3, 1925,

and that death occurred, on the date stated above, at 11:30 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Examination by Physician

What test confirmed diagnosis? Examination by Physician

(Signed) Charles O. Hanson, M. D.

Jan 5, 1925 (Address) 714 S. Chas. St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	6/6/25
20 UNDERTAKER Samuel P. Hensley	ADDRESS 1128 Edmondson Ave

Spec.—1-10-21—M&T—1500 Blks.

D 99211

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99211

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1047 N. Milton Ave ST., 38 WARD 4)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna R. Ellis

(a) RESIDENCE No. 1047 N. Milton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? 40 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND OF~~ WIFE of Benj. E. Ellis

6 DATE OF BIRTH (month, day, and year) Apr 20 82

7 AGE — Years: 43 — Months: 1 — Days: 15 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): York Penna

PARENTS

10 NAME OF FATHER: Daniel Burger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Minnie Jerstide

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Benj E. Ellis

(Address): 1047 N. Milton Ave

15 Filed JUN 6 1925, 19 — Robert F. Harrison, Registrar

[illegible] Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 4 1925

17 I HEREBY CERTIFY, That I attended deceased from May 29, 1925, to June 4, 1925, that I last saw her alive on June 4, 1925, and that death occurred, on the date stated above, at 12 35 A. m.

The CAUSE OF DEATH* was as follows:

Acute pelvic abscess appt

(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Peritonitis & acute cardiac dilatation (duration) ... yrs. ... mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Geo Keefe, M. D.

6/6, 1925 (Address) 1937 Vaughan Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem — DATE OF BURIAL: June 6 1925

20 UNDERTAKER: Philip Hennig — ADDRESS: 2016 Orleans

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99212

D 99212

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md ST., 26-7 WARD)

REGISTERED NO. 382

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Addison

(a) RESIDENCE NO. Unknown ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 087

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Baltimore City Hospitals
(Address) Baltimore, Md.

15 Filed ....., 19 .....

Robert P. Harrison,
Registrar

6-1925 District Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1925

17

I HEREBY CERTIFY, That I attended deceased from January 25, 1922, to June 3, 1925,

that I last saw him alive on June 3, 1925,

and that death occurred, on the date stated above, at 3.40 P. m.

The CAUSE OF DEATH* was as follows:

General Paralysis of the Insane

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Luetic Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Serological and Clinical findings

(Signed) Harry Greenwald M.D.

6/4 1925 Address Baltimore, Md. City Hospitals

*State the Disease Causing Death, or in deaths from violence state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND.

DATE OF BURIAL 19 JUN 3 1925

20 UNDERTAKER Commissioner Health.

ADDRESS

Spec—12-23-21—E.B.R.S—400 Bks.

D 99213

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99213

CERTIFICATE OF DEATH.

15-9 113

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2763 W. North Avenue St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raymond Albert Sigwart Jr.

(a) Residence No. 2763 W. North Avenue St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 24 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of --------

6-DATE OF BIRTH (month, day and year) Jan. 11, 1924

7-AGE.				If LESS than 1 day,
1	yrs. 4	mos. 24	ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore
(State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Raymond Albert Sigwart

11-BIRTHPLACE OF FATHER (city or town) Baltimore
(State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Dorothy Jackson

13-BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or Country), Maryland

14- (Informant) Mrs. Dorothy Sigwart
(Address) 2763 W. North Avenue

15-
Filed Robert P. Harrison, Registrar.
6-1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 6-5-25

17- I HEREBY CERTIFY, That I attended deceased from 6-4, 1925 to 6-5, 1925

that I last saw him alive on 6-5, 1925

and that death occurred, on the date stated above, at 9209 m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Convulsions.

(Duration) yrs. mos. 8 hrs.

18-Where was disease contracted if not at place of death? Residence. Cause of Death

Did an operation precede death? Date of

Was there an autopsy? Heart.

What test confirmed diagnosis?

(Signed) H. R. Miller M. D.

6/6/25 (Address) 2757 W. North

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Cathedral Cemetery	6/6, 1925

20-UNDERTAKER	ADDRESS
Henry W. Myers & Son	1805 N. Calvert

INSTRUCTIONS ON BACK OF CERTIFICATE

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99214 D 99214

CERTIFICATE OF DEATH. X 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hosp ST.: 16-6 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Morgan C. Stephney

(a) RESIDENCE. No. 904 N Stricker ST. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept. 13, 1921

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Roslyn Balto. Co. Md.

PARENTS

10 NAME OF FATHER Harry Stephney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lithia Mooney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant (Address) Mrs. Harry Stephney 904 N Stricker St

15 Filed 6-1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1925, to June 5, 1925, that I last saw h. in alive on June 5, 1925, and that death occurred, on the date stated above, at 2 18 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Myron G. Tull, M. D.

6/5, 1925 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Union Cemetery Randallstown	June 7 1925
20 UNDERTAKER	ADDRESS
Sam. N Chasten	1400 Madison

Spec—12-23-21—E.B.R.S.—400 Pks.

D 99215 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99215

CERTIFICATE OF DEATH

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 111 Church Ave Violetville St., 25 Ward) Registered No.

2-FULL NAME James Boyd Shipley

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 111 Church Ave Violetville St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 5 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Shipley

6-DATE OF BIRTH (month, day and year) Dec. 25 1849

7-AGE, 75 yrs. 5 mos. 9 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer) 006

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Joshua Shipley

11-BIRTHPLACE OF FATHER (city or town) (State or Country), unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Mrs Mary E. Shipley

(Address) 111 Church Ave (VIOLETVILLE)

15- Filed June 6 1925 1925 Robert F. Harrison, B Hall Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 4, 1925

17- I HEREBY CERTIFY, That I attended deceased from May 16 1925 to June 3 1925 that I last saw h. alive on June 3 1925 and that death occurred, on the date stated above, at 11 P.m.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

& General debility

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart & Hypertension

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W B Hall M. D.

, 19 (Address) Raleigh

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Western Cemetery — DATE OF BURIAL, June 8, 1925

20-UNDERTAKER, Jos Joerpens & Son — ADDRESS 217 S. Paca St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99216 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99216

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., 22-31-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Frank Scully

(a) Residence No. 508 W. Conway st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6-DATE OF BIRTH (month, day and year) 1878

7-AGE.	If LESS than 1 day.
46 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer). Unknown

(c) Name of employer. Unknown

9-BIRTHPLACE (city or town). Baltimore
(State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Thomas P. Scully

11-BIRTHPLACE OF FATHER (city or town). (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Mary Bergen

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Ireland

14- (Informant). Hospital Records
(Address) M.T.H.

15- Filed 6-1925 Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 5, 1925

17- I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1924 to June 5, 1925

that I last saw him alive on June 5, 1925

and that death occurred, on the date stated above, at 7.35 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) J. F. White, M. D.

6-5-, 1925 (Address) Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
St Peters Cemy	June 8, 1925

20-UNDERTAKER. Jos Jacobs Son ADDRESS 2173 E. Ba.

Spec.—6-9-19—H. P. Co.—1000 Blks.

D 99217

D 99217.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 818 E Eager St. 10 Ward)

2-FULL NAME Connie Hand

(a) RESIDENCE. No. 818 E Eager St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs mos ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas Hand

6 DATE OF BIRTH (month, day, and year) June 9th 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) England

PARENTS

10 NAME OF FATHER John Kane

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Hollahan

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Mrs Alice Hand
(Address) 818 E Eager

15 Filed 6-1925 19 Robert F. Harrison
Registrar
Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1925, to June 5, 1925, that I last saw her alive on June 5, 1925, and that death occurred, on the date stated above, at 1 80 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Heart exhaustion

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Fenlon, M. D.

19 (Address) 700 E Eager

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	June 8th 1925
20 UNDERTAKER	ADDRESS
Johannah Canoles	1004 Aisquith St

99218

D 99218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99218

1-PLACE OF DEATH Found in Harbor

City of BALTIMORE: (No. foot of Wheeler St., 2 Ward) 3

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cambrose Hayden

(Residence in Baltimore: No. 712 S Wolf St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Mal	wht	Sgle

6-DATE OF BIRTH. Dec (Month) 7 (Day) 1914 (Year)

7-AGE.	If LESS than 1 day,
10 yrs. 6 mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work School
(b) General natnre of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Salt Lake City

PARENTS.

10-NAME OF FATHER, John Hayden

11-BIRTHPLACE OF FATHER, (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Frances Kunes

13-BIRTHPLACE OF MOTHER, (State or Country), Salt Lake City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances Hayden

(Address) 712 S Wolf St

15- JUN 7 - 1925 ROBERT R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Found in Harbor June (Month) 6 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained [redacted] said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental drowning

missing since May 21st

1925 (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) James M Fenton M. D. (Coroner.)

June 6, 1925 (Address) Govt Chas St

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal**, or **Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Stanislaus	June 7, 1925

20-UNDERTAKER, John M Weber ADDRESS 803 Bank St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99219

CERTIFICATE OF DEATH.

46 D 99219

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 506 N. Biddle ST., 17 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Lillie E. Walker

(a) RESIDENCE No. 506 N. Biddle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. — ds. — How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adam S. Walker

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58 yrs (1867)	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Augustus Ga

PARENTS

10 NAME OF FATHER George Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Augustus Ga

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Daisy M. Walker

(Address) 606 N. Fayette St

15 Filed JUN 7 - 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1925

17 I HEREBY CERTIFY, That I attended deceased from May 27, 1925 to June 5, 1925.

that I last saw her alive on June 5, 1925.

and that death occurred, on the date stated above, at 2.30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uteri.

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Asthenia.

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

June 6 1925 (Signed) W. F. Carr M. D.

(Address) 5 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	June 8 1925
20 UNDERTAKER	ADDRESS
Mrs Chas G. Bailey	1421 Jefferson St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99220

CERTIFICATE OF DEATH.

90 D 99220

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1916 Patterson Place St.; 8-1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E. Mitchell

(Residence in Baltimore: No. 1916 Patterson Place St.; 15 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Nov. 6, 1859
(Month) (Day) (Year)

7-AGE 65 yrs. 7 mos. 29 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Penna. U.S.A.

PARENTS.

10-NAME OF FATHER, John Foster.

11-BIRTHPLACE OF FATHER (State or Country), Penna.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. E. Mitchell.

(Address) 1916 Patterson Place

15- JUN 7 1925

..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 5th, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1st 1925, to June 5 1925, that I saw h.. alive on June 5. 1925, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

..... (Duration) 1 yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Excessive heat

..... (Duration) ..... yrs. 5 mos. ..... ds.

(Signed) Thomas H. Magruder M. D.

June 6., 1925 (Address) 14 E. Read St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Doylestown Pa. DATE OF BURIAL, June 7., 1925.

20-UNDERTAKER John F Denny ADDRESS 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

(7/7/56) D 99221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 49 D 99221

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST., 7-1 WARD)

2-FULL NAME Morgan Allen

(a) RESIDENCE No. Cockeysville Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jane E. Allen

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Virginia (State or country)

PARENTS

10 NAME OF FATHER Morgan Allen

11 BIRTHPLACE OF FATHER (city or town) Va. (State or country)

12 MAIDEN NAME OF MOTHER Janie Talliaferro

13 BIRTHPLACE OF MOTHER (city or town) Va. (State or country)

14 Informant (Address) Records Johns Hopkins Hosp.

JUN 1 1925

Filed ....., 19 ROBERT R. KRAUTER, Registrar

Criminal Records Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 - 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 26 - 1924 to June 5 - 1925, that I last saw him alive on June 5 - 1925, and that death occurred, on the date stated above, at 8 05 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

Terminal

(duration) 1 yrs. 4 mos. — ds.

CONTRIBUTORY (Secondary) Pyonephrosis

(duration) — yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of Jan 9, 1925

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) Eugene C. Hubert, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Wards Chapel	June 7 1925
UNDERTAKER	ADDRESS
Chenoweth Son	3619 Chestnut Ave

ATTENTION is very important. See instructions

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE 99222

D 99222

CERTIFICATE OF DEATH.

91-002

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 S. Caliton Ave ST., 20-4 WARD)

2-FULL NAME Rudolph Baader

(a) RESIDENCE NO. 110 S Caliton Ave ST., 20 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? 50 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Baader 855

6 DATE OF BIRTH (month, day, and year) Nov 15 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	6	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) B. & O. R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Rudolph Baader

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Lena Baader (Address) 110 S. Caliton Ave

15 Filed ..... 19 ..... ROBERT P. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5th 1925

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1925, to June 5, 1925, that I last saw h— alive on June 4, 1925, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary), Cardiac Hypertrophy

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) John R. Lynch M. D.

6/6, 1925 (Address) 1774 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Lawn Cemetery | DATE OF BURIAL June 8th 1925

20 UNDERTAKER F. B. Heppe | ADDRESS 850 N. Paca St

TION is very important. See Instructions on back of Certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99223

CERTIFICATE OF DEATH.

13-99

D 99223

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE (No. 40 W Hickory Av St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E McComas

(a) Residence No. 4024 Hickory Ave St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (Write the word.) ~~Single~~ Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug 3 1844

7-AGE 80 yrs. 10 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Harford Co Md

PARENTS.

10-NAME OF FATHER James McComas

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Harford Co Md

12-MAIDEN NAME OF MOTHER Jemima Batty

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Harford Co

14- (Informant) Mrs Marion Childress

(Address) 40 W Hickory Ave

15- Filed JUN 7 - 1925 Joseph H. Kraiter Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 6/6/25

I HEREBY CERTIFY, that I attended deceased from June 1 1925 to June 6 1925

that I last saw her alive on June 6 1925

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) C F Campbell M. D.

6/7, 1925 (Address) 3201 Clark Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Co. DATE OF BURIAL, June 8 1925

20-UNDERTAKER, W S Marshall ADDRESS 3519 Falls Rd

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99224

CERTIFICATE OF DEATH.

D 99224

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1510 N Payson St.; 15-12 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Fleischman

(Residence in Baltimore: No. 1510 N. Payson St.; 38 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX M

4-COLOR OR RACE, W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, January 1 (Month) (Day) (Year)

7-AGE, 73 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Tailor

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Fleischman

(Address) 1027 E. Fayette St.

15- Filed JUN 7 - 1925, 19.. ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 5, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1925, to June 5 1925, that I saw him alive on June 5 1925, and that death occurred, on the date stated above, at 11.10 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Metastasis Liver

Abd. Dropsy Carcinoma

(Duration) yrs. 6(?) mos. (?) ds.

CONTRIBUTORY (Secondary) Diarrhoea Exhaustion

Starvation (Gradual)

(Duration) yrs. mos. ds.

(Signed) Harold Lincoln M. D.

June 6..., 1925. (Address) 927 N. Calvert St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Hebrew Rest

DATE OF BURIAL, ..., 191..

20-UNDERTAKER Jack Levin

ADDRESS 1439 E. Baltimore St

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99225

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

8-18-003 D 99225

Registered No. C.....

City of BALTIMORE: (No. Hebrew Hospital St., 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Celia Tarses

(Residence in Baltimore: No. 1226 N. Bradford St., Life St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-DATE OF BIRTH: October (Month) 27 (Day) 914 (Year)

7-AGE: 11 yrs. 7 mos. 9 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto., Md.

PARENTS.

10-NAME OF FATHER: Abraham Tarses

11-BIRTHPLACE OF FATHER, (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Rose Hankosky

13-BIRTHPLACE OF MOTHER, (State or Country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Abraham Tarses

(Address) 1226 N. Bradford

15- ROBERT K. KRAUTER,

Filed ....., 192.. JUN 7 - 1925 Burial Permit Issued ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 5-25 (Day) 192.. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured skull-automobile accident

.....

.....

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

.....(Duration).....yrs.....mos.....ds.

(Signed) J. S. Walters M. D. (Coroner.)

6-6-25 192.. (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, North Point & Germansville Rd. DATE OF BURIAL, 6/7 1925

20-UNDERTAKER, Jack Levi's ADDRESS 1439 Eastern Ave

Spec.—1-10-21—M&T—1500 Blks.

D 99226

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99226

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital 6-2 REGISTERED NO. 50

CITY OF BALTIMORE: (No. Lombard & Greene Sts (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sam Grossfeld

(a) RESIDENCE NO. 2014 W Fairmount Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carie Grosfeld

6 DATE OF BIRTH (month, day, and year) July 10 - 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	9	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor 080

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Moses Grosfeld

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) University Hospital Bureau Lombard & Greene Sts.

15 JUN 7 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 19 25

17

I HEREBY CERTIFY, That I attended deceased from June 3, 1925 to June 5, 1925, that I last saw him alive on June 5, 1925, and that death occurred, on the date stated above, at 3 Pm.

The CAUSE OF DEATH* was as follows:

Adenomatoma (tumor) of Lower Jaw.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Surgical Shock

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? yes Date of June 3-1925

Was there an autopsy? no

What test confirmed diagnosis? Removal & Section

(Signed) W. Wayne Wallace M. D.

, 19 (Address) University Hospital Lombard & Greene Sts.

*State the Disease Causing Death, or in deaths from Violence, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mehren Rosedale DATE OF BURIAL 6/7 1925

20 UNDERTAKER Jack Levis 1437 E Balt ADDRESS

CAUTION—Do not write on back of certificate. See instructions on back. This certificate is very important.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99227

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99227

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Infirmary 129

City of BALTIMORE: (No. 1105 Mrs. Esther Shaposhnikoff St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.....

(a) Residence No. 1153 E. Baltimore St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) unknown

7-AGE, 52 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)..... 03

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Russia
(State or Country),

PARENTS.

10-NAME OF FATHER, Jacob Shapos

11-BIRTHPLACE OF FATHER (city or town)..... Russia
(State or Country),

12-MAIDEN NAME OF MOTHER, Esther Siegel

13-BIRTHPLACE OF MOTHER (city or town)..... Russia
(State or Country),

14-

(Informant) Ellis Shapos

(Address) 1153 E. Balto St

15-

Filed..... 19?..... ROBERT R. KRAUTER,
Registrar.

JUN 7 - 1925 Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 6/25

17- I HEREBY CERTIFY, That I attended deceased from May 1 1925, to June 6 1925

that I last saw h.. alive on June 6 1925

and that death occurred, on the date stated above, at 3.15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

7

(Duration)..... yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration)..... yrs. mos. 5 ds. 7

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Clinical examination

(Signed) S. W. Saunders M. D

6/6, 1925 (Address) Church Home & Inf

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, 19 25
Hebrew Mt Carmel Rd	6/7
20-UNDERTAKER, S Levinson Bro	ADDRESS 1127 E Balto St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99228

CERTIFICATE OF DEATH.

129

D 99228

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2043 N Fulton Ave ST., 15 WARD) 13

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Esther Meyers

(a) RESIDENCE No. 2043 N. Fulton Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? 35 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Albert Kessel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Morris Kessel

(Address) 1809 E Lombard st

15

JUN 7 - 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1925

17

I HEREBY CERTIFY, That I attended deceased from May 25, 1925, to June 6, 1925, that I last saw him alive on June 6, 1925, and that death occurred, on the date stated above, at 330 P m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis. Chronic nephritis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) acute dilatation of heart

anemia (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) I Frew Levy, M. D.

6-7, 1925 (Address) 2040 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herring Run

DATE OF BURIAL 6/7 1925

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 1127 E Baltimore st

HOW TO FILL OUT THIS CERTIFICATE: Every inquiry should be answered fully and accurately. Write plainly with pen and ink.

Spec.—1-10-21—M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99229

CERTIFICATE OF DEATH.

D 99229

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 Poultney St. ST., 23-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Roehmer.

(a) RESIDENCE NO. 20 Poultney St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. 4 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Married.

5a If married, widowed (or) WIFE of Hrnry Roehmer.

6 DATE OF BIRTH (month, day, and year) January, 18, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	4	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Henry Noll.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Grein.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Henry Roehmer, (husband)

(Address) 20 Poultney St.

15 JUN 7 - 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4th. 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1st. 1925, to June 4th. 1925.

that I last saw her alive on June 4th. 1925.

and that death occurred, on the date stated above, at 10.10 p. m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Gastritis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? ---------

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Diagnosis.

(Signed) Otto M Reinhardt, M. D.

5/6 1925 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	June 8 1925
20 UNDERTAKER	ADDRESS 1039
E. Schloman & Bro	Monroe

TION is very important. See instructions

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99230

CERTIFICATE OF DEATH.

D 99230

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1649 Hanover ST., 23 WARD)

2-FULL NAME Mrs Doris Rummel

(a) RESIDENCE. NO. 1649 Hanover ST., 23 WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Rummel

6 DATE OF BIRTH (month, day, and year) Sept 5 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	9	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Wilhelm Helmer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Maria Meyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Henry Rummel (Address) 1649 Hanover St.

15 Filed ....., 19..... Registrar

JUN 7 1925

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 1 1924 to Jun 5 1925, that I last saw h.. alive on Jun 4 1925 and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Nov 1924

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. H. Campbell M. D.

Jun 6. 1925 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	June 8 1925
20 UNDERTAKER	ADDRESS 1039
E Schloman Son	Hanover

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99231

CERTIFICATE OF DEATH.

43 D 99231

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 E Baltimore ST., 3-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julius H. Leibking

(a) RESIDENCE NO. 1507 E Baltimore ST., 9 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 9 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary E Leibking

6 DATE OF BIRTH (month, day, and year) Aug 5 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Monumentdresser

(b) General nature of industry, business, or establishment in which employed (or employer) 0/6

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Wm Leibking

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Augusta Brandt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary E Leibking (Address) 1507 E Baltimore

15 JUN 7 - 1925 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1924, to June 5 1925, that I last saw him alive on June 5 1925 and that death occurred, on the date stated above, at 9.20 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of mouth.

Primary site - buccal mucosa of right side.

(duration) yrs. 10 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? microscopical exam.

(Signed) Fred. A. Reis, M. D.

19 (Address) 24 S. B'dway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	June 8 1925

20 UNDERTAKER Louis Heemann ADDRESS 925 Broadway

THIS is very important. See instructions.

Burial Permit Card.

D 99232

HEALTH DEPARTMENT—CITY OF BALTIMORE

5-9-02 D 99232

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2137 Cambridge St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lawrence Chelowski

(Residence in Baltimore: No. 2137 Cambridge St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	single

6-DATE OF BIRTH. June (Month) 5 (Day) 1925 (Year)

7-AGE. ..... yrs. ..... mos. 1 ds. If LESS than 1 day, 10 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of Industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Balto City

PARENTS.

10-NAME OF FATHER. Henry Chelowski

11-BIRTHPLACE OF FATHER. (State or Country). Balto City

12-MAIDEN NAME OF MOTHER. Margaret Oles

13-BIRTHPLACE OF MOTHER. (State or Country). Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Chelowski

(Address) 2137 Cambridge

15 JUN 7 - 1925

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 6 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Foramen ovale

Pneumonia

(Duration) ..... yrs. ..... mos. 10 Hrs ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Poulson M. D. (Coroner.)

June 6 1925 (Address) 700 E Chase St

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
St Stanislaus Cem	June 7 1925

20-UNDERTAKER. Stephen J Kwiatkowski ADDRESS Same

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

) 99233

CERTIFICATE OF DEATH.

90 D 99233

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

16-6

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1131 N. Carey ST., WARD)

2-FULL NAME Nathan Galloway

(a) RESIDENCE NO. 1131 N. Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Galloway

6 DATE OF BIRTH (month, day, and year) unknown 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or estsblishment in which employed (or employer) Fireman

(c) Name of employer

9 BIRTHPLACE (city or town) West River (State or country) Maryland

PARENTS

10 NAME OF FATHER James Galloway

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Julia Galloway

(Address) 113 N. Carey Street

15 JUN 7 - 1925 ROBERT P. KNAUER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1925

17

I HEREBY CERTIFY, That I attended deceased from May 24, 1925, to June 5, 1925, that I last saw h[illegible] alive on June 5, 1925, and that death occurred, on the date stated above, at June 5 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) 1 yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) arterio-sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw J. O'Malley M. D.

6/7, 1925 (Address) 1230 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemtery — DATE OF BURIAL June 7 1925

20 UNDERTAKER Mrs James H. Dennis per T E Kelsey — ADDRESS 1303 Pennsylvania Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99234

CERTIFICATE OF DEATH.

D 99234

REGISTERED NO. 27-31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5438 Winner Ave; Pimlico ST. 27-31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Larie Louise Scheerer.

(a) RESIDENCE No. 5438 Winner Ave; Pimlico. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. 3 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 8, 1903

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
22	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Christian Scheerer.

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Sophia Hafner

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Christian Scheerer.
(Address) 5438 Winner Ave.

15 Filed JUN 7 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5th 1925

17

I HEREBY CERTIFY, That I attended deceased from Jany 19th 1925, to June 5th 1925.

that I last saw her alive on June 5th 1925

and that death occurred, on the date stated above at 6.30 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Marasmus

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. H. Hazen, M. D.

Nov 7th 1925 (Address) 1001 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	June 8th 1925

20 UNDERTAKER	ADDRESS
Frank H. Newell.	Pikesville.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99235

1-PLACE OF DEATH

City of BALTIMORE: (No. 737 E Fort ave St., 24 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Margie M. Dungan

(a) Residence No. 737 E. Fort Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6-DATE OF BIRTH (month, day and year) June 6, 1925

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, 4 hrs. or 1 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) /

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Martin Dungan

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER, [redacted] Lowman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md

14- (Informant) Mrs Elizabeth Ward, (Address) 737 E Fort Ave

15- Filed ..... 192 ROBERT R. KRAUTER, Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 6, 1925

17- I HEREBY CERTIFY, That I attended deceased from June 6, 1925 to June 6, 1925 that I last saw her alive on June 6, 1925 and that death occurred, on the date stated above, at 4 00 P. m.

The CAUSE OF DEATH* was as follows:

Patent Foramin Ovale

(Duration) ..... yrs. ..... mos. / ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Sidney H. Street M. D.

6/6/25 1925 (Address) 445 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, June 8, 1925
Pleasant Hill	
20-UNDERTAKER Chas. L. Storms	ADDRESS 1531 E. Fort Ave.

Spec—12-23-21—E.B.R.S.—400 Eks.

D 99236 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99236

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH — Registered No. 73 - 2

City of BALTIMORE: (No. 186 W. Fort Ave St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Bentz

(a) Residence No. 186 W. Fort Ave St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? 40 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Bentz

6-DATE OF BIRTH (month, day and year): Dec 16, 1863

7-AGE: 61 yrs. 6 mos. 9 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: housework
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Germany

PARENTS.
10-NAME OF FATHER: Henry Thole
11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany
12-MAIDEN NAME OF MOTHER: Elizabeth Huskamp
13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14-INFORMANT: Mr Bentz
(Address) 186 W. Fort Ave

15-Filed JUN 7 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk:

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): June 5, 1925.

17- I HEREBY CERTIFY, That I attended deceased from August 14th 1924 to June 5th 1925
that I last saw h.. alive on June 5th 1925
and that death occurred, on the date stated above, at 4 01 P.M.
The CAUSE OF DEATH* was as follows:

Cleaemona of the uterus

(Duration) — yrs. 9 mos. 22 ds.

CONTRIBUTORY (Secondary) ...
(Duration) — yrs. — mos. — ds.

18-Where was disease contracted if not at place of death? At place of death
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical examination

(Signed) Harry Weibel M. D.
6/6, 1925 (Address) 1124 Hanover St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross, Md. DATE OF BURIAL, June 8, 1925

20-UNDERTAKER: Chas L Shinn ADDRESS 1362 Fort Ave,

Spec—12-23-21—E.B.R.S.—400 Blks.

D 99237 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99237

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 2213 Homewood Ave St. 9 Ward 4) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Pope Brown

(a) Residence No. 2213 Homewood Ave St. 9 Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. 3 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of G. O. Brown

6-DATE OF BIRTH (month, day and year) Feb 27-1842

7-AGE, 83 yrs. 3 mos. 5 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Cornelius M. Cole

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Elizabeth Patterson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md

14-

(Informant) Otto Scherer

(Address) 2213 Homewood Ave

15-

FILED JUN 7 - 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 5th 1925

17- I HEREBY CERTIFY, That I attended deceased from May 7, 1925 to June 5, 1925, that I last saw h.. alive on June 5, 1925 and that death occurred, on the date stated above, at 12 o P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Mental Insufficiency

(Duration) ... yrs. Unknown mos. ... ds.

CONTRIBUTORY (Secondary) Senile Dementia

(Duration) ... yrs. about 1 mos. ... ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry Bryce, M. D.

, 19 (Address) 1108 Dr Northern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Greenmount Cem. DATE OF BURIAL, June 8th 1925

20-UNDERTAKER, George Schilling & Sons ADDRESS 1126 E Monument St

Special (10-31) 1500 Blks.

D 99238

HEALTH DEPARTMENT—CITY OF BALTIMORE D 99238

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Manticoke

CITY OF BALTIMORE: (No. 1103 Hatud ST., 21-22 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Earl Wm Davis Jr.

(a) RESIDENCE NO. 1103 Manticoke ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 23 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Earl W. Davis Jr.

11 BIRTHPLACE OF FATHER (city or town) Balto Md.
(State or country)

12 MAIDEN NAME OF MOTHER Ellen Smith

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant Earl W. Davis Jr.
(Address) 1103 Manticoke St

15 Filed JUN 7 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6 - 6 1925

17 I HEREBY CERTIFY, That I attended deceased from 6 - 1, 1925, to 6 - 6, 1925, that I last saw h- alive on 6 - 6, 1925, and that death occurred, on the date stated above, at 11 45 A m.

The CAUSE OF DEATH* was as follows:

Enteric Paratyphoid

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) E. Neurhuser, M. D.

(Address) 24 W Fayette St

6/6/25

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Pk. — DATE OF BURIAL 6 - 8 1925

20 UNDERTAKER James Dignan & Son — ADDRESS 1000 Park Ave

Spec.—1-10-21—M&T—1500 Blks.

Kilby

99239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1925 D 99239

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 18-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth May Kilby

(a) RESIDENCE NO. 117 W. McClure st ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 13 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		13		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Robert J Kilby

11 BIRTHPLACE OF FATHER (city or town) (State or country): Culpeper Va

12 MAIDEN NAME OF MOTHER: Vola May Arnold

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Robt. J. Kilby.

(Address) 117 W. McClure St

15 JUN 7 - 1925 ROBERT R. KRAUTER, Registrar

Deputy Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/6 1925

17

I HEREBY CERTIFY, That I attended deceased from 6/6, 1925, to 6/6, 1925

that I last saw h e alive on 6/6, 1925,

and that death occurred, on the date stated above, at 5:50 p.m.

The CAUSE OF DEATH* was as follows:

Heat exhaustion

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) L. A. Anderson, M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Pk

DATE OF BURIAL: 6-8 1925

20 UNDERTAKER: James Dignan & Son

ADDRESS: 1000 Pace St

TION is very important. See instructions on back of certificate

D 99240 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99240

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

City of BALTIMORE: (No. 1132 Woodyear St. 16-4 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Benton

(Residence in Baltimore: No. 1132 Woodyear St. 1 yrs., 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed or Divorced, (Write the word.)
Male	Colord	Married

6-DATE OF BIRTH, ... (Month) 1871 (Day) 1 (Year)

7-AGE, 57 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) M. C

PARENTS.

10-NAME OF FATHER, Dont know

11-BIRTHPLACE OF FATHER, (State or Country) Dont know

12-MAIDEN NAME OF MOTHER, Dont know

13-BIRTHPLACE OF MOTHER, (State or Country) Dont know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nora Benton

(Address) 1132 Woodyear St.

15- JUN 7 - 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 5 (Month) (Day) 25 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis

(Duration) yrs. 1 mos. 14 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) mos. 1 ds.

(Signed) J. E. Blades M. D.
(Coroner.)

(Address) 1132 Bway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cem	6/7/1925
20-UNDERTAKER.	ADDRESS
Daniel Easton	916 Eager

D 99241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99241

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 906 Arlington ave St., 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. John Mitchell

(Residence in Baltimore: No. 906 Arlington ave ...65 yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

6-DATE OF BIRTH. ... 1860 ... (Month) (Day) (Year)

7-AGE. 65 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Tobacco
(b) General nature of industry, business, or establishment in which employed (or employer). 040

9-BIRTHPLACE, (State or Country). Balto City

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER. (State or Country) Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER. (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev Dr Allen

(Address) 1101 Argyle ave

15-

Filed ... 192... Registrar.

JUN 7 - 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. June 5 (Month) (Day) 25 (Year) 192...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) ... yrs. ... mos. 14 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ... yrs. ... mos. ... ds.

(Signed) G. Blades M. D.

(Coroner)

June 5 192... (Address) 1423 N Bway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cem	6/7/25

20-UNDERTAKER.	ADDRESS
Daniel Conby	Bel Air

...—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99242

CERTIFICATE OF DEATH.

100-081 ✓ D 99242

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST. 18-3 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Webb or Patterson

(a) RESIDENCE No. 101 Carlton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: colored | 5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

7 DATE OF BIRTH (month, day, and year): 1876

8 AGE: 49 yr. | Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Samuel Watkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Baltimore City Hospital Records (Address)

15 JUN 7 - 1925 ROBERT R. KRAUTER, Registrar, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 4 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924, to June 4, 1925, that I last saw her alive on June 4, 1925 and that death occurred, on the date stated above, at 7:05 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Hypertension

Chronic bronchitis

(duration) 2 yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Decubitus ulcer - 2 wks

bronchopneumonia (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller, M. D.

6/6, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 6/7/1925

20 UNDERTAKER: Dand Easton

ADDRESS 916 Park ave

Spec.—1-10-21—M&T—1500 Bks.

1/8/26 D 99243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

117 D 99243 REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST., 73-1 WARD)

2-FULL NAME Charles Hagel

(a) RESIDENCE No. 1004 Eighth St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	8	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER Charles Hagel

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Emily Sparks

13 BIRTHPLACE OF MOTHER (city or town) N. J.
(State or country)

14 Informant Friends
(Address) Johns Hopkins

15 Filed ....., 19.... ROBERT R. KRAMER, Registrar
JUN 7 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1925

17 I HEREBY CERTIFY, That I attended deceased from June 4 1925, to June 6 1925, that I last saw him alive on June 6 1925, and that death occurred, on the date stated above, at 6.20 P. m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis (ruptured)

(duration) ..... yrs. ..... mos 7 ds.

CONTRIBUTORY (Secondary) Appendix abscess

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 6/5/25

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy & operation

(Signed) W. B. Stewart, M. D.

. 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Pk Cem	6/9 1925
20 UNDERTAKER	ADDRESS
J. Fav. McCully	1302 E. Fort

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99244

CERTIFICATE OF DEATH.

91-002

Registered No. 99244

1-PLACE OF DEATH

City of BALTIMORE: (No. 14 E. 22nd. St., 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Sophie E. Hall.

(a) Residence No. 14 E. 22nd. St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 8 mos. 9 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John Hall.

6-DATE OF BIRTH (month, day and year) Feb. 27-1854

7-AGE, 70 yrs. 8 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General natnre of Industry, business, or establishment in which employed (or employer). off

(c) Name of employer.

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Jno. Greenup

11-BIRTHPLACE OF FATHER (city or town). Md (State or Country),

12-MAIDEN NAME OF MOTHER, Jane M.c Cabe.

13-BIRTHPLACE OF MOTHER (city or town). Md (State or Country).

14- (Informant) None. Ford

(Address) 14 E. 22nd St.

15- Filed JUN 7 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 6th 1925

17- I HEREBY CERTIFY, That I attended deceased from December, 1917, to May 5th, 1925, that I last saw h.r alive on May 5th, 1925, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

Since Dec 1917.
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thomas L. Shearer M. D.

May 7th. 1925 (Address) 905 N. Charles St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Greenmount. DATE OF BURIAL, 6/8, 1925

20-UNDERTAKER, J. Fran M.c Cully ADDRESS 130 E. Fort

Spec--12-23-21--E.B.R.S.--400 Bks.

) 99245

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99245

CERTIFICATE OF DEATH.

16-23

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2808 Mosher st St., ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Arnold

(a) Residence No. 2808 Mosher st St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 6 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of late John G. Arnold

6-DATE OF BIRTH (month, day and year) Dec 22, 1870

7-AGE. 54 yrs. 6 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) Balto (State or Country), Md

PARENTS.

10-NAME OF FATHER, Weigand Naumann

11-BIRTHPLACE OF FATHER (city or town) Germany (State or Country),

12-MAIDEN NAME OF MOTHER, Elizabeth Naumann

13-BIRTHPLACE OF MOTHER (city or town) Germany (State or Country),

14- (Informant) Warren N. Arnold

(Address) 2808 Mosher st.

15- JUN 7 - 1926 [illegible] K. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 6th 1926

17- I HEREBY CERTIFY, That I attended deceased from April, 1924, to June 6th, 1926, that I last saw h.. alive on June 5th, 1926 and that death occurred, on the date stated above, at 5:30 A. m.

The CAUSE OF DEATH* was as follows:

Spinal sclerosis

Produces involvement of all skeletal muscles - & incontinence of urine and faeces (Duration) 2 yrs. 3 mos. 0 ds.

CONTRIBUTORY (Secondary) Coma

(Duration) 1 yrs. 1 mos. 1 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis?.....

(Signed) H. Edgar V. Beetler, M. D.

June 6th 1926 (Address) Reisterstown Md

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, London Park Cemetery — DATE OF BURIAL, June 9, 1926

20-UNDERTAKER, J. S. Joerdens & Son — ADDRESS 217 S. Paca St.

Spec—12-23-21—E.B.R.S.—400 Bks.

99246 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99246

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 927 N Washington St. Ward) Registered No. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Laughlin

(a) Residence No. 927 N Washington St Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan 15, 1854

7-AGE, 71 yrs. 4 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER John Weigand

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Mary Weigand

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Mary Fickel

(Address) 927 N. Washington St.

15- Filed 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 5/25

17- I HEREBY CERTIFY, That I attended deceased from 5-1 19 25 to 6-1 19 25

that I last saw her alive on 6-4 19 25

and that death occurred, on the date stated above, at 3300 m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Rheumatoid Arthritis

arthritis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) a uric acid diathesis

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Fred Arnold M.D.

(Address) 927 N Washington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Holy Redeemer — DATE OF BURIAL, June 8th 1925

20-UNDERTAKER, Geo. W. Fickel & Son — ADDRESS 811 N. Howard St.

JUL 7 1925

Spec.—1-10-21—M&T—1500 Blks.

D 99247 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 100-001 D 99247

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3026 Mc Elderry ST., WARD) 7-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia M. Grill

(a) RESIDENCE NO. 3026 Mc Elderry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Jan 22/93

7 AGE: Years 33 | Months 4 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer): 069

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: Frank Grill

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Julia Schmall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Frank Grill

(Address): 3026 Mc Elderry

15 Filed JUN 7 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 6. 1925

17 I HEREBY CERTIFY, That I attended deceased from May 28, 1925, to June 5, 1925, that I last saw her alive on June 5, 1925, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia (duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Excessive Heat (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John H. Collenberg M. D.

1925 (Address) 1810½ Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: June 8 1925

20 UNDERTAKER: Philip Henrig — ADDRESS 2016 Orleans

Spec—12-23-21—E.B.R.S.—400 Bks.

99248 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99248

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1828 Greenmount Avenue St., 12 Ward) 91-002 Registered No. 6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Joseph Erek

(a) Residence No. 1828 Greenmount Avenue St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Kathrine Betz

6-DATE OF BIRTH (month, day and year) October 22, 1845

7-AGE. 79 yrs. 7 mos. 13 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, Daniel Erek

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Louise Cunningham

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Maryland

14- (Informant) Mrs. Barbara L. Berting

(Address) 1828 Greenmount Avenue

JUN 7 - 1925 JOSEPH R. KRAUTER, Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 4 1925

17- I HEREBY CERTIFY, That I attended deceased from February 18th, 1925 to June 4th, 1925

that I last saw him alive on June 4th, 1925

and that death occurred, on the date stated above, at 10:20 P.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 10 ds.

18-Where was disease contracted if not at place of death? age

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Howard Alexander M. D.

6/6, 1925 (Address) 30 E. Lanvale

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Cemetery — DATE OF BURIAL. 6/8 1925

20-UNDERTAKER. Henry W. Mears & Son — ADDRESS 805 N. Calvert

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99249

CERTIFICATE OF DEATH.

5-74-001

D 99249

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. aged Home St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Fahny Blum

(a) Residence No. 115 Aisquith St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX F

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write the word.) Wdw

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1861

7-AGE. 64 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General natnre of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) Aaron L. Blum

(Address) 1403 E. Baltimore

15- JUN 7 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 6/7/25

17- I HEREBY CERTIFY, That I attended deceased from June 1st 1925 to June 7th 1925

that I last saw her alive on June 6th 1925

and that death occurred, on the date stated above, at 5 30 PM

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Apoplexy

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob L. Winter, M. D.

6-7, 1925 (Address) 30 S. Broadway

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Hebrew Southern DATE OF BURIAL. 6-7 1925

20-UNDERTAKER. Jack Lewis ADDRESS 1895 Madison Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99250

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

6 12 ✓ 99250

Registered No. C.....

City of BALTIMORE: (No. 402 N. Bradford St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva Seuberth

(Residence in Baltimore: No. 402 N. Bradford St.; yrs. Life mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	white	married

6-DATE OF BIRTH. Feb 25-1873
(Month) (Day) (Year)

7-AGE. 51 yrs. 3 mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer): 97

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. John Schmidt

11-BIRTHPLACE OF FATHER, (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Seuberth (Husband)

(Address) 402 N. Bradford St

15- JUN 7 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 4-25 (Month) (Day), 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Heat Prostration

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. H. Patterson M. D.
(Coroner.)

6-6-25 192.... (Address) 508 E. North Ave

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Redeemer	June 8 1925
20-UNDERTAKER,	ADDRESS
Wm. E. Pinkett Son	2334 Gilmor

S. A. E.

D. A. K.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99251
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

7-3 90 D 99251

Registered No. C.....

City of BALTIMORE: (No. 2307 E. Monument St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Veigel

(Residence in Baltimore: No. 2307 E. Monument St St.; yrs. 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	white	single

6-DATE OF BIRTH. Sept 30-1867 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
58 yrs. 8 mos. 6 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. John Veigel

11-BIRTHPLACE OF FATHER. (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Wilhemina Greave

13-BIRTHPLACE OF MOTHER. (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lena Klein

(Address) 2307 E. Monument St

15- JUN 7 - 1925 Filed. Robert R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 5-25 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Valvular Insufficiency

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hot weather conditions

(Duration) yrs. mos. ds.

(Signed) J. C. Weller M. D. (Coroner.)

6-6-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cem	June 8 1925
20-UNDERTAKER.	ADDRESS.
Mrs C. Mullendore	2334 Jefferson

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99252

CERTIFICATE OF DEATH.

90 D 99252

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2421 Oak. ST. 14 WARD 3)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James N. Hill

(a) RESIDENCE NO. 2421 Oak. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Adelia Hill

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Morgan Coal Co.

9 BIRTHPLACE (city or town) Stony creek
(State or country) Susie Co. Va

PARENTS

10 NAME OF FATHER Jame Hill

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Stony Creek Susie Co Va

12 MAIDEN NAME OF MOTHER mary matherly

13 BIRTHPLACE OF MOTHER (city or town) Stony creek
(State or country) Sta Susie Co. Va.

14 Informant Adelia Hill
(Address) 2421 Oak st.

15 JUN 7 - 1925 Received R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tabular disease of 1 years

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John J. Morrison, M. D.
(Coroner.)

June 7 1925 (Address) 3632 Robb Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Stony Creek Cemetery Co.	June 7 1925
20 UNDERTAKER Joseph A Farrell	ADDRESS 1319 Division St

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99253

CERTIFICATE OF DEATH.

D 99253

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sealing Sanitarium ST., 7525 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Pitcher

(a) RESIDENCE NO. Norwood Ave. & Fredk Rd. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6 DATE OF BIRTH (month, day, and year): June 6-1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: James Norrow

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Will W. Douglas

(Address) Rosslyn Va

15 Filed JUN 7 - 1925, 19.... ROBERT R. KRAUTER, Registrar

Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-5-1925

17

I HEREBY CERTIFY, That I attended deceased from 2/12, 1925 to June 5, 1925

that I last saw her alive on June 5, 1925

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Hemi-plegia (Chronic) (Right)

(duration) 4 yrs. 0 mos 0 ds.

CONTRIBUTORY (Secondary) Arthritis

(duration) 0 yrs. 0 mos. 12 ds.

18 Where was disease contracted if not at place of death? Don't know

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. A. Warfield M. D.

6/6, 1925 (Address) 700 N. Howard St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem

DATE OF BURIAL: 6-8-1925

20 UNDERTAKER: Robert Brooks & Son

ADDRESS Calhoun Hollins sts

99 54

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8-2 20 D 99254

1-PLACE OF DEATH Balto Copper Smelting Co Registered No. C.....

City of BALTIMORE: (No. Clinton St. 4th ave St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Dannebel

(Residence in Baltimore: No. 1720 Rutland ave St., ... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Mal	Wht	Married

6-DATE OF BIRTH. May (Month) 15 (Day) 97 (Year)

7-AGE.	If LESS than 1 day,
48 yrs. ..... mos. 21 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Weigher
(b) General nature of industry, business, or establishment in which employed (or employer) ..... A. S. & R. Co.

9-BIRTHPLACE, (State or Country). Balto Co

PARENTS.

10-NAME OF FATHER. John Dannebel

11-BIRTHPLACE OF FATHER, (State or Country). Balto Co

12-MAIDEN NAME OF MOTHER. Anna Bolington

13-BIRTHPLACE OF MOTHER, (State or Country). Balto Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Dannebel

(Address) 1720 Rutland Ave

15- ROBERT H. KRAUSER

Filed JUN 7 - 1925 192 Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 6 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest Inquisition (Inqnest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to h... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Horribly Crushed head Thorax & abdomen by 2½ tons of Copper Bar falling from accident (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M. Boulton M. D. (Coroner.)

June 6 192 5 (Address) 1727 Chase

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore	June 8 1925
20-UNDERTAKER. Zurhellen & Zurhellen	ADDRESS 1739 Eagan

Spec—12-23-21—E.P.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99255

CERTIFICATE OF DEATH.

6-3 49 D 99255

1-PLACE OF DEATH Church Home & Infirmary

City of BALTIMORE: (No. Broadway & Fairmount St., Ward) Registered No.

2-FULL NAME Mrs. Mathilda Keck Thaler

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 210 N. Kenwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Lechthaler

6-DATE OF BIRTH (month, day and year) Feb. 9-1855

7-AGE. 70 yrs. 3 mos. 26 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) 27

(c) Name of employer 0

9-BIRTHPLACE (city or town) (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, John A. Miller

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Holland

12-MAIDEN NAME OF MOTHER, Not known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Not known

14- (Informant) John A. Lechthaler

(Address) 210 N. Kenwood Ave

15-

Filed ..... 19?

RUDOLPH R. KRAUTER, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 5, 1925

17- I HEREBY CERTIFY, That I attended deceased from May 21 1925, to June 5, 1925

that I last saw h. alive on June 5 1925

and that death occurred, on the date stated above, at 11.50 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Bladder

(Duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. 6 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of May 21 1925

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) George B Brue, M. D

, 19 (Address) Church Home & Inf

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn — DATE OF BURIAL, June 8, 1925

20-UNDERTAKER. Zickler & Zickler — ADDRESS 1739 Eager

Spec.—1-10-21—M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

9256

CERTIFICATE OF DEATH.

6-3 90 D 99256

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 or Mulberry ST., 6 WARD)

2-FULL NAME Dorothy DeShields

(a) RESIDENCE NO. 411 N Mulberry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 31-1916

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	9	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Nicholas Dashiells

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Anna Friedman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Father

(Address) 411 N Mulberry St.

15 Filed JUN 7 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6th 1925

17 I HEREBY CERTIFY, That I attended deceased from July, 1924, to June, 1925, that I last saw h[illegible] alive on June 5, 1925, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Endocarditis, Myocarditis

Pulm: Mitral Valve Leak

(duration) 2 yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Heat Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? observation

(Signed) Joseph E Gechman, M. D.

, 19 (Address) 3 E 01 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL June 9 1925

20 UNDERTAKER Furhler & Furhler

ADDRESS 1239 Eager

WILLIAM R. KRAUER
Vital Records Officer

...—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99257

CERTIFICATE OF DEATH.

D 99257

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST., 11-6 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mabel L Weiss.

(a) RESIDENCE No. 1220 W. Fremont Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of George Weiss.

DATE OF BIRTH (month, day, and year) Dec 10-1899

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	25	5	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wilbert H. Mengle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Emma Pfeil

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant George L. Kerr

(Address) 1220 W. Fremont Ave.

15 JUN 7 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5th 1925

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1925, to June 5, 1925, that I last saw him alive on June 5, 1925 and that death occurred, on the date stated above, at 6.20P m.

The CAUSE OF DEATH* was as follows:

Appendicitis & Peritonitis

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of May 30/25

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Newman B Sudlow M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	June 8 1925

20 UNDERTAKER George L. Schwab ADDRESS 201 Ludg Ave.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99258

CERTIFICATE OF DEATH.

D 99258

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Homewood Hospital

CITY OF BALTIMORE: (NO. 2724 N. Charles Boulevard ST.; 8-13 WARD.)

2-FULL NAME Mrs. Agatha Rebecca Boyce.

(a) RESIDENCE. NO. 1409 N. Caroline ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word): Widowed

5a ~~If married, widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Rev. Harry Boyce

6 DATE OF BIRTH (month, day, and year) June 6 1856

7 AGE: Years 69; Months —; Days —; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: James Broyshai

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Jane Melvale

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Scotland

14 Informant (Address): W. J. Childs 502 E. 21st St.

15 Filed ..... 19 ..... ROBERT B. KRAUER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Feby 1, 1925, to June 6, 1925, that I last saw h[illegible] alive on June 6, 1925, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) — yrs. — mos. Obst. ds.

18 Where was disease contracted if not at place of death? 1409 N. Caroline St.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Stickney J. Stickney, M. D.

, 19 (Address) 1 East Biddle St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: June 9 25

20 UNDERTAKER: Wm. Cook — ADDRESS: 502 E. Fayette

JUN 7 1925

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99259

CERTIFICATE OF DEATH.

117 D 99259

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hosp. ST., 9-3 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Teufel

(a) RESIDENCE NO. 1147 Gorsuch ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Beatrice Teufel

6 DATE OF BIRTH (month, day, and year) Dec 9 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27	5	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk 009

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Wyer Homes Timber Co

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER John M Teufel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Fannie Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Beatrice Teufel (Address) 1147 Gorsuch Ave.

15 Filed JUN 7 1925 ROBERT R. KRAUTER, Registrar

Initial Patrol [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1925

17 I HEREBY CERTIFY, That I attended deceased from May 29 1925 to June 6 1925

that I last saw him alive on June 6, 1925

and that death occurred, on the date stated above, at 12 50 P. m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Ruptured appendix

(duration) yrs. mos 7 ds.

18 Where was disease contracted if not at place of death? 1147 Gorsuch Ave

Did an operation precede death? Yes Date of May 29/25

Was there an autopsy? No

What test confirmed diagnosis? Operation & Hug Exam

(Signed) Geo. B. Dyberts, M. D.

, 19 (Address) St Josephs Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL 6/9 1925

20 UNDERTAKER J M Cook

ADDRESS 502 E Vath

99260 D&M&T—1560 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 D 99260

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST., WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Miller

(a) RESIDENCE NO. 915 S - Caroline St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): 1824

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	101			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Penn.

PARENTS

10 NAME OF FATHER: Jacob Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penn

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penn

14 Informant (Address): Baltimore City Hosp. Records

15 JUN 7 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-V 1925

17 I HEREBY CERTIFY, That I attended deceased from V-29, 1925, to 6-V, 1925

that I last saw her alive on 6-V 1925

and that death occurred, on the date stated above, at 9:45 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical Symptoms

(Signed) Rudolf Duerr, M. D.

6/6, 1925 (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — DATE OF BURIAL: 6/8 1925

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E Nath

...e.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99261

CERTIFICATE OF DEATH.

D 99261

REGISTERED NO. 21-329

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., ...WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Smith

(a) RESIDENCE No. 618 S Fremont ST., ...WARD ...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65				

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) ... employer

9 BIRTHPLACE (City or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER Daniel Scanlon

11 BIRTHPLACE OF FATHER (city or town) Ireland

(State or country)

12 MAIDEN NAME OF MOTHER Catherine McNamee

13 BIRTHPLACE OF MOTHER (city or town) Ireland

(State or country)

14 Informant Baltimore City Hospitals Records

(Address)

15 JUN 7 - 1925 ROBERT H. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924, to June 5, 1925, that I last saw h[illegible] alive on June 4, 1925, and that death occurred, on the date stated above, at 12:12 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis hypertension

Chronic nephritis

(duration) 1 yrs. 8 mos. (History) ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) ... yrs. 2 mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) Dr. Lindsay Miller, M. D.

6/6, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Vincents — DATE OF BURIAL June 8 1925

20 UNDERTAKER Wm Cook — ADDRESS 502 E North Ave

Spec.--1-10-21--M&T--1500 Blks.

99262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. X 74002 D 99262

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1638 E. 32nd Street ST., 9-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harold Roscoe Anderson

(a) RESIDENCE NO. 1638 E 32nd St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 30 1897

7 AGE: Years 27 | Months 11 | Days 16 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chiropractor

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Rosebud, S.D.

PARENTS

10 NAME OF FATHER: John A. Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Sweden

12 MAIDEN NAME OF MOTHER: Myrtle Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pennsylvania

14 Informant: Mrs. J. A. Anderson (Address) Rosebud, S.D.

15 Filed JUN 8 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 6 1925

17 I HEREBY CERTIFY, That I attended deceased from May 22, 1925, to June 6, 1925, that I last saw him alive on June 6, 1925, and that death occurred, on the date stated above, at 9.20 p m.

The CAUSE OF DEATH* was as follows:

Thrombosis, cavernous sinus, infectious, Bilateral

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Septicaemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of see other side.

Was there an autopsy? No

What test confirmed diagnosis? Clinical picture

(Signed) Karl Steinmueller, M. D.

6/7, 1925 (Address) 777 N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Saltsburg Penna | DATE OF BURIAL: June 8 1925

20 UNDERTAKER: John O. Whitehill | ADDRESS: 1201 W. Fayette

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99263

CERTIFICATE OF DEATH.

129 D 99263

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 5108 Milford Ave ST. 28-2 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lida M. Rider

(a) RESIDENCE No. 5108 Milford Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 25 1859

7 AGE — Years: 65 — Months: 9 — Days: (1)2 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: home duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Co. Md.

PARENTS

10 NAME OF FATHER: Edward Rider

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Rebecca A. W. Conkey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Florence Rider

(Address) 5108 Milford ave

15 Filed JUN 8 - 1925 Registrar: WILLIAM R. KRAUSER Burial Permit issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1925

17 I HEREBY CERTIFY, That I attended deceased from May 19th, 1925, to June 6, 1925, that I last saw her alive on June 6, 1925, and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic hypercondition

Chronic Nephritis

(duration) 5 yrs. mos da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Benj M. Cromwell, M. D.

1925 (Address) 400 N. Payson St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet — DATE OF BURIAL: June 9 1925

20 UNDERTAKER: John O. Stutchell — ADDRESS: 120 W. Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99264

CERTIFICATE OF DEATH.

41-D 99264

99264
1-PLACE OF DEATH

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2127 St. Charles ST., 12-3 WARD)

2-FULL NAME Albert Lewis Richardson

(a) RESIDENCE NO. 2127 St. Charles ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hester C. Dorsey

6 DATE OF BIRTH (month, day, and year): Apr. 18. 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired 086

(b) General nature of industry, business, or establishment in which employed (or employer): writer

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Jerome Richardson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Rosella Busnick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Dorsey Richardson & Co 1010-16 Ea. N. W. Harlem Sts

15 Filed JUN 8 - 1925 19... Registrar: OSCAR R. KRAUTER, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 6 1925

17 I HEREBY CERTIFY, That I attended deceased from MARCH ..., 1925, to JUNE 6 ..., 1925, that I last saw h[illegible] alive on JUNE 6 ..., 1925, and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

CEREBRAL ARTERIOSCLEROSIS

(duration) 1+ yrs. — mos — ds.

CONTRIBUTORY (Secondary) —
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) John E. Dorsey, M. D.

, 19 (Address) 1129 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Old Trinity Protestant Episcopal Cemetery, Md. DATE OF BURIAL: June 9 1925

20 UNDERTAKER: John O. Mitchell ADDRESS: 1201 N. Fayette

Spec.—1-10-21—MAT—1500 Blks.

99265

HEALTH DEPARTMENT—CITY OF BALTIMORE

99265

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1601 Park ave 2d fl ST., 14 WARD)

2-FULL NAME Elizabeth Smith Tilyard

(a) RESIDENCE No. 1601 Park Ave., 2d ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
~~7~~	W	W

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of John P. Tilyard (dec'd)

6 DATE OF BIRTH (month, day, and year) Dec 7, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
~~75~~	76	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) City
(State or country)

PARENTS

10 NAME OF FATHER John Thomas Smith

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Annapolis Md

12 MAIDEN NAME OF MOTHER Isabel Bisco

13 BIRTHPLACE OF MOTHER (city or town) City?
(State or country)

14 Informant Emma E. Keller
(Address) 1601 Park Ave.

15 Filed ....., 19 .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Several years to June 6, 1925,
that I last saw him alive on June 5, 1925
and that death occurred, on the date stated above, at 4 a m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
(probably Cons) 6 hrs
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Heart, age, high Blk pres
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Barrett C. Catlin, M. D.

, 19 (Address) 1404 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount	June 8 1925
UNDERTAKER	ADDRESS
John Antitchell	1201 W. Fayette St

Registered

Cor.—1-12-25—M&T—100 Blks.

Dr Morrissey

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99266

CERTIFICATE OF DEATH.

90 D 99266

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 530 of Maple Ave Pimlico ST., 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ann Catherine Spedden

(a) RESIDENCE No. 530 of Maple Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of _____

7 DATE OF BIRTH (month, day, and year) Nov 11, 1837

8 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	87	7	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9 BIRTHPLACE (city or town) ..... Md
(State or country)

PARENTS

10 NAME OF FATHER Roberts Spedden

11 BIRTHPLACE OF FATHER (city or town) ..... Md
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Spedden

13 BIRTHPLACE OF MOTHER (city or town) ..... Md
(State or country)

14 Informant Mrs Kate S. Hubbard
(Address) 530 of Maple Ave

15 JUN 8 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tabular disease of Heart

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H. Morrissey (Coroner.) M. D.

June 7, 1925 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge, Dorchester Co. Md. DATE OF BURIAL June 7 1925

20 UNDERTAKER W. A. Cook ADDRESS 502 E North Ave

Form 12-23-21—E.B.M.S.—400 Blks.

D 99267

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99267

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1419 Darley Ave St., 9-5 Ward) 60-08

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Edith Mizer

(a) Residence No. 1419 Darley Ave St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. 8 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-Single, Married, — Widowed, or Divorced, (Write the word.)

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of Guy L Mizer

6-DATE OF BIRTH (month, day and year) Oct 2 1892

7-AGE. 32 yrs. 8 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Cleveland Ohio

PARENTS.

10-NAME OF FATHER, Wm Bright

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Wales

12-MAIDEN NAME OF MOTHER, Sarah Hill

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Wales

14- (Informant) Guy L. Mizer
(Address) 1419 Darley Ave

15- FILED JUN 8 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 6-7-25

17- I HEREBY CERTIFY, That I attended deceased from 3-12, 1925 to 6-7, 1925

that I last saw her alive on 6-7, 1925

and that death occurred, on the date stated above, at 5 30 A m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Exophthalmic Goitre

(Duration) 3 yrs. mos. ds.

18-Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Signs

(Signed) David Riggs M. D.

, 19 (Address) 1502 Bdway

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Olivet York Co Pa — DATE OF BURIAL, June 1925

20-UNDERTAKER. Wm Cook — ADDRESS 502 E North Ave

of Guy L. Mizer, Via Penn, R.R.

Spec.—1-10-21—M&T—1500 Bks.

(Eaton)

D 99268

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99268

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 535 Gilmor St — St.) 24 — 1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Henry Eaton

(a) RESIDENCE NO. 535 Gilmor St — St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adrenda

6 DATE OF BIRTH (month, day, and year) Dec. 27 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country)

PARENTS

10 NAME OF FATHER John J Eaton

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER Catherine Jones

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant Edward H. Eaton (Address) 22 Hunter Ave

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7th 1925

17

I HEREBY CERTIFY, That I attended deceased from June 6, 1925, to June 7, 1925, that I last saw him alive on June 6, 1925, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Heat Prostration

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [redacted]

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Visual

(Signed) W. D. Smith M. D.

June 7, 1925. (Address) 109 W. Lee St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill June	10 1925

20 UNDERTAKER Wm Cook Sons & Howe ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

D 99269

HEALTH DEPARTMENT—CITY OF BALTIMORE

60-006 D 99269

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. ..... ST., 27-5 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Freda Glazer

(a) RESIDENCE NO. 4743 Park Heights ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. — mos. — ds. How long in U. S., if of foreign birth? 32 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adolph Zurkowsky

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... Russia
(State or country)

PARENTS

10 NAME OF FATHER Rubin Zurkin

11 BIRTHPLACE OF FATHER (city or town) Russia
(State or country)

12 MAIDEN NAME OF MOTHER Freda Zurkin

13 BIRTHPLACE OF MOTHER (city or town) Russia
(State or country)

14 Informant Adolph Glazer
(Address) 4743 Park Heights ave

15 Filed ..... 1925 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7, 1925

17 I HEREBY CERTIFY, That I attended deceased from May 31, 1925, to June 7, 1925, that I last saw h[illegible] alive on June 6, 1925, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Toxic Goitre probably
exophthalmic goitre

(duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac insufficiency

(duration) ..... yrs. ..... mos. 1 6 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? ✓ no

What test confirmed diagnosis? Clin & Laboratory

(Signed) Isidore D. Levy, M. D.

June, 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rozedale — DATE OF BURIAL 6/8 1925

20 UNDERTAKER Sol Peimson Bro — ADDRESS 1127 E Baltimore st

D 99270

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99270

CERTIFICATE OF DEATH.

1925 V-3

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Bal Co Hospital St., V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Dziobal Jubek

(Residence in Baltimore: No. 1802 Thames St.; yrs., 40 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 1 (Day) 1860 (Year)

7-AGE. 65 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House keeper
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country). Poland

PARENTS.

10-NAME OF FATHER. Dont know

11-BIRTHPLACE OF FATHER, (State or Country). Poland

12-MAIDEN NAME OF MOTHER. Dont know

13-BIRTHPLACE OF MOTHER, (State or Country). Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barthe Sponney

(Address) 604 S Linwood ave

15- JUN 8 - 1925 Robert R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 5 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Heat Prostration

while walking on street

(Duration) yrs. mos. 3 hrs.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) James M Fenton M. D. (Coroner.)

June 6 1925. (Address) 701 E Chase

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal**, or **Homicidal**.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross

DATE OF BURIAL, June 8, 1925

20-UNDERTAKER. Wendell Dyffel & Co

ADDRESS 378 Hanover

D 99271 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99271

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1806 Lancaster St., 2-3 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME.... Martin Dziobal Jubek

(Residence in Baltimore: No. 1806 Lancaster 46 St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 20 (Day) 1861 (Year)

7-AGE, 63 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Labor
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Poland

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER, (State or Country). Poland

12-MAIDEN NAME OF MOTHER, Dont Know

13-BIRTHPLACE OF MOTHER, (State or Country). Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Zorbowzka

(Address) 1802 Thames A

15- Filed JUN 8 - 1925 ROBERT R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 6 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Epithelioma of left Ear Face, Carcinoma

Liver

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) James M. Fenlon M. D. (Coroner.)

June 7 1925 (Address) 700 E Chase

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross

DATE OF BURIAL, June 8 1925

20-UNDERTAKER. Wendell Dyer

ADDRESS 378 Hanover

Spec.—1-10-21 M&T 1500 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99272

CERTIFICATE OF DEATH.

X 74001 D 99272

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1300 S Belair Road ST., Gardenville WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Eliza Godfrey

(a) RESIDENCE NO. Blackwood New Jersey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William M. Godfrey

6 DATE OF BIRTH (month, day, and year) July 27

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Blackwood N. J.

PARENTS

10 NAME OF FATHER Amos Stevenson

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Jersey

12 MAIDEN NAME OF MOTHER Jane Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Jersey

14 Informant Harry Stone (Address) 1302 S. Belair Road

15 Filed JUN 8 - 1925 Registrar

Vital Records Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1925

17

I HEREBY CERTIFY, That I attended deceased from May 27th, 1921, to June 7th, 1925; that I last saw her alive on June 6th, 1925, and that death occurred, on the date stated above, at 4:45 P. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

Cerebral Hemorrhage

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Chronic myocarditis

(duration) several years. yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Pathologic findings

(Signed) Edward Benton Schwartz M. D.

June 7th 25 (Address) Overlea Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Presbyterian Cemetery New Jersey Blackwood — DATE OF BURIAL: June 10, 25

20 UNDERTAKER: Fredk Lassahn & Sons — ADDRESS: Fullerton

Spec.—1-10-21—M&T—1500 Blks.

D 99273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 D 99273

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. SOUTH BALTO GEN'L ST. (WARD) 5 2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME MRS. JOSEPHINE JIBANOSICH

(a) RESIDENCE NO. 714 S. BETHEL ST. 3 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: WHITE

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Jibanosich

6 DATE OF BIRTH (month, day, and year) FEB 12 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	3	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: HOUSE WIFE

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): AUSTRIA.

PARENTS

10 NAME OF FATHER: Herabira

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant: JOSEPH JIBANOSICH

(Address) 714 S BETHEL ST

15 JUN 8 - 1925 [illegible] Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JUNE 5 1925

17 I HEREBY CERTIFY, That I attended deceased from JUNE 3, 1925, to JUNE 5, 1925, that I last saw her alive on JUNE 5, 1925 and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

CHRONIC INTERSTITIAL NEPHRITIS 7

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) UREMIA

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? HOME

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) J. E. Peterman M. D.

. 19 (Address) 1713 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Patricks Cemetery — DATE OF BURIAL: June 8 1925

20 UNDERTAKER: Lilly - Zeiler — ADDRESS: 403 S Wolfe St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99274

CERTIFICATE OF DEATH.

D 99274

REGISTERED NO. 29

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3507 E. Fairmount Ave ST. 26-6 WARD)

2-FULL NAME Charles Frederick Renner

(a) RESIDENCE NO. 3507 E. Fairmount Ave ST. 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 5 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Anna Elizabeth Renner

6 DATE OF BIRTH (month, day, and year) Dec. 24, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Rod Turner 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer American Tea Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Bessie Henry

(Address) 3516 E. Fairmount Ave

15 Filed ....., 19.... ROBERT R. KRAUER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1925

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1925, to June 6, 1925, that I last saw him alive on June 6, 1925, and that death occurred, on the date stated above, at 8:05 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 15 yrs. mos ds.

CONTRIBUTORY (Secondary) Uraemia (duration) yrs. 1 mos. 14 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Vincent T. Cooke M. D.

, 19 (Address) 845 N. Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Schwartz's Cemetery	June 9th 1925
20 UNDERTAKER Lilly & Zieler	ADDRESS 403 S. Wolfe St.

99275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1925 D 99275

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2221 Chapelard St. 1-1 ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Andrew Bamberger

Residence in Baltimore: No. 2221 Chapelard St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word.): widower

6-DATE OF BIRTH: July (Month) 25 (Day) 1869 (Year)

7-AGE: 59 yrs. 10 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Proprietor
(b) General nature of industry, business, or establishment in which employed (or employer): Packing House

9-BIRTHPLACE, (State or Country): Salt Lake City

PARENTS.

10-NAME OF FATHER: John Bamberger

11-BIRTHPLACE OF FATHER, (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Catherine Wagner

13-BIRTHPLACE OF MOTHER, (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia Bamberger

(Address) 2221 Chapelard St.

15- JUN 8 - 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 6 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heat Prostration

(Duration) .....yrs. .....mos. 4 hrs

CONTRIBUTORY (Secondary)

(Duration) .....yrs. .....mos. .....ds.

(Signed) James M. Fenton M. D.
(Coroner.)

June 9 1925 (Address) 700 E. Chase St.

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cemetery	June 9 1925
20-UNDERTAKER, Lilly-Ziler	ADDRESS 4008 Wolfe St

99276 H. P. Co.— 1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

37 D 99276

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2706 Yoshen St ST. 16-3 WARD)

2-FULL NAME Charles Hueffer

(a) RESIDENCE. No. 2706 Yoshen ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 16 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
35		9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pressman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Charles Hueffer

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Anna

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Mrs. Louis Lupo

(Address) 2706 Yoshen St

15 JUN 8 - 1925 ROBT. R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1925

17 I HEREBY CERTIFY, That I attended deceased from May 13, 1925, to June 6, 1925, that I last saw him alive on June 5, 1925, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary T. B.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. Exam

(Signed) John S. Rabenold M. D.

6/7, 1925 (Address) 1219 Eutaw Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	June 9th 1925
20 UNDERTAKER	ADDRESS
Chas. F. McCormick & Son	503 Eutaw St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 D 99277

99277

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 2840 Kate ave ST., 15-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice M. Kinnaird

(a) RESIDENCE NO. 2840 Kate ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Female	White	married

5a If ~~married~~, ~~widowed~~, or ~~divorced~~ HUSBAND of (or) WIFE of Ralph Kinnaird

6 DATE OF BIRTH (month, day, and year) Aug 2, 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	39	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer — —

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Wallace C. Davidson

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary A Charlton

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Maryland

14 Informant Ralph Kinnaird (Address) 2840 Kate ave

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1925

17 I HEREBY CERTIFY, That I attended deceased from July, 1920, to June 5, 1925, that I last saw her alive on June 5, 1925, and that death occurred, on the date stated above, at 6.30 p. m.

The CAUSE OF DEATH* was as follows:

CHRONIC PARENCHYMATOUS NEPHRITIS

(duration) 5 yrs. — mos — ds.

CONTRIBUTORY (Secondary) URAEMIA

(duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? URINALYSIS ETC

6/5, 1925 (Signed) C W Hoffman, M. D. (Address) 2100 N. North ave 1102 No. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	June 8 1925
20 UNDERTAKER John B Spence	ADDRESS 1325 W Lanvale St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99278

CERTIFICATE OF DEATH.

113

D 99278

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital ST., 70 WARD) — 4

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stom Chee Jrk

(a) RESIDENCE No. 2606 Frederick Av ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 0 yrs. 8 mos. 28 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Chinese

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: (none)

6 DATE OF BIRTH (month, day, and year): Sept-10-1924

7 AGE — Years: 0 — Months: 8 — Days: 28 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): San Francisco California

PARENTS

10 NAME OF FATHER: Stom Guy Jrk

11 BIRTHPLACE OF FATHER (city or town) (State or country): Canton China

12 MAIDEN NAME OF MOTHER: Chin Stara

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Canton China

14 Informant: D. Samuel (uncle)

(Address): 11-20-21-St.

15 Filed JUN 8 - 1925 19.. MYRTLE R. KRAUTER, Registrar

Vital Records Clerk

TION is very important. See instructions

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6 June 1925

17

I HEREBY CERTIFY, That I attended deceased from 5 June, 1925, to 6 June, 1925,

that I last saw him alive on 6 June, 1925,

and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Ileo Colitis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Z Vance Cooper, M. D.

, 19 (Address) 2565 Ford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ball Cemetery

DATE OF BURIAL: June 8 1925

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS: 108 W.N

Spec.—6-2-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99279

99279

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No.) 2722 St Paul ST.: 12 WARD 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Jane Jackson

(a) RESIDENCE. NO. 2722 St Paul ST., WARD. Resident

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? 79 yrs. 1 mos 6 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 29, 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	5	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) York, Pa

PARENTS

10 NAME OF FATHER William Jackson

11 BIRTHPLACE OF FATHER (city or town) Balto Co Md (State or country)

12 MAIDEN NAME OF MOTHER Mary E. Kenty

13 BIRTHPLACE OF MOTHER (city or town) York Pa (State or country)

14 Informant Eden N. Mueller.

(Address) 2722 St. Paul St.

15 JUN 8 - 1925 ROBERT R. KRAUER, Registrar of Records Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5, 1925

17 I HEREBY CERTIFY, That I attended deceased from several years, to June 5, 1925, that I last saw her alive on June 3, 1925, and that death occurred, on the date stated above, at 6.20 P m.

The CAUSE OF DEATH* was as follows:

General debility

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. 6 wks mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Barrett B. Gaither M. D.

. 19 (Address) 1404 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Presbyterian Cemetery (Govan) DATE OF BURIAL: June 8 1925

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS: 108 W. NORTH AVE.

Spec—12-23-21—E.B.R.S.—400 Bks.

99280

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

74 D 99280

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2100 E. Lafayette Ave St., 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaretta Stumpp

(a) Residence No. 2100 E. Lafayette Ave St., ... Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? 74 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Anthony Stumpp

6-DATE OF BIRTH (month, day and year) 3/21/1846

7-AGE 79 yrs. 2 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Daniel C. Babe

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Rosina

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

11- (Informant) Mary Wilts

(Address) 2100 E. Lafayette Ave

13- Filed ..... 192.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 6th 1925

17- I HEREBY CERTIFY, That I attended deceased from June 6th, 1925, to June 6th, 1925, that I last saw h[illegible] alive on June 6th, 1925, and that death occurred, on the date stated above, at 8:15 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. 10 hours ds.

CONTRIBUTORY (Secondary) Coma

(Duration) ..... yrs. 10 hours

18-Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) J. Rose Volz M. D.

June 8th 1925 (Address) 1501 E. Eager St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Baltimore Cem

DATE OF BURIAL, 6/8, 1925

20-UNDERTAKER, Albert L. Wilts Jr

ADDRESS 1606 N. Chester St

JUN 8 1925

Spec. 1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99281

CERTIFICATE OF DEATH.

58-001 D 99281

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1615 Park ave (St.) 14-2 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura H. White

(a) RESIDENCE NO. 1615 Park Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) June 7 25

8 AGE: Years 69; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: not any

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Norfolk - Va

PARENTS

10 NAME OF FATHER: Thomas Spangler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Norfolk Va

12 MAIDEN NAME OF MOTHER: Mary Lovett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Norfolk Va

14 Informant: Bartley Horne

(Address) 1615 Park ave

15 Filed ..., 19... ROBERT R. KRAUS, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1925

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to June 6, 1925,

that I last saw her alive on June 6, 1925,

and that death occurred, on the date stated above, at 9.30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma

(Duration) Several yrs. mos ds.

CONTRIBUTORY (Secondary) Heart insufficiency

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Blood chemistry

(Signed) Bernard Carroll Magruder M.D.

6/7, 1925 (Address) 103 W. Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: June 8 1925

20 UNDERTAKER: John Ottenheimer — ADDRESS: 1260 W. Fayette

Cor.—1-12-23—M&T—100 Bks.

99282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

187 D 004 99282

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 12-4 ST., WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Millard Gooden

(a) RESIDENCE NO. 419 E. 24 ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Div Mum

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	6	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer, do
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Cunningham Bros

9 BIRTHPLACE (city or town) Md
(State or country) Unknown

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Walter Goodwin
(Address) 419 E 24th St

15 Filed JUN 8 - 1925, 192 ROBERT R. KRAUTER, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:-

Fractured Pelvis

Crushed by Steamshovel on Lake Dr (duration) June 6 — 25 yrs. mos. ds. Accidental

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

(Signed) A. Wilbur, M. D.
(Coroner) (Address) 765 Guilford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., 3 days ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dr. Wilbur	June 8th 1925
20 UNDERTAKER	ADDRESS
Thomas E. Mayfield	Baltimore

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99283

CERTIFICATE OF DEATH.

D 99283

Registered No. 24-001 1926 20 Pus

1-PLACE OF DEATH

City of BALTIMORE: (No. 1429 Riggs Ave St., 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cecelia Pierson

(a) Residence No. 1429 Riggs Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, colored

5-Single, Married, Widowed, or Divorced, (Write the word.) widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Pierson

6-DATE OF BIRTH (month, day and year) 1853

7-AGE, 70 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), St Marys Co Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), St Marys Co

12-MAIDEN NAME OF MOTHER Hannah Jackson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) St Marys Co Md

14- (Informant) Mrs Walter Thompson

(Address) 1429 Riggs Ave

15- JUN 8 - 1925 HERBERT R. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 7/1925

17- I HEREBY CERTIFY, That I attended deceased from June 6- 1925 to June 7- 1925, that I last saw h.e alive on June 6- 1925, and that death occurred, on the date stated above, at 12-40 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Hon. C McCarthy M. D

, 19 (Address) 2410 Edmondson Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral DATE OF BURIAL June 9th, 1925

20-UNDERTAKER Thomas E Wright ADDRESS 1364 Carey

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

V-001

99284

CERTIFICATE OF DEATH.

14-7 24-001 D 99284

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 1726 Brunt ST.; 14-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Brazzy

(Residence in Baltimore: No. 1726 Brunt St. St.: 51 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, unknown (Month) (Day), 1874 (Year)

7-AGE, 57 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: laundry
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER mary E Waters

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M Mifflin Hall

(Address) 1726 Brunt st

15- Filed 191 Robert K. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 5 (Day), 1925. (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 15 1925 to June 5 1925, that I saw her alive on June 5 1925, and that death occurred, on the date stated above, at 11, m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Left Hemiplegia

(Duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) James Eblaugh M. D.

June 5 1925. (Address) 700 N. Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn DATE OF BURIAL, June 9, 1925

20-UNDERTAKER Joseph A Farrell ADDRESS 2519 Division St

...ec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99285

CERTIFICATE OF DEATH.

12 D 99285

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6105 York Road ST.: 27-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Lizzette Sumner

(a) RESIDENCE. No. 6105 York Road ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John W Sumner

6 DATE OF BIRTH (month, day, and year) Mar. 16-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	71	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER — Englehardt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Howard E Sumner

(Address) 6105 York Rd.

15 Filed ..., 19 ...

JUN 8 - 1925 ... Registrar.

Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1925

17

I HEREBY CERTIFY, That I attended deceased from June, 1920, to June 6, 1925, that I last saw her alive on June 6, 1925, and that death occurred, on the date stated above, at 9 00 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Haines, M. D.

6-7. 1925 (Address) 5600 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	6 9 1925
20 UNDERTAKER	ADDRESS
Wm. Level Sons	Edmondson Ave

Spec.—1-10-21—M&T—1500 Bks.

9286 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99286

CERTIFICATE OF DEATH.

4-129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 N Chester ST., 4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Zimmerman

(a) RESIDENCE NO. 1503 N Chester ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6 DATE OF BIRTH (month, day, and year) Sept 4

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	83			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Mary Gunderson

(Address) 1503 N. Collington Ave

JUN 8 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1925

17 I HEREBY CERTIFY That I attended deceased from June 6, 1925, to June 7, 1925,

that I last saw him alive on June 6, 1925,

and that death occurred, on the date stated above, at 1 P. 50 A m.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) √ yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob Frahm, M. D.

6/7, 1925 (Address) 1823 N. Wash ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore	June 7 1925
20 UNDERTAKER	ADDRESS
Wm Cook & Sons	

...—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE 90

D 99287

CERTIFICATE OF DEATH.

REGISTERED No. D 99287

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 113 & 6th Ring ST., 14 WARD) 1

2-FULL NAME Mrs. Kate Spears

(a) RESIDENCE NO. 113 & 6th Ring ST., 14 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Charley Spears

DATE OF BIRTH (month, day, and year) 10/15/1865

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	9	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Charles Co. Md.

PARENTS

10 NAME OF FATHER Charles Johnson

11 BIRTHPLACE OF FATHER (city or town) Charles (State or country) Co. Md.

12 MAIDEN NAME OF MOTHER Margaret Wills

13 BIRTHPLACE OF MOTHER (city or town) Charles (State or country) Co. Md

14 Informant Charley Spears (Address) 1138 Ellwg St.

15 Filed ....., 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/5/1925

17

I HEREBY CERTIFY, That I attended deceased from 4/30/, 1925, to 6/5/, 1925,

that I last saw her alive on 6/5/, 1925,

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Acute myocarditis

Followed by chronic Endocarditis

Contributory

(duration) ..... yrs. ..... mos 6 da.

CONTRIBUTORY (Secondary) Endocarditis

(duration) ..... yrs. 1 mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) W. M. Bisley, M. D.

, 19 (Address) 709 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 CAUSE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL June 8 1925

20 UNDERTAKER Edward D Hundley

ADDRESS 578 Edmondson

Spec.—1-10-21—M&T—1500 Bks.

D 99288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

124 D 99288

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1223 Etting ST., 17-1 WARD)

2-FULL NAME Sarah McClain

(a) RESIDENCE NO. 1223 Etting ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. —— mos. —— ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Colored 5 Single, Married, Widowed, or Divorced, (write the word) Married

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of Charley Spears

6b DATE OF BIRTH (month, day, and year) 1865

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (City or town) (State or country) Md Charles Co

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Charley Spears (Address) 1138 Hollins St

15 Filed JUN 8 - 1925, 19.. ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1925

17 I HEREBY CERTIFY, That I attended deceased from May 30, 1925, to June 4, 1925, that I last saw h[illegible] alive on June 3, 1925, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular Renal Disease.

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) ..... yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. J. Carr, M. D.

June 6 1925 (Address) 515 Winston Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 DATE OF BURIAL, CREMATION OR REMOVAL June 8 1925

20 UNDERTAKER M. Cartwright & Son

ADDRESS 578 Mosher

...—1-12-25—M&T—500 Bks.

D 99289 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99289

24-001

CERTIFICATE OF DEATH.

REGISTERED NO. 18-2

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Duncan or Becket

(a) RESIDENCE NO. 1041 W Lexington ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, and year) 1883

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42 yr.			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Peter Howard

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country)

12 MAIDEN NAME OF MOTHER Lusia Jennings

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country)

14 Informant Baltimore City Hospitals Records
(Address)

15 JUN 8 - 1925 ROBERT R. KRAUTER, Clerk Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1925

17 I HEREBY CERTIFY, That I attended deceased from May 21, 1925, to June 5, 1925, that I last saw h.e alive on June 5, 1925, and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Hypertension chronic myocarditis

Pt. hemiplegia (cerebral hemorrhage) (duration) 4 yrs. mos ds. (History)

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W Lindsay Miller, M. D.

6/7, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem | DATE OF BURIAL June 8 1925

20 UNDERTAKER Edmund Hursley | ADDRESS 78 E Eddy

ec.—1-10-21—M&T—1500 Bks.

9290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 99290

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 Gator ave ST., 9-1 WARD

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dora Shields

(a) RESIDENCE NO. 704 Gator ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Shields

7 DATE OF BIRTH (month, day, and year): June 14-1839

8 AGE — Years: 85 — Months: 11 — Days: — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Rauschk

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Eliz Parsons

(Address): 704 Gator ave

15 Filed ....., 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 5 1925

17

I HEREBY CERTIFY, That I attended deceased from June 5, 1925, to June 5, 1925, that I last saw her alive on June 5, 1925, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Intense Heat

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Valvular heart disease

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. H. Duncan, M. D.

June 9, 1925 (Address) 5104 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pen Lathedral Cemetery

DATE OF BURIAL: 6/6 1925

20 UNDERTAKER: J. G. Moran

ADDRESS: E. Baltimore

Spec.—1-10-21—M&T—1500 Bks.

99291 HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH.

D 99291

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 12 WARD)

2-FULL NAME Frieda Vance

(a) RESIDENCE No. 1413 Clarkson ST., WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE: Years 39; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Florida

PARENTS

10 NAME OF FATHER Thomas Vance

11 BIRTHPLACE OF FATHER (city or town) (State or country): Georgia

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Georgia

14 Informant (Address): Baltimore City Hosp Parole

15 Filed JUN 8 - 1925 19 HERBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-5 1925

17 I HEREBY CERTIFY, That I attended deceased from 5-25, 1925, to 6-5, 1925

that I last saw he alive on 6-5, 1925

and that death occurred, on the date stated above, at 6 00 m.

The CAUSE OF DEATH* was as follows:

Bilateral inguinal hernia

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Term Br[illegible]

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 6-1-25

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Ernest Jensen, M. D.

6/6, 1925 Address Baltimore City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cem | DATE OF BURIAL: June 9, 1925

20 UNDERTAKER: M. Howard Evans | ADDRESS: 38 E. Fort Ave

Spec.--1-10-21—M&T—1500 Blks.

99292

HEALTH DEPARTMENT—CITY OF BALTIMORE

H D 99292

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 S Milton Ave ST., 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Freimiller

(a) RESIDENCE NO. 612 S Milton Av WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Freimiller

6 DATE OF BIRTH (month, day, and year): April 10 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: wife Catherine

(Address): 612 S. Milton Ave

15 Filed JUN 8 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 5 1925

17 I HEREBY CERTIFY, That I attended deceased from April 11, 1925, to June 5, 1925, that I last saw him alive on June 5, 1925, and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 2 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Francis Jamiszewski, M. D.

6/5, 1925 (Address) 2431 Fait Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
1st Evangelical Cem.	June 8 1925
20 UNDERTAKER	ADDRESS
Henry Sander Snyder	1710 Fleet St

Spec.—1-10-21—M&T—1500 Blks.

D 99293 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 99293

38

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1018 Linden Ave. (WARD) 11-V

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Celia Burrell

(a) RESIDENCE NO. 1018 Park Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C.	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of William Burrell

7 DATE OF BIRTH (month, day, and year) 1890

8 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35			

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Private 041

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Alexander Tilley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Jane Alexander

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Hallie Tilley 1018 Lanvale

15 Filed ..... 19.... ROBERT R. KRAUTER Registrar

MARCH 8 - 1925 ASST. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5th 1925

17 I HEREBY CERTIFY, that I attended deceased from May 30th, 1925 to June 5th, 1925.

that I last saw her alive on June 5th, 1925

and that death occurred, on the date stated above at 8:30 A.M.

The CAUSE OF DEATH* was as follows:

Acute Prostration

(duration) yrs. mos. 1 da.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 8 yrs. mos. ds.

18 Where was disease contracted if not at place of death? 916 Park Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Ellis, M. D.

(Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	June 8 1925

20 UNDERTAKER Mack G. Elliott ADDRESS 1225 Eastlander

Spec.—8-24-14—M. & T.—2000 Bks.

D 99294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 D 99294

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Edgewood Sanitarium ST.; 11-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabel G. Daish

(Residence in Baltimore: No. 206 E. Biddle St.; 1 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Nov 9, 1872 (Month) (Day) (Year)

7-AGE, 47 yrs. 6 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John W. Bouchat

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Bowers Eliz. M

13-BIRTHPLACE OF MOTHER (State or Country), Bed Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. J. Bouchat

(Address) 206 E. Biddle St.

15- Filed JUN 8 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 7, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 7 1925, to June 6 1925, that I saw her alive on June 6 1925, and that death occurred, on the date stated above, at 1.50 P m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

Myocarditis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary?)

(Duration) yrs. mos. ds.

(Signed) Geo. H. Rockwell M. D.

, 191... (Address) 5635 York Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, June 9, 1925

20-UNDERTAKER J. C. Friedfeld — ADDRESS 914 Greenmount Ave

1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99295 CERTIFICATE OF DEATH 6-2 HD 99295

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. Agnes Hospital ST., 6 WARD)

2-FULL NAME Mrs Clara Bonestahl Braunstein

(a) RESIDENCE NO. 2207 E. Fayette St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | 4 COLOR OR RACE W. | 5 Single, Married, Widowed, or Divorced, (write the word) Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Br

DATE OF BIRTH (month, day, and year) R67

AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	63	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) Russia
(State or country)

PARENTS

10 NAME OF FATHER Do not know

11 BIRTHPLACE OF FATHER (city or town) " " "
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) " " "
(State or country) " " "

14 Informant Mrs Minnie Schaufler.
(Address) 2207 E. Fayette St

15 Filed ..... 19 ..... JOSEPH R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-7- 1925

17 I HEREBY CERTIFY, That I attended deceased from 4-18, 1925, to 6-7-, 1925, that I last saw h[er] alive on 6-7- 1925 and that death occurred, on the date stated above, at 10 [illegible] a m

The CAUSE OF DEATH* was as follows:

Cachexia

(duration) ..... yrs. ..... mos 6 wks

CONTRIBUTORY (Secondary) Cancer Stomach (duration) ..... yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of 23 May

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) H King B.E. Deegan, M. D.

6/7, 19 25 (Address) 904 N. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL 6/9 19 25

20 UNDERTAKER Jacob Lewis 1439 E Balto — ADDRESS

...c.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99296

CERTIFICATE OF DEATH.

1001

100D 99296

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1210 E Fayette St. (WARD) 5-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Keil

(a) RESIDENCE NO. 1210 E Fayette St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	S

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Dec 22-1924

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
		5	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Sam Keil

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rosa Schneider

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis

(Address) 1439 E Baltimore St

JUN 8 - 1925

...R. KRAUTER,

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1925

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1925, to June 7, 1925, that I last saw her alive on June 7, 1925; and that death occurred, on the date stated above, at 3 30 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Congenital Heart defect

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm J Bengtsen M. D.

6/7. 1925 (Address) 210 Aisquith

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt Carmel

DATE OF BURIAL 6/8 1925

20 UNDERTAKER Jack Lewis 1439 E Balt St

ADDRESS

...ec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

9297

CERTIFICATE OF DEATH.

19-2 113 D 99297

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 Wilkens. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret M.Schindler,

(a) RESIDENCE NO. 1717 Wilkens, ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) January 13.1924

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	4	21	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John F.Schindler,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Lillian M.Tuerke,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant John F.Schindler, (Address) 1717 Wilkens Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JUN 7 1925

17 I HEREBY CERTIFY, That I attended deceased from June 7, 19 25, to June 7, 19 25, that I last saw her alive on June 7, 1925, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Intoxication

1

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Edward C. Cradelmeier M. D.

6/11/25 (Address) 211 N Fulton Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL JUN 9 1925 19

20 UNDERTAKER Geo W Little

ADDRESS 2708 EDMONDSON AVE.

c.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99298

CERTIFICATE OF DEATH.

90 D 99298

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 1202 N. Eden ST.: 10-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard J. Hardy

(a) RESIDENCE. No. 1202 N. Eden ST., 10— WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 6 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 24-1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	6	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John D. Hardy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Portsmouth England

12 MAIDEN NAME OF MOTHER Mercy Mark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Alexandria Va.

14 Informant Isabel O. Hardy

(Address) 1202 N. Eden St.

15 Filed JUN 8 - 1925 19.. HARRY R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6— 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug. 28— 1924, to June 6— 1925, that I last saw h im alive on June 6— 1925, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fenby M. D.

6/6/1925 Address 1223 N. Caroline st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cemetery	6/9 1925
20 UNDERTAKER	ADDRESS
Henry U. Mears & Son	805 N. Calvert

99299

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99299

159-002

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 724 S. Charles St. St., 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philis L. Bowen.

Residence in Baltimore: No. 724 S. Charles St. St.; yrs., 2 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White.

5-Single, Married, Widowed, or Divorced. (Write the word.): Single.

6-DATE OF BIRTH, April 4, 1925 (Month) (Day) (Year)

7-AGE. ---- yrs. 2 mos. 3 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore, Md.

PARENTS.

10-NAME OF FATHER: Archie N. Bowen

11-BIRTHPLACE OF FATHER, (State or Country): Calvert Co. Md

12-MAIDEN NAME OF MOTHER: Sarah E. Fowler.

13-BIRTHPLACE OF MOTHER, (State or Country): Calvert Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah E. Bowen. (mother)

(Address) 724 S. Charles St.

15- JUN 8 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 7 1925 (Month) (Day) (Year) 192....

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to the death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.
congenital.

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Otto M. Rembarett M. D. (Coroner)

June 8, 192... (Address) 1019 S. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: St Paul Church Cemetery Calvert Co. — DATE OF BURIAL: 6/8, 1925

20-UNDERTAKER: John F Denny. — ADDRESS: 715 Light St

...—1-12-23—M&T—500 Bks.

99300 D99300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. 162

CITY OF BALTIMORE: (No. 322 N. Pulaski ST., N-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant of Maurice + Ruth Boring

(a) RESIDENCE No. 322 N. Pulaski ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) June 4. 1925

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

9 NAME OF FATHER Maurice Boring

11 BIRTHPLACE OF FATHER (city or town) Uparo (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ruth Strunk

13 BIRTHPLACE OF MOTHER (city or town) Lansburg (State or country) Pa

14 Informant Mr Maurice Boring
(Address) 322 N. Pulaski St

15 Filed ....., 19.... HARRY R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1925

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1925, to June 7, 1925, that I last saw him alive on June 7, 1925 and that death occurred, on the date stated above, at 7 P. m

The CAUSE OF DEATH* was as follows:

Atelectasis

(duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of June 7.

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) O. S. Lloyd, M. D.

, 19 (Address) 1737 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL June 8 1925

20 UNDERTAKER Jos Joerdens & Son — ADDRESS 217 S. Paca St

...ec.—1-10-21—M&T—1500 Blks.

99301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90D 99301

1-PLACE OF DEATH

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 612 Grantley St. ST., 16 WARD) 12

2-FULL NAME Thomas E. Foster Sr.

(a) RESIDENCE No. 612 Grantley St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Jean McLean Foster.

7 DATE OF BIRTH (month, day, and year) April 12th. 1851.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	74	1	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Plumber.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER David Foster.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Estelle Free

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Edith McLean Anderson.
(Address) 612 Grantley St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5th. 19 25.

17 I HEREBY CERTIFY, That I attended deceased from March, 19 25, to 6/4, 19 20, that I last saw h[er] alive on ..., 19 ..., and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Valvul. Lesion of the heart

(duration) yrs. 3 + mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. J. Gardner M. D.

6/6, 19 25 (Address) Grantley nr Ilchester

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	6/8 1925
20 UNDERTAKER	ADDRESS
Chas. P. Crane & Son	118 W. Mt. Royal Ave

ee.—1-10-21—M&T—1500 Blks.

9302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

194 D 99302

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marcella Van Bergen

(a) RESIDENCE NO. 1141 W Lager St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced (write the word) single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 19 - 1916

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Brentwood Md.
(State or country)

PARENTS

10 NAME OF FATHER Bernard J. Van Bergen

11 BIRTHPLACE OF FATHER (city or town) Holland
(State or country)

12 MAIDEN NAME OF MOTHER Mary Regan

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant Mrs Mary Van Bergen
(Address) 1141 W. Lager St.

15 Filed JUN 8 - 1926 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/6 1926

17 I HEREBY CERTIFY, That I attended deceased from 6/6 1926 to 6/6 1926, that I last saw her alive on 6/6 1926, and that death occurred, on the date stated above, at 9 10 p m.

The CAUSE OF DEATH* was as follows:

Heat exhaustion

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) R. S. Anderson, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 6/8 1926

20 UNDERTAKER Chas. F. Kraus & Son

ADDRESS 1810 W Mt Royal Ave

Sec—12-23-21—E.B.R.S.—400 Bks.

99303

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 D 99303

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1134 Woodley St. 16-6 Ward.) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Isaaton P Burns

(a) Residence No. 1134 Woodley St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 5 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-If married, widowed, or divorced HUSBAND of (or) WIFE of

7-DATE OF BIRTH (month, day and year) Jan 28 1895

8-AGE. 30 yrs. 5 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Electrical 029

(b) General nature of industry, business, or establishment in which employed (or employer)..... Chesapeake Ry Co

(c) Name of employer..... Chesapeake steam ships

9-BIRTHPLACE (city or town)..... (State or Country), Md

PARENTS.

10-NAME OF FATHER, Luke Burns

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Md

12-MAIDEN NAME OF MOTHER, Katie Branning

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Ireland

14- (Informant)..... Luke Burns

(Address)... 1134 Woodley

15- FILED JUN 8 - 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 6 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec 20- 1924 to June 6 1925

that I last saw h.. alive on June 6- 1925

and that death occurred, on the date stated above, at 8.20 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart disease

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia (Embolic

(Duration) yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & sudden onset

(Signed) Chas A Carey M. D

6/6 1925 (Address) 2105 N Balto St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cathedral — DATE OF BURIAL, June 8 1925

20-UNDERTAKER, Barton Jakey & Son — ADDRESS 1827 N North ave

1-12-25—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99304 1825 99304

CERTIFICATE OF DEATH.

REGISTERED NO.

1.-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No.) Druid Hill Park St., 12-21 WARD)

2.-FULL NAME George R. Pharr

(a) RESIDENCE No. 531 W. 27 ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of No

DATE OF BIRTH (month, day, and year) May 13 1892

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	33			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Telegraph Operator
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Md
(State or country)

10 NAME OF FATHER John T Pharr

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Josephine A Wood

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

Informant Julia Pharr
(Address) 531 W 27 St

Filed JUN 8 1925, 192 ROBERT R. KRAUTER, Registrar

Burial Permit Issued.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental
Drowning
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

(Signed) John J Mosser, M. D.
(Coroner.)

June 7, 1925 (Address) 7132 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... da. In the State ... yrs., ... mos., ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: June 7 1925

20 UNDERTAKER Chamberlain & Son — ADDRESS 1417 Chestnut Ave

—1-12-23—M&T—100 Bks.

D 99305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 99305

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Colonial Hospital ST., W. V. WARD) 2

2. FULL NAME Odd St Giddings

3. (a) RESIDENCE NO. 408 W. 26th ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
n	White	married

6 If married, widowed, or divorced
(a) HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year)

8 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52			

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Labor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) Md
(State or country)

11 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) unknown
(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknow
(State or country)

Informant C. E. Giddings
(Address) 408 W 26th St

JUN 8 - 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jurors (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows: Mitral Stenosis

(duration) yrs. 5 mos. 1 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 1 ds.

(Signed) C. E. Taddings, M. D.

June 7 1925 (Coroner) (Address) 1436 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Md DATE OF BURIAL June 8 1925

20 UNDERTAKER Chenowith Son ADDRESS 5617 Chestnut Ave

6-9-19 H. F. Co. 1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

) 99306

CERTIFICATE OF DEATH.

44D 99306

REGISTERED NO.....

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 414 W 28 ST.; 12 - 12 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matilda Schrier

(a) RESIDENCE. No. 414 W 28 ST., WARD.
(Usual place of above) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	married

a If married, widowed or divorced HUSBAND of (or) WIFE of John C Schrier

6 DATE OF BIRTH (month, day, and year) Sept 6 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant John C Schrier (Address) 414 W 28 St

15 Filed JUN 8 - 1925 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1930

17 I HEREBY CERTIFY, That I attended deceased from Jan 9 1925 to June 6 1930, that I last saw her alive on June 6 1930, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. Days

CONTRIBUTORY (Secondary) Arterio Sclerosis (duration) yrs. 5 mos. Days

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L C Graham M. D.

19 19 (Address) 112 W. 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem	June 8 1925

20 UNDERTAKER Chenoweth Son ADDRESS 617 Chestnut

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99307

CERTIFICATE OF DEATH.

74-001 D 99307

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Genl Hospital ST., 9-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Jennie Place

(a) RESIDENCE NO. 2689 Greenmount Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Charles F. Place

6 DATE OF BIRTH (month, day, and year): Oct 20 1879

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	7	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife for 37

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Huntington L. I.

PARENTS

10 NAME OF FATHER: Henry Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): N.Y

12 MAIDEN NAME OF MOTHER: Carry Walters

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.Y.

14 Informant: Charles F Place

(Address) 2689 Greenmount Ave

JUN 8 - 1925

ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 7 1925

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1925, to June 7, 1925, that I last saw her alive on June 7, 1925, and that death occurred, on the date stated above, at 11 05 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis with Hypertension—

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage = Hemiplegia (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) J W Pratt M. D.

, 19 (Address) Md Genl Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Greenwood Island N Y

DATE OF BURIAL: June 9 1925

20 UNDERTAKER: Greenwood Son

ADDRESS: 3617 Eastern Ave

6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99308

CERTIFICATE OF DEATH.

161-001 D 99308

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

Y OF BALTIMORE. (No.) 909-1 St. Orangeville (WARD) 24-3

2-FULL NAME Eva Bruck

(a) RESIDENCE. No. 909-1 St. ST., Orangeville WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) June 6-25

AGE	Years	Months	Days	If LESS than 1 day 3 hrs. or — min.
	0	0	0	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) West Orangeville
(State or country)

PARENTS

10 NAME OF FATHER Joseph Bruck

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Julia Fox

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Joseph Bruck
(Address) 909 12th St. Orangeville

15 Filed JUN 8 - 1925, 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1925

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1925, to June 6, 1925, that I last saw her alive on June 6, 1925, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Premature

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) —
(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Richard Thorson, M. D.

, 19 (Address) 76 E Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	June 8 1925
20 UNDERTAKER	ADDRESS
Wendell Ryppel & Son	378 Hanover

Burial Permit Issued

...—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99309 99309

CERTIFICATE OF DEATH.

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 428 N Luzern ave 6 WARD) 6-36 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anton Kircher

(a) RESIDENCE NO. 428 N Luzern ave WARD 6

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Hard 86

(b) General nature of industry, business, or establishment in which employed (or employer) wood finisher

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Bath

PARENTS

10 NAME OF FATHER (Unknown) Kircher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Annie Kircher
(Address) 428 N Luzern Ave.

15 Filed JUN 8 - 1925 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6th 1925

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1925, to June 6, 1925, that I last saw h[illegible]live on June 1, 1925 and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Arteio Sclerosis
(duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Myocarditis
(duration) 1 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? c

Did an operation precede death? no Date of —

Was there an autopsy? no —

What test confirmed diagnosis? Clinical Vam

(Signed) Wm M. Avay, M. D.

June 8. 1925 (Address) 839 S. Ellwood ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	June 9 1925
20 UNDERTAKER	ADDRESS
Wendell Diffenderfer	378 Linn

Form.—6-9-19—H. P. Co.—1000 Bks.

D 99310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 D 99310

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3630 Beech Ave (St.) 13-4 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph A Santiago

(a) RESIDENCE No. 3630 Beech Ave St., Ward,
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? 47 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary M Santiago

6 DATE OF BIRTH (month, day, and year): Aug 11-1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	9	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Barber

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Sunwalt

9 BIRTHPLACE (city or town) (State or country): Portugal

PARENTS

10 NAME OF FATHER: Bernardino Santiago

11 BIRTHPLACE OF FATHER (city or town) (State or country): Portugal

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Portugal

14 Informant: Mary M Santiago
(Address) 3630 Beech Ave

15 Filed ..., 19... Robert R. Kramer, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 6 1925

17

I HEREBY CERTIFY, That I attended deceased from May 5, 1925, to June 6, 1925, that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthenia

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X ray exam.

(Signed) [illegible], M. D.

June 6. 1925 (Address) 6429 Charlestown Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	6/9 1925
20 UNDERTAKER	ADDRESS
Franklin W Sarty	701 W 3rd

D 99311 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113

D 99311

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 233 N. Bruce St., 19-1 Ward)

2-FULL NAME Louise V. Ferguson

Residence in Baltimore: No. 233 N. Bruce St.; yrs.....mos.....ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-DATE OF BIRTH. Sept (Month) 25 (Day) 1924 (Year)

7-AGE. ... yrs. 8 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Infant
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Balto

PARENTS.

10-NAME OF FATHER. William Ferguson

11-BIRTHPLACE OF FATHER. (State or Country). Balto

12-MAIDEN NAME OF MOTHER. Louise Lefford

13-BIRTHPLACE OF MOTHER. (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Ferguson

(Address) 233 N. Bruce St

15- Filed JUN 8 - 1925 ROBT. R. KRAUTER, Registrar. Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 7 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Entero-Colitis

(Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Heat Exhaustion

(Duration) ... yrs. ... mos. ... ds.

(Signed) Thos B Fenton M. D. (Coroner.)

June 7th 1925 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Balto. Md

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mount Zion

DATE OF BURIAL, 6/8/1925

20-UNDERTAKER, Joseph A Lisby

ADDRESS 151 Winters ave

1-12 23—MAT—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99312

CERTIFICATE OF DEATH.

9312

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 620 W Lee ST., 22-1 WARD)

2-FULL NAME Dietrich W. Wassmann

(a) RESIDENCE NO. 620 W. Lee ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? 47 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

If married, widowed, or divorced (or) WIFE of Annie Wassmann

6 DATE OF BIRTH (month, day, and year) June 2-1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55		5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto Cooperage Co

9 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Wm. Wassmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not given

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant

(Address)

15 JUN 8 1925 ROBERT R. KRAUTER Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1925, to June 7, 1925, that I last saw him alive on June 6, 1925, and that death occurred, on the date stated above, at 4.30 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestines

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Ø

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinic

(Signed) J. Mc Murtrie, M. D.

June 7, 1925 (Address) 729 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL June 9, 25

20 UNDERTAKER F. A. Krauss & Son — ADDRESS 703 Hanover

...s.—1-10-21—M&T—1500 lbs.

Kouklesis

1925 99313 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5 - 101-001 D 99313

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Johns Hopkins Hosp ST., 5-1 WARD)

2-FULL NAME Alexander Kouklesis

(a) RESIDENCE NO. 822 E. Baltimore St., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	5	6	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Angelos Kouklesis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Stella Stratoberi

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Greece

14 Informant .....

(Address) Johns Hopkins Hosp.

15 Filed JUN 8 - 1925 ROBERT P. LAMOTTE Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1925

17

I HEREBY CERTIFY, That I attended deceased from June 4, 1925, to June 6, 1925, that I last saw h e alive on June 6, 1925, and that death occurred, on the date stated above, at 7.45A m.

The CAUSE OF DEATH* was as follows:

Acute Primary Pneumonia

(duration) yrs. mos. 1X ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) C. Howell, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	June 8 1925

20 UNDERTAKER George J. Routt ADDRESS 1785 Harford Ave

...ec. 1-10-21—MAT—1500 lbs.

9314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113D 99314

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1843 Ramsay ST. 19-2 WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Beverly Jeanne Costantino

(a) RESIDENCE No 1843 Ramsey ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Baby.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Oct 31. 1924

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		7	7.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Charles Costantino

11 BIRTHPLACE OF FATHER (city or town) Alexandria La
(State or country)

12 MAIDEN NAME OF MOTHER Henrietta Army

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Chas Costantino
(Address) 1843 Ramsey St

15 JUN 8 - 1925 [illegible] Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7. 1925

17 I HEREBY CERTIFY, That I attended deceased from June 4, 1925, to June 7, 1925, that I last saw her alive on June 6, 1925, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Catarrhal Enteritis.

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edward E. Travers M. D.

19 (Address) 1500 Hollins St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	June 8 1925
20 UNDERTAKER Geo J Ruth	ADDRESS 1735 Harford Ave

ec.—6-19-13—M. & T.—500 Bks. Gustavus Clark

HEALTH DEPARTMENT—CITY OF BALTIMORE

99315 **CERTIFICATE OF DEATH.** 129 99315

1-PLACE OF DEATH ..... REGISTERED NO. C.....

ITY OF BALTIMORE: (No. 900 Montpelier st. ST.; 9-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME G. Clark.

Residence in Baltimore: No. 900 Montpelier st. (If less than 1 day, ... hrs. or ..... min.) (If non-resident, give STATE OR COUNTRY instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~SINGLE~~ MARRIED, ~~WIDOWED, OR DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, June 26, (Month) (Day) 1862 (Year)

7-AGE, 63 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Painter
(b) General nature of industry, business, or establishment in which employed (or employer) 50

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Clark.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Sarah Clark.

13-BIRTHPLACE OF MOTHER (State or Country), Balt.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary S. Clark.

(Address) 900 Montpelier st.

15- JUN 8 - 1925 ..... Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 6th, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1925, to June 5th 1925; that I saw h— alive on June 5th 1925, and that death occurred, on the date stated above, at 4.30 A.m.

The CAUSE OF DEATH* was as follows:

Mitral systolic murmur
heart - auto Nephritis

(Duration) ... 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia Hypostatic

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) H. J. Stubblefield M. D.

June 7, 1925. (Address) 632 Gaunch av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Parkwood Cemetery. DATE OF BURIAL, June 8, 1925.

20-UNDERTAKER Geo. J. Ruth ADDRESS 1735 Harford Ave.

...—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

) 99316

CERTIFICATE OF DEATH.

8-4 26 D 99816

REGISTERED NO. .....

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 2205 Hememan ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. Baxter

(a) RESIDENCE. NO. 2205 Hememan ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ~~64~~ 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Baxter.

6 DATE OF BIRTH (month, day, and year) Jan 26 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer City

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER William Baxter

11 BIRTHPLACE OF FATHER (city or town) (State or country) England.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England.

14 Informant Elizabeth Baxter
(Address) 2205 Hemmeman Ave

15 Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5, 1925

17 I HEREBY CERTIFY, That I attended deceased from June 4, 1925, to June 5, 1925, that I last saw him alive on June 5, 1925, and that death occurred, on the date stated above, at 1.15 a.m.

The CAUSE OF DEATH* was as follows:

Paresis (Probably non-specific)
Arteriosclerosis

(duration) yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Lee Magness M. D.

6.6. 1925 (Address) 1206 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	June 8 1925
20 UNDERTAKER	ADDRESS
George J. Rutter	1735 Hanford Ave.

...Burial Permit Clerk

ec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99317

CERTIFICATE OF DEATH.

24001

D 99317.

1-PLACE OF DEATH 1625 East Oliver St 8-3 Registered No.....

City of BALTIMORE: (No. 1625 East Oliver St., 8 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte E. Blakeney

(a) Residence No. 1625 East Oliver St., 18 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~Single,~~ ~~Married,~~ Widowed, ~~or Divorced,~~ (Write the word.) Widow

6-If married, widowed, ~~or divorced~~ ~~HUSBAND of (or)~~ WIFE of William H Blakeney

7-DATE OF BIRTH (month, day and year) Mar 22 1843

8-AGE. 82 yrs. 2 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Retired

(b) General nature of industry, business, or establishment in which employed (or employer)..... housework

(c) Name of employer.....

10-BIRTHPLACE (city or town) (State or Country), Kent Co. Md.

PARENTS.

10-NAME OF FATHER, Henry Robinson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Stevens

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14-(Informant) Fredrick C Blakeney

(Address) 1625 E Oliver St

15-Filed JUN 8 - 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 6 1925.

17-I HEREBY CERTIFY, That I attended deceased from June 1, 1925 to June 6, 1925

that I last saw her alive on June 6, 1925

and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Heart Apoplexy

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

Unknown (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual clinical test

(Signed) C C Maddox M. D.

June 7, 1925 (Address) 1540 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Chestertown Md — DATE OF BURIAL, June 8, 1925

20-UNDERTAKER, Robt J Turner Jr — ADDRESS 1442 N Broadway

1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

9318

CERTIFICATE OF DEATH

45 D 99318

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 N. Bond ST., 6-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nettie Markemmer

(a) RESIDENCE NO. 112 N. Bond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

If married, widowed, or divorced
HUSBAND of
or) WIFE of

DATE OF BIRTH (month, day, and year) 1889 July 22

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	35	11	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER John Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Sarah Valentine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Elsie McDaniel

(Address) 403 Wayson St.

15 JUN 8 - 1925 [illegible] Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-6-1925

17 I HEREBY CERTIFY, That I attended deceased from 2-8-, 1925, to 6-6-, 1925,

that I last saw h[illegible] alive on 6-6-, 1925,

and that death occurred, on the date stated above, at 11,45 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of Rectum

(duration) Indefinite. yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) [illegible], M. D.

6-8, 1925 (Address) 611 N. Carolina

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL June 9 1925

20 UNDERTAKER Robert F. Neldeen — ADDRESS 1615 McElderry St

c—12-23-21—E.B.R.S.—400 Bks.

99319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

D 99319

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 923 E. 30th St. 9-3 St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chorles Luther Fox

(a) Residence No. 923 E. 30th St. St., ... Ward .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-If married, widowed, or divorced, HUSBAND of (or) WIFE of Isabella Fox

7-DATE OF BIRTH (month, day and year) December 24th 1893

8-AGE, 31 yrs. 5 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Painter

(b) General nature of industry, business, or establishment in which employed (or employer) 650

(c) Name of employer .....

10-BIRTHPLACE (city or town) (State or Country), Cornell Co. Md.

PARENTS.

10-NAME OF FATHER, Geo. W. Fox.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Cornell Co Md.

12-MAIDEN NAME OF MOTHER, Ellen Beaches

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Cornell Co Md.

14-(Informant) Isabella M. Fox

(Address) 923 E. 30th St.

15-Filed ..... 1925 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 5 - 1925

17-I HEREBY CERTIFY, That I attended deceased from May 26th, 1925, to June 5th, 1925, that I last saw h.... alive on June 5th, 1925, and that death occurred, on the date stated above, at 9.15 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Geo. W. Fox M. D. M. D.

6/5/ 1925 (Address) 401 E. 25th St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Baltimore Cem.	June 8 1925
20-UNDERTAKER.	ADDRESS
Wm. E. Black	927 N. Broadway

c.—1-10-21—M&T 1500 Blks.

99320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 99320

REGISTERED NO.

1-PLACE OF DEATH Church Home & Inf. 6 - 1

CITY OF BALTIMORE: (No. Broadway & Fairmount Ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Milford Leister

(a) RESIDENCE NO. Hampstead Maryland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Leister

DATE OF BIRTH (month, day, and year) Jan 16 1893

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	32	4	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER John H. Leister

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER ? Brilhart

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Mrs. Esther Leister
(Address) Hampstead Md.

15 Filed ..... 19 ..... Registrar

JUN 8 1925 Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 19 25

17

I HEREBY CERTIFY, That I attended deceased from June 5, 19 25 to June 7, 19 25, that I last saw h alive on June 7, 19 25, and that death occurred, on the date stated above, at 7:10 P m.

The CAUSE OF DEATH* was as follows:

Tumor - Spinal Cord

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Secondary Hemorrhage Medulla

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of June 7, 1925 Laminectomy - Cervical

Was there an autopsy? Yes

What test confirmed diagnosis? Surg Pathology

(Signed) John E. Sherwood, M. D.

19 (Address) Church Home and Inf-

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hampstead Md	June 10, 25

20 UNDERTAKER Wm J Rickner & Son Mortuary Pa

ADDRESS

...—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

9321

CERTIFICATE OF DEATH.

15 1925 D 99321

REGISTERED NO.....

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 1900 N. Fulton Ave ST.; 15-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Anne Rebecca Bruce

(a) RESIDENCE. No. 1900 N. Fulton Ave ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph D. Bruce (dec'd)

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84 yrs	7	26	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Nicholas Fellmann

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Mrs H. K. Shawman

(Address) 1900 N. Fulton Ave.

15 JUN 8 - 1925 Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1925

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1925, to ..., 19..., that I last saw h[er] alive on June 5, 1925, and that death occurred, on the date stated above, at 7.30 p.m.

The CAUSE OF DEATH* was as follows:

Has been confined to room with general debility for 20 mths

Heart exhaustion 1 day.

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) General debility

(duration) yrs. 20 mos. ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas A. Fellmann M. D.

, 19 (Address) 1307 W. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL

Fellmans Lane

20 UNDERTAKER ADDRESS

H. Hickman Bros Woodlawn

1-15-23—M&T—100 Bks.

99322

HEALTH DEPARTMENT—CITY OF BALTIMORE

88 D 003 99322

CERTIFICATE OF DEATH.

PLACE OF DEATH

OF BALTIMORE: (No.) Colonial Hospital St., 13 WARD) 6 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Aroua B. Weiss.

RESIDENCE (Usual place of abode) No. Park View Apts Callow Ave & Lake Drive WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Single.

(If married, widowed, or divorced) HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Nov. 11, 1905

AGE: 19 Years | Months: 6 | Days: 27 | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Student
(b) General nature of industry, business, or establishment in which employed (or employer): Goucher College
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Joseph W. Weiss

11 BIRTHPLACE OF FATHER (city or town) (State or country): New York

12 MAIDEN NAME OF MOTHER: Leah Rony

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New York

Informant: Mr Joseph Weiss
(Address): Parkview Apt

Filed ..... 192 ..... Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:*
Fracture of Skull
Auto Accident

(duration) yrs. Instant mos. ds.

CONTRIBUTORY (Secondary) Shock

(duration) yrs. mos. ds.

(Signed) Geo Guidow Bloder M. D.
(Coroner.)

June 7 25 192 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship | DATE OF BURIAL: 6/9/25 192

20 UNDERTAKER: David Londheim | ADDRESS: 117-120 W. Mt Royal Ave

2.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99323 CERTIFICATE OF DEATH. ✓ 100 001 D 99323

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., 7-1 WARD)

2-FULL NAME Bessie Strauss Gordon

(a) RESIDENCE NO. Rochester N. Y. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of mack Gordon

DATE OF BIRTH (month, day, and year) Sept 1, 1890

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
34		9	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Wm. L. Strauss

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Pauline Guttman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mr. Philip Strauss.

(Address) Alhambra Apts.

JUN 8 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6, 1925

17 I HEREBY CERTIFY, That I attended deceased from May 23, 1925, to June 6, 1925, that I last saw her alive on June 6, 1925, and that death occurred, on the date stated above, at 5.30 p.m.

The CAUSE OF DEATH* was as follows:

B. coli infection of urine causing cystitis (and pyelitis) pyelitis (and pyonephrosis) uremia post 24 hrs.)

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Bronchio-pneumonia (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Clifton Springs N. Y.

Did an operation precede death? Yes Date of May 29, 25

Was there an autopsy? Yes

What test confirmed diagnosis? Hemorrhagic cystitis & bronchio-pneumonia

(Signed) Ruth E. Faubach M. D.

. 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Cem.

DATE OF BURIAL 6/9/1925.

20 UNDERTAKER David Sondheim

ADDRESS 1220 W. Mt. Royal Ave

c.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99324

CERTIFICATE OF DEATH.

41 D 99324

1-PLACE OF DEATH Colonial Hospital

TY OF BALTIMORE: (No. 1122 N. Mount ST., WARD) 2-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Irvin Rosenbaum

(a) RESIDENCE NO. 1716 Fleet ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. 2 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Unknown

DATE OF BIRTH (month, day, and year): April 3, 1887

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
38	2	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Baltimore, Md USA

PARENTS

10 NAME OF FATHER: Abraham Rosenbaum

11 BIRTHPLACE OF FATHER (city or town) (State or country): Illinois

12 MAIDEN NAME OF MOTHER: Hannah Greenbaum

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Mr. Stanley Rosenbaum Boston, Mass

15 FILED JUN 8 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 7 1925

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1925, to June 7, 1925, that I last saw him alive on June 7, 1925, and that death occurred, on the date stated above, at 1.25 P m.

The CAUSE OF DEATH* was as follows:

Gas gangrene

(duration) yrs. mos. 36 hours ds.

CONTRIBUTORY (Secondary) Acute dilatation of the heart (duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of June 7, 1925

Was there an autopsy? No

What test confirmed diagnosis? Clinical data

(Signed) A. M. Ryting, M. D.

19 (Address) 330 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Hebrew Cem.

DATE OF BURIAL: 6/8/ 1925

20 UNDERTAKER: Baird Sondheim

ADDRESS: W. Mt. Royal Ave.

1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

9325

CERTIFICATE OF DEATH.

16-602

D 99325

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 442 S. Smallwood ST., 20 - 4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lorraine Merriam Roof

(a) RESIDENCE No. 442 S. Smallwood ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) June, 6 1925

AGE	Years	Months	Days	If LESS than 1 day, 10 hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Elmer C. Roof

11 BIRTHPLACE OF FATHER (city or town) Wash. Co.
(State or country) Md

12 MAIDEN NAME OF MOTHER Mary C. Dailey

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Elmer C. Roof
(Address) 442 S. Smallwood St.

JUN 8 - 1925 [illegible] R. KRAUTER,
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6th 1925

17 I HEREBY CERTIFY, That I attended deceased from June 6th, 1925, to June 6th, 1925, that I last saw her alive on June 6th, 1925, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Asphyxia blue -

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Difficult delivery

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of June 6th 25

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) M. S. Smith, M. D.

June 8, 1925 (Address) 1182 Calhoun st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	June 8 1925
20 UNDERTAKER Joseph B. Cook	ADDRESS 1003 W. Pratt

Sec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99326

CERTIFICATE OF DEATH.

D 99326

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 823½ W. Lombard ST., 18-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Arnold

(a) RESIDENCE NO. 823½ W. Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 5 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Dec. 20, 1852

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	5	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manufacture of Surgical Instruments

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer Proprietor himself

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Francis Arnold

11 BIRTHPLACE OF FATHER (city or town) Mitchellsville
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann White Frankland

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14 Informant Frank A. Hancock
(Address) 823½ W. Lombard St

15 Filed JUN 8 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/7/25 19

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1925, to June 7, 1925,

that I last saw h. alive on June 7, 1925,

and that death occurred, on the date stated above, at 7:25 a.m. p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Throat

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma Cachexia

(duration) yrs. 4 mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual tests

(Signed) Herbert M. Fowler, M. D.

6/7, 1925 (Address) 924 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Sulcidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 6/9 1925

20 UNDERTAKER J. B. Cook

ADDRESS 1023 N. Balto

1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99327 99327

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1905 Hanover ST., 23 WARD) 2

2-FULL NAME Louis W Hatch

(a) RESIDENCE NO. 1905 Hanover ST., 23 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

If married, widowed, or divorced
HUSBAND of
or) WIFE of

DATE OF BIRTH (month, day, and year) 4/11/1890

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Q. R. & O

(b) General nature of industry, business, or establishment in which employed (or employer) Watchman 062

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balt Md

PARENTS

10 NAME OF FATHER Wm J Hatch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt Md

12 MAIDEN NAME OF MOTHER Sarah Quick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt Md

14 Informant Wm J Hatch

(Address) 1905 Hanover St.

15 Filed JUN 8 - 1925 ROBERT H. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1925

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1925, to June 5, 1925

that I last saw h alive on June 5, 1925

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) Indefinite yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. C. K. Campbell M. D.

June 6, 1925 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	6/8/1925
20 UNDERTAKER	ADDRESS
J J Fahey & Sons	1318 Light

1-12-23—M&T.—500 Blks.

99328 HEALTH DEPARTMENT—CITY OF BALTIMORE 106-B 01 99328

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. 18-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. WARD)

2-FULL NAME Joseph Krodell

(a) RESIDENCE NO. 878 W. Fayette ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, and year) 1869 Oct 19

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56 yr.			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Showman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Alexander Krodell

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. J.

12 MAIDEN NAME OF MOTHER Barbara Krodell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. J.

14 Informant Baltimore City Hospitals Records
(Address)

15 JUN 8 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1925

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1925, to June 5, 1925, that I last saw him alive on June 5, 1925, and that death occurred, on the date stated above, at 11:50 P m.

The CAUSE OF DEATH* was as follows:

Chronic Alcoholism

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W Lindsay Miller, M. D.

6/7, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery — DATE OF BURIAL Jun 9 1925

20 UNDERTAKER George J Smith — ADDRESS 1532 Hollins St

12-23-21—E.B.R.S.—400 Bks.

9329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154-002

D 99329

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1017 N. Gay St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian May Rommel

(a) Residence No. 1017 N Gay St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. 3 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word) Single

6-If married, widowed, or divorced HUSBAND of (or) WIFE of

7-DATE OF BIRTH (month, day and year) 5-31-25

8-AGE, yrs. mos. 7 ds. If LESS than 1 day, hrs. or min.

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Baby

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

10-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Paul F. Rommel

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary Betz

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14-(Informant) Paul F. Rommel

(Address) 1017 N. Gay St.

15-JUN 8 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 6-7-25

17-I HEREBY CERTIFY, That I attended deceased from 5-31, 19 25 to 6-7, 19 25 that I last saw her alive on 6-7, 19 25 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

& Atelectasis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical signs

(Signed) Dr. Chas. Miller M. D.

, 19 (Address) 1500 Broadway

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Baltimore Md. DATE OF BURIAL, June 8, 1925

20-UNDERTAKER, Chas. C. Miller & Son ADDRESS 2334 Gay St.

c.—1-10-21—M&T—1500 Bks.

99330 HEALTH DEPARTMENT—CITY OF BALTIMORE 99330

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 129 S. Wolfe ST., 2-1 WARD

2-FULL NAME Roman Wycralek

(a) RESIDENCE NO. 129 S. Wolfe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. — mos. — ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Wycralek

DATE OF BIRTH (month, day, and year) 2/28/1873

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	3	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

BIRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER John Wycralek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Veronica Michowski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mary Wycralek

(Address) 129 S. Wolfe

15 JUN 8 - 1925 ROBT. R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1925

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1925, to June 6, 1925, that I last saw him alive on June 6, 1925, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Heat Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? P.S. & S.

(Signed) John V. Szczbicki, M. D.

6/8, 1925 (Address) 735 S. Linwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus DATE OF BURIAL 6/9 1925

20 UNDERTAKER Wm. Fiaszowski 1618 Eastern ADDRESS

rc.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99331

CERTIFICATE OF DEATH.

164

D 99331

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. Little Sisters of the Poor, 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Hunt

(a) RESIDENCE No. Preston & Caroy ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, and year) Nov. 1843

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	82	7		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) York Co. Pa.

PARENTS

10 NAME OF FATHER Henry Hunt

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Martha Teetsley

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Sister Florence (Address) Preston & Caroy

Filed 6-8-1925 ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/8 1925

17 I HEREBY CERTIFY, That I attended deceased from 6/2, 1925, to 6/8, 1925, that I last saw h. S. alive on 6/7, 1925, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr. Edmonston M. D.

6-8, 1925 (Address) 914 E Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Marys Govans

DATE OF BURIAL June 9 1925

20 UNDERTAKER H. C. Wedefeld

ADDRESS 914 E Biddle St

HEALTH DEPARTMENT—CITY OF BALTIMORE

99332

CERTIFICATE OF DEATH.

18-129 D 99332

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE. (No. 35 So. Carlton St., Ward 18-2)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. John C. Dahlweiner

Residence in Baltimore: No. 35 So Carlton St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

6-DATE OF BIRTH. Nov. 21st 1849 (Month) (Day) (Year)

7-AGE. 75 yrs. 6 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country). Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). 11

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillie Meister

(Address) No. Linthicum, A. A. Co. Md

15-

Filed JUN 8 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 6th 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Brights Disease

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Heat Exhaustion

(Duration) yrs. mos. ds.

(Signed) Leo P. Horton M. D.
Coroner.

June 7th 1925 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Westview Cemetery DATE OF BURIAL, 6/9 1925

20-UNDERTAKER, Wm Cook ADDRESS 502 E North

Dr Rysonek, 801 Edmondson Ave

Sec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99333

CERTIFICATE OF DEATH.

24-081 99333

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 3501 Edmondson Ave ST., 20-1 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Philip Schultz

(a) RESIDENCE No. 3501 Edmondson Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma L Schultz

7 DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	87	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Foreman, Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

086

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Emma L Schultz

(Address) 3501 Edmondson Ave

15 JUN 8 - 1925 Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 7 1925

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1925, to June 7, 1925, that I last saw h— alive on June 7, 1925, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William L. Rysanek M.D.

(Address) 801 N. Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore	June 9 1925
20 UNDERTAKER	ADDRESS
Wm Cook	722 E Lafayette Ave

c—12-23-21—E.B.R.S.—400 Bks.

9334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47 D 99334

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 154 Dolphin St St., 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susie A. Bowens

(a) Residence No. 154 Dolphin St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced. (Write the word.): Widowed

6-If married, widowed, or divorced (HUSBAND of (or) WIFE of): James Bowens

7-DATE OF BIRTH (month, day and year): 1876

8-AGE: 49 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Chas. Women

(b) General nature of industry, business, or establishment in which employed (or employer): Lyric 0'10

(c) Name of employer: M. Young

10-BIRTHPLACE (city or town) (State or Country): Balto, Md.

PARENTS:

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Susie Thompson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown

11-(Informant): Son and Daughter

(Address): 10-4 Ft. Dolphin

15-Filed 192 Robert R. KRAUTER, Registrar.

JUN 6 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): June 5-25

17-I HEREBY CERTIFY, That I attended deceased from May 10 - 1925 to June 5 1925

that I last saw her alive on June 5 - 1925

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

apoplexy

Carcinoma of Breast (Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Carcinoma of Breast (Duration) yrs. 7 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. S. W. Kennard M. D.

6-6. 1925 (Address) 708 Eutaw St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: 6/9/25 19

20-UNDERTAKER: Hetz R. Hillmon — ADDRESS: 823 N. Schroeder St

Spec—12-23-21—E.B.R.S.—400 Blks.

99335

HEALTH DEPARTMENT—CITY OF BALTIMORE

3/D 99335

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 227 N. Bruce St. St., 19-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Alice ~~L~~epold

(a) Residence No. 227 N. Bruce St. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Negro

5-Single, ~~Married~~ Married, Widowed, or Divorced, (Write the word.)

6-If married, widowed, or divorced, ~~HUSBAND OF~~ WIFE of George Lepold

7-DATE OF BIRTH (month, day and year) ? ? 1895

8-AGE, 30 yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or.....min.?

9-OCCUPATION OF DECEASED Unemployed

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

10-BIRTHPLACE (city or town) Baltimore Md. (State or Country),

PARENTS:

10-NAME OF FATHER, John Smith

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14-(Informant) Geo. Lepold (Husband)

(Address) 227 N. Bruce St.

15-Filed JUN 8 1925 19.. ROBT. R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 6-6-25

17- I HEREBY CERTIFY, That I attended deceased from 6-2-1925 25 to 6-6-1925, 19.....,

that I last saw her alive on June 6th. 1925, 19.....,

and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemmorrhage

.....(Duration).....yrs.....mos. 1 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

.....(Duration) ? yrs. 4 mos. ? ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy?.....

What test confirmed diagnosis? Physical Exam

(Signed) W. Oliver L. Jackson, M. D.

, 19 (Address) 1618 W - Mulberry St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, June 9 19.25

20-UNDERTAKER, Mrs. Kate R. Williams — ADDRESS 372 N. Schroeder St.

c.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

) 99336

CERTIFICATE OF DEATH.

113 D 99336

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 235 Wolf st ST., 2-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Franciszek Kienoszek

(a) RESIDENCE NO. 23 S Wolf ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) July 23-1925

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		10	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Stanley Kienoszek

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Poland

12 MAIDEN NAME OF MOTHER Jozefowa Bielawska

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant Father
(Address) 235 Wolf

15 Filed JUN 8 - 1925 ROBERT R. KRAETER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/7 1925

17 I HEREBY CERTIFY, That I attended deceased from 6/1, 1925, to 6/7, 1925, that I last saw h[illegible] alive on 6/7, 1925, and that death occurred, on the date stated above, at 9 30 P m.

The CAUSE OF DEATH* was as follows:

Cardiac & renal dropsy
Carcinoma

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Heart failure & cirrhosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Signs & symptoms

(Signed) Ch B Buttorff, M. D.

6/8, 1925 (Address) 1623 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary — DATE OF BURIAL June 8 1925

UNDERTAKER F W Ozazewski — ADDRESS 1930 Eastern Ave

6-9-12—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99337

CERTIFICATE OF DEATH.

74-001

D 99337

1-PLACE OF DEATH

REGISTERED NO.....

Y OF BALTIMORE: (No. 2215 Portugal ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Antonina Studzinski

(a) RESIDENCE. No. 2215 Portugal ST.: WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: W'p

5 Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54		—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant A. Studzynski

(Address) 2115 Portugal St

15 Filed ....., 19.... ROBERT R. KRAUTER, Registrar

JUN 8 - 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1925

17 I HEREBY CERTIFY, That I attended deceased from June 4, 1925, to June 6, 1925, that I last saw h. w. alive on June 6, 1925, and that death occurred, on the date stated above, at 1,55 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac Prolapse

..... (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Walter J. Dennett, M. D.

..... 19.... (Address) 58 N. Calvert

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	June 8 1925

20 UNDERTAKER F. W. Ozarowski ADDRESS 1930 Eastern Ave

c.—1-10-21—M&T—1500 Bks.

99338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1249 99338

1-PLACE OF DEATH

CITY OF BALTIMORE, 2027 S Wolf ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Augustyniak

(a) RESIDENCE NO. 227 S Wolf ST., WARD 1

(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? 39 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: John W. Augustyniak

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
53		dead person		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home work.

(b) General nature of industry, business, or establishment in which employed (or employer): — 03

(c) Name of employer: —

BIRTHPLACE (city or town) (State or country): Poland.

PARENTS

10 NAME OF FATHER: Frank Derdek.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Anna Tarkucki.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland.

14 Informant: M. Derdek.

(Address): 227 Wolf

JUN 8 - 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7- 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1925, to June 4, 1925, that I last saw h[illegible] alive on June 4, 1925, and that death occurred, on the date stated above, at 2 Am

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis 2

(duration) 1. yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? dont know.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Chronic

(Signed) H Ross Trusty, M. D.

, 19 (Address) 2938 E. Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus	June 10, 1925.
20 UNDERTAKER	ADDRESS
M. F. Sadowski.	670 S. Ann

6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99339 — 129 — D 99339

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No.) 747 S. Curley ST.: 1-2 WARD)

2-FULL NAME Catherine Kerm

(a) RESIDENCE. NO. 747 S. Curley ST., 1st WARD.
(Usual place of abode)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mathias Kerm

DATE OF BIRTH (month, day, and year) June 14 1845

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	11	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) formerly — housework

(c) Name of employer none

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER John Ament

11 BIRTHPLACE OF FATHER (city or town) not known
(State or country) Germany

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) not known
(State or country) Germany

14 Informant Mrs Josephine Kerling (daughter)
(Address) 747 S. Curley St.

15 Filed ....., 19 .....

JUN 9 1925 — MICHAEL E. KRAUER — Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1 1925

17 I HEREBY CERTIFY, That I attended deceased from about Jan 1 1924 to June 1 1925

that I last saw her alive on June 1 1925,

and that death occurred, on the date stated above, at 5:15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) 4 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. V. Wright, M. D.

6/8 1925 (Address) 1014 S. Belnord Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Sacred Heart Cem. June 9 1925

20 UNDERTAKER Tilly & Zeile — ADDRESS 403 S. Wolfe St.

c.—1-10-21—M&T—1500 Bks.

99340 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 99340

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 26-7

TY OF BALTIMORE: (No. 141 S. 11th St. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian E. Davis

(a) RESIDENCE NO. 141 S. 11th St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) July 19 - 1922

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	11		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Augustas Davis

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Rosalia Clemens

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Augustas Davis (Address) 141 N. 11th St

15 Filed [illegible] 19 ROBT. R. KRAUTER, Burial Permit Officer

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7th 1925

17

I HEREBY CERTIFY, That I attended deceased from June 2nd, 1925, to June 7th, 1925, that I last saw her alive on June 6th, 1925, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Measles

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam Jod, M. D.

, 19 (Address) 4704 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cem	June 8th 1925

20 UNDERTAKER	ADDRESS
Lilly and Zahn	603 S. Wolfe St

C—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99341

CERTIFICATE OF DEATH.

D 99341

Registered No. 26 129

1-PLACE OF DEATH
City of BALTIMORE: (No. 4818 1st ave St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick Mullaney

(a) Residence No. 4818 1st ave St., 26 Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

6-If married, widowed, or divorced HUSBAND of (or) WIFE of Widower

7-DATE OF BIRTH (month, day and year) Dec 1837

8-AGE. 88 yrs. 6 mos. ds.

If LESS than 1 day, hrs. or min.

9-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10-BIRTHPLACE (city or town) (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Mullaney

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland

12-MAIDEN NAME OF MOTHER, Mary Gaben

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14-(Informant) Mrs Anna Lucas
(Address) 4818 1st ave

15-JUN 8 - 1925 Robert R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 6 1925

17-I HEREBY CERTIFY, That I attended deceased from March 5 1925 to June 6 1925 that I last saw him alive on June 1 1925 and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis Observation

(Signed) Horace B. Gibbons M. D

6/8, 1925 (Address)

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL St. Patricks, Cem. DATE OF BURIAL, June 8th 1925

20-UNDERTAKER, Lilly and Zile ADDRESS 403 S Wolfe St.

Spec.–1-10-21–M&T–1500 Blks.

D 99342 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 1925 D 99342

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 426 N. East Ave. ST., 6-3 WARD

2-FULL NAME Daniel Steeg.

(a) RESIDENCE NO. 426 N. East Ave ST., 6 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 18-1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	0	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country) md.

PARENTS

10 NAME OF FATHER Henry Steeg.

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) md.

12 MAIDEN NAME OF MOTHER Frederica Hagert

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) md.

14 Informant Henry Steeg
(Address) 426 N. East Ave.

15 Filed ..... 19 .....

Robert N. Beauler
Vital Records Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1925

17 I HEREBY CERTIFY, That I attended deceased from 6-6, 19 25, to 6-6, 19 25, that I last saw him alive on 6-6, 19 25, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH was as follows: Heat Prostration

..... (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) H. J. Frame M. D.

6/8/25 (Address) 2939 Mc Elderry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cem.	June 9 1925
20 UNDERTAKER	ADDRESS
Lilly and Zeile	403 S. Wolfe St

spec.—1-10-21—M&T—1500 Nbn.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

99343 — 31 ✓

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 Monroe St North ST., 15 WARD 12

D 99343
REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lois V. Abbott

(a) RESIDENCE No. 1618 Monroe St North ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 25 09

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
15	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Scott Abbott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Glover

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Scott Abbott
(Address) 1618 E. St Monroe

15 Robert P. Harrison, M. D.

JUN 8 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1925

17 I HEREBY CERTIFY, That I attended deceased from June 5'1, 1925, to June 7, 1925, that I last saw h[illegible] alive on June 7, 1925 and that death occurred, on the date stated above, at 6 30 0 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) — yrs. 7 mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. R. Duvall, M. D.

6/8, 1925 (Address) 1817 E Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Union Chapel Cemetery

DATE OF BURIAL June 8 1925

20 UNDERTAKER W M Routson

ADDRESS 2238 N North

pec.—1-10-21—M&T—1500 Blks.

9344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

160 D 99344

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1738 St. Charles ST., 23-2 WARD)

2-FULL NAME Irma Bass

(a) RESIDENCE NO. 1738 St. Charles ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 1925

7 AGE: Years | Months: 3 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Charles Bass

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Emma Price

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant
(Address)

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1925

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1925, to June 6, 1925, that I last saw h[illegible] alive on June 4, 1925, and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar
Bronchitis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Congenital debility

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

6, 1925 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER: Commissioner Health

ADDRESS

JUN 8 - 1925

Dep. Reg. [illegible]

c.—1-10-21—M&T—1500 Blks.

99345 HEALTH DEPARTMENT—CITY OF BALTIMORE 001 D 99345

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (NO.

2-FULL NAME William Ross

(a) RESIDENCE NO. Bengies Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days
	1	8	

If LESS than 1 day, ... hrs. or ... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER William Ross

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Margaret ?

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Records JOHNS HOPKINS HOSPITAL
(Address)

15 Filed ... Robert J. Herring Registrar

8-1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 - 1925

17 I HEREBY CERTIFY, That I attended deceased from May 22, 1925, to May 28, 1925, that I last saw him alive on May 28, 1925, and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Pneumococcus Meningitis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? None

(Signed) W. P. Scott M. D.

6-5, 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL JUN 8 - 1925 19

20 UNDERTAKER Commissioner Health,

ADDRESS JUN 8 - 1925

99346 HEALTH DEPARTMENT—CITY OF BALTIMORE 99346

CERTIFICATE OF DEATH. 4+ 188-09 1 4-1

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Mersety Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joshua L Burgess

Residence in Baltimore: No. Gambrel A.A. Co. Md St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word.): Mar'd

6-DATE OF BIRTH: Sept (Month) 9 (Day) 1901 (Year)

7-AGE: 23 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Farmer (b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): A.A. Co Md

10-NAME OF FATHER: J. Burgess

11-BIRTHPLACE OF FATHER, (State or Country): A.A. Co Md

12-MAIDEN NAME OF MOTHER: Sarah Hutchison

13-BIRTHPLACE OF MOTHER, (State or Country): A.A. Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm F Burgess

(Address) Gambrel Md

15-

Filed ..... Robert F. Harrison, Registrar.

- 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 6 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or Inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Int Auto Struck by M.D.&R.R. Train

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W F Graeber M. D. (Coroner.)

6/7 1925 (Address) 117 N Paca St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem. DATE OF BURIAL: June 7 1925

20-UNDERTAKER: John O. Mitchell ADDRESS: 120 W Fayette

...—1-10-21—M&T—1500 Bks.

99347

HEALTH DEPARTMENT—CITY OF BALTIMORE

99347

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No.) John Hopkins Hosp ST., 7-1 WARD)

2-FULL NAME William Wheeler

(a) RESIDENCE No. St Joseph Mo. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

045

9 BIRTHPLACE (city or town) (State or country) China

PARENTS

10 NAME OF FATHER David Wheeler

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Y.

12 MAIDEN NAME OF MOTHER Eliza Webb

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Rurals
(Address) St. Jo.

15 Jun 1925, 19 Robert P. Harrison, Registrar

Mrs J. Wheeler Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 - 1925

17

I HEREBY CERTIFY, That I attended deceased from April 20, 1925 to June 8 - 1925;

that I last saw him alive on June 7 - 1925;

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

~~Myocardial failure~~

Generalized arteriosclerosis

(duration) 7 yrs. mos. 0 ds.

CONTRIBUTORY (Secondary) Heart failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of June 1 1925

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Trevor Owen, M. D.

June 7, 1925 (Address) Johns Hopkins Hospital. Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Joseph Mo. DATE OF BURIAL: June 8 1925

20 UNDERTAKER: John C. Mitchell ADDRESS: 1201 N. Fayette St.

oc—12-23-21—E.B.R.S.—400 Blks.

D 99348

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99348

145-003

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hospital for the Women of Maryland

City of BALTIMORE: (No. John + Lafayette Sts. 2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Ruth M. Hammond

(a) Residence No. 122 W. Belvedere Ave, Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced, (Write the word.) Married

6-If married, widowed, or divorced HUSBAND of (or) WIFE of Irving C. Hammond

7-DATE OF BIRTH (month, day and year) Feb 6 1894

8-AGE, 31 yrs. 4 mos. ds. If LESS than 1 day, hrs. or min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS.

BIRTHPLACE (city or town) (State or Country), Balto City

10-NAME OF FATHER Edward L. Rutter

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Emma Reese

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Balto City

14-INFORMANT Irving C. Hammond

(Address) 122 W. Belvedere Ave

15-FILED 1925 Robert P. Harrison, Registrar.

(Burial Permit Clerk)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 6, 1925

17- I HEREBY CERTIFY, That I attended deceased from June 6, 1925, to June 6, 1925

that I last saw h[illegible] alive on June 6, 1925

and that death occurred, on the date stated above, at 2:19 P.m.

The CAUSE OF DEATH* was as follows:

Ruptured Uterus

Intra peritoneal Hemorrhage

Surgical Shock

about 8 hours

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) same

same (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of June 6, 1925

Was there an autopsy? no

What test confirmed diagnosis? Upon + phy Exam

(Signed) Hagle Warfield, Jr., M. D.

, 19 (Address) Women's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Druid Ridge DATE OF BURIAL June 9, 25

20-UNDERTAKER A. E. Marshall ADDRESS 3539 Fall Rd

(over)

...c.—1-10-21—M&T—1500 Blks.

99349

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99349

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 E Fayette ST., 6-1 WARD)

2-FULL NAME Cornelia Johnson

(a) RESIDENCE NO. 1523 E Fayette ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Hilliard Johnson

DATE OF BIRTH (month, day, and year) Dec 16 1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	5	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Charlotte N. C

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Charlotte N. C.

12 MAIDEN NAME OF MOTHER Harriett Rayfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Charlotte N. C.

14 Informant Pearl Johnson
(Address) 1523 E Fayette St.

15 Filed ..... 1925 ..... 19 ..... Registrar
~~Burial Permit Clerk~~ Roger F. Murphy

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1925

17 I HEREBY CERTIFY, That I attended deceased from May 5, 1925, to June 6, 1925, that I last saw h[illegible] alive on May 31, 1925, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia
Mitral Regurgitation

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Bernard Harris, M. D.

, 19 (Address) 38 S Carrollton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Washington Park	June 1925
20 UNDERTAKER Mrs R. G. Elliott	ADDRESS 625 Ashland Ave

c.—1-10-21—M&T—1500 Blks.

99350

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99350

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 246 Monastery Ave ST., 20 - 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George R. Moxley

(a) RESIDENCE NO. 246 Monastery Ave ST., 20 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Lulu A. Moxley

DATE OF BIRTH (month, day and year): Oct 25, 1873

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	7	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Motorman

(b) General nature of industry, business, or establishment in which employed (or employer): U. R. R. Elec. Co.

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Howard Co Maryland

PARENTS

10 NAME OF FATHER: Charles F. Moxley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Caroline Mullineaux

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

14 Informant: Mrs Lulu A. Moxley

(Address) 246 Monastery Ave.

15 Filed ....., 19 ..... Registrar

Robert F. Harrison,

- 1925 - Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): June 8 1925

17 I HEREBY CERTIFY, That I attended deceased from June 5 1925, to June 8 1925,

that I last saw h.. alive on June 8, 1925,

and that death occurred, on the date stated above, at 6.15A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cordosis Dilatation (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Signs

(Signed) Henry J. Stahr M. D.

6/8, 1925 (Address) 720 N Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Howard Co Mt. View Cem

DATE OF BURIAL: June 10 1925

20 UNDERTAKER: Easton Sons

ADDRESS: Ellicott City

12-23-21—E.B.R.S.—400 Bks.

99351

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99351

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 930 North Castle Street St., 1-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Anna Shimek

(a) Residence No. 930 W. Castle Street St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., If of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-If married, widowed, or divorced HUSBAND of (or) WIFE of Married

7-DATE OF BIRTH (month, day and year) 8-10-1867

8-AGE, 57 yrs. 9 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

10-BIRTHPLACE (city or town) (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Vaclav Slama

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER, Ana Slama

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Bohemia

14-INFORMANT (Informant) Chas. J. Shimek

(Address) 930 W. Castle St.

15-Filed 6-10-25 1925 Registrar.

[illegible] Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 7/25

17-I HEREBY CERTIFY, That I attended deceased from April 13th, 1925 to June 6th 25

that I last saw her alive on June 6 1925

and that death occurred, on the date stated above, at 1.15 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Amelia E. Sink M. D.

6/7th, 1925 (Address) 1717 N Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Redeemer	June 10, 1925
20-UNDERTAKER.	ADDRESS
August Bader	240 Ashland Ave.

99352 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 99352

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

ity of BALTIMORE: (No. Mercy Hospital St. 27-109-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John William O'Brien

esidence in Baltimore: No. South side of Rogers Ave. near Greenspring Ave Mount Washington St., yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
ale	White	Single

DATE OF BIRTH. July (Month) 5 (Day) 1920 (Year)

AGE. 4 yrs. 11 mos. 2 ds. If LESS than 1 day, hrs. or min.

OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

BIRTHPLACE, (State or Country). Baltimore, Maryland

10-NAME OF FATHER. Frank J. O'Brien

11-BIRTHPLACE OF FATHER, (State or Country) North Andover, Mass

12-MAIDEN NAME OF MOTHER. Helen Costello

13-BIRTHPLACE OF MOTHER, (State or Country) North Andover, Mass.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Frank J. O'Brien
(Address) Rogers Ave. Mt. Washington

15- Filed 1925 192 Robert F. Harrison, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 7 (Day) 25 (Year) 192...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Septic Sore Throat

Few days (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

Duration) yrs. mos. ds.

(Signed) H. J. Peters M. D.
(Coroner.)

June 8 192 7 (Address) 4439 Bway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents). At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Lawrence, Mass.	6/8 19 25

20-UNDERTAKER.	ADDRESS
Henry W. Spears	5080 N. Calvert

...-1-10 21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

) 99353

100-00 99353

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

TY OF BALTIMORE: (No. Lombard & Greene ST., 8 WARD) REGISTERED NO. 8-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William G. Schillinger

(a) RESIDENCE No. 1419 Patterson Park Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) June 10-1865

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	59	11	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Machinist

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Annie C. Schillinger (Address) 1419 N. Patterson Park

15 - 1925 ..19.. Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 6 1925

17 I HEREBY CERTIFY That I attended deceased from June 5 ..1925.. to June 6, ..1925.

that I last saw him alive on June 6, ..1925.

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Enterocolitis Type ? Myocardial Insufficiency Elevated Temperature Renal Insufficiency

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History & Physical Signs

(Signed) A. L. Lucas M. D.

.19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto Cemetery	June 9 1925
20 UNDERTAKER	ADDRESS
John C. Miller 3 1/9 E	Monument

...-1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE D 99354

99354

CERTIFICATE OF DEATH.

12-5 75-002

1-PLACE OF DEATH Guilford Ave & 21st St.

TY OF BALTIMORE: (No. Home for Incurables ST., 12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Catherine Norris

(a) RESIDENCE NO. Home for Incurables ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Clinton D. Norris

DATE OF BIRTH (month, day, and year) Feb 13 1850

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	75	3	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Philadelphia (State or country) Pa

PARENTS

10 NAME OF FATHER Wm. M. Goodwin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary A. Yeaton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Home for Incurables.

(Address) Eastern Ave & St.

15 Filed ... 19... Registrar

Robert P. Harrison,

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 1921 to June 17 1925.

that I last saw her alive on June 17 1925.

and that death occurred, on the date stated above, at 7:15 m.

The CAUSE OF DEATH* was as follows:

Heat Exhaustion

CONTRIBUTORY (Secondary) Paraplegia; Senility (duration) yrs. mos. 1 ds.

(duration) 4 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? None Date of

Was there an autopsy? No Physicians diagnosis

What test confirmed diagnosis? Amp. 109.

(Signed) W W B Mayo M. D.

6/17, 1925 (Address) Patrick apt. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	June 9 1925

20 UNDERTAKER H E Hughes ADDRESS 4 & 6 N Broadway

6-1925

99355 HEALTH DEPARTMENT—CITY OF BALTIMORE

90 D 99355

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2031 St. Paul St St., 12-3 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Harmon Krebs

Residence in Baltimore: No. 2031 St. Paul St St.) (yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

SEX. female

4-COLOR OR RACE, white

5-Single, single, Married, Widowed, or Divorced, (Write the Word.)

DATE OF BIRTH,

....., 1.....
(Month) (Day) (Year)

AGE, 70 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

BIRTHPLACE, (State or Country). Baltimore

10-NAME OF FATHER, George Krebs

11-BIRTHPLACE OF FATHER, (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Warner

13-BIRTHPLACE OF MOTHER, (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fredrica Warner

(Address) 15 E. Lanvale St.

15- Filed June 8 1925 19?

Robert F. Harrison, Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 8, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Paralysis
Acute Dilatation of Heart

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

.....(Duration).....yrs.....mos.....ds.

(Signed) Thos. Morrison (Coroner.) M. D.

June 8 1925 (Address) 2032 Reliance

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cem	6-10 1925

20-UNDERTAKER, Henry W. Jenkins & Son

ADDRESS Orchard & McCulloh

...c.—1-10-21—M&T—1500 Bks.

99356

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99356

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1265 Haubert ST., 24 WARD 3)

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Flynn

(a) RESIDENCE No. 1265 Haubert ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Flynn

7 DATE OF BIRTH (month, day, and year) Unknown

8 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68			

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Restaurant Prop.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 086

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Flynn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Sarah Flynn
(Address) 1265 Haubert St.

15 6-8-1925 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6. 6. 1925

17 I HEREBY CERTIFY, That I attended deceased from May 28, 1925, to June 6, 1925,

that I last saw h alive on June 6, 1925

and that death occurred, on the date stated above, at 8.43P m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis
myocarditis

(duration) Dons know yrs. mos. ds.

CONTRIBUTORY (Secondary) uremia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Exam.

(Signed) J. Edward Stokes, M. D.

6.8.25 19 (Address) 107 E. west st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	June 8 1925

20 UNDERTAKER Margaret F. Hynes ADDRESS 1422 Eutaw St.

99357 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ 99357

CERTIFICATE OF DEATH.

51

1-PLACE OF DEATH

City of BALTIMORE: (No. 881 Greenmount Ave St., 10-2 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannah Daugherty

Residence in Baltimore: No. 881 Greenmount Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed or Divorced. (Write the word.)
Female	white	married mar

6-DATE OF BIRTH, April 7-85 1870
(Month) (Day) (Year)

7-AGE, 56 yrs. 1 mos. 29 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto. Md

PARENTS

10-NAME OF FATHER: James Daugherty

11-BIRTHPLACE OF FATHER, (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Hannah Lynch

13-BIRTHPLACE OF MOTHER, (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Downs

(Address) 907 N. Eden St

15- Filed Jun 8 1925 192.... Robert J. Harrison, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 6-25 192.....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prob. Cardiac Valv. Insufficiency

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) History of Rheumatism

(Duration) yrs. mos. ds.

(Signed) J. S. Miller M. D.
(Coroner.)

6-8-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: June 9, 1925

20-UNDERTAKER: E. Ernest W. Conklin ADDRESS 5145 E. Eager St

ec.—1-10-21—M&T—1500 Blks.

or Fremont 3543 Chestnut Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

9358

CERTIFICATE OF DEATH.

D 99358

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3153 Cedar Ave ST., 13-7 WARD

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matilda L Smith

(a) RESIDENCE NO. 3153 Cedar Ave ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	W.	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of William F Smith

7 DATE OF BIRTH (month, day, and year) Oct 23 1854

8 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	7	14	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Edw E Smith
(Address) 3153 Cedar Ave

15 Filed ..... 19 ..... Registrar

8 - 1925

Robert J. Harrison?

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1925

17 I HEREBY CERTIFY, That I attended deceased from May 18, 1925, to June 7, 1925, that I last saw h alive on June 5, 1925, and that death occurred, on the date stated above, at 1.55 p.m.

The CAUSE OF DEATH* was as follows:

Organic Dementia.

If Violent Death (duration) ..... yrs. ..... mos ..... ds.
CONTRIBUTORY (Secondary) Strangulation
from effects of Fall yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? General appearance

(Signed) Chas B Norwood, M. D.

(Address) 3547 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western — DATE OF BURIAL June 10 1925

20 UNDERTAKER Wm Cook — ADDRESS 5028 Harford Ave

12-23-21—E.B.R.S.—400 Blks.

99359 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99359

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 155 N Broad St., 23 Ward 1) Registered No.....

2-FULL NAME Bernhardt Lettau (If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 155 N Broad St. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male 4-COLOR OR RACE White 5-Single, Married, Widowed, or Divorced, (Write the word.) Married

If married, widowed, or divorced, WIFE of (or) HUSBAND of Lena Lettau

DATE OF BIRTH (month, day and year) Jan 18 1859

AGE 66 yrs. 4 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Cobbler
(b) General nature of Industry, business, or establishment in which employed (or employer) Shoe
(c) Name of employer

BIRTHPLACE (city or town) (State or Country) Germany

PARENTS

10-NAME OF FATHER Conrad Lettau

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12-MAIDEN NAME OF MOTHER Sophia Kron

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14-INFORMANT (Informant) Lena Lettau (Address) 155 N. Broad

15-Filed 6-25 1925 Robert P. Harris Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 6/7/25

17- I HEREBY CERTIFY, That I attended deceased from 6-7, 1925, to 6-7, 1925, that I last saw him alive on 6-7, 1925, and that death occurred, on the date stated above, at 6 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Herbert Dorsey M. D.

19 (Address) 1429 Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park | DATE OF BURIAL, 6/10, 1925

20-UNDERTAKER Wm Cook | ADDRESS 502 E. Monument

99360 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 99360

CERTIFICATE OF DEATH. 8-90

1-PLACE OF DEATH

City of BALTIMORE: (No. 1701 N. Montford Ave St., 8-2 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Friedel

Residence in Baltimore: No. 1701 N. Montford Ave St.; yrs., 4-8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word.): single

DATE OF BIRTH, Jan 8-1852 (Month) (Day) (Year)

AGE, 73 yrs. 4 mos. 28 ds.

If LESS than 1 day, ...hrs. or...min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country), "

12-MAIDEN NAME OF MOTHER, "

13-BIRTHPLACE OF MOTHER, (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Goeller

(Address) 1701 N. Montford Ave

15-

Filed 6-1925 192

Robert P. Harrison, Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 6-25 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prob. Myocardial Insufficiency

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility-Thermic Condition

(Duration) 2 yrs. mos. ds.

(Signed) J. S. H. Cullen M. D. (Coroner.)

6-8-25, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: Holy Redeemer — DATE OF BURIAL: June 9, 1925

20-UNDERTAKER: Wm. Cook — ADDRESS: 502 E North Ave

4-12-23—M&T—500 Blks.

99361

HEALTH DEPARTMENT—CITY OF BALTIMORE D 99361

CERTIFICATE OF DEATH.

25-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 16 WARD) 7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Rosdal

(a) RESIDENCE NO. 745 N Fulton Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1866?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59(?)				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Boston, Mass

10 NAME OF FATHER Henry Hagins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Geneva, N.Y.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant City Hospital Records.

(Address)

15 Filed 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-5 1925

17 I HEREBY CERTIFY, That I attended deceased from 5-15- , 1925, to 6-5-, 1925

that I last saw him alive on 6-4, 1925

and that death occurred, on the date stated above, at 6:15 A.M.

The CAUSE OF DEATH* was as follows:

Hypertension Arteriosclerosis.

Cardiac hypertrophy, left

hemiplegia.

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory & Clinical

(Signed) Audley C. Lipton, M. D.

, 19 (Address) Balto. City Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL 6/9 1925

20 UNDERTAKER Robert Brookseson

ADDRESS Calhoun Hollins St

6-9-19—H. P. Co.—1000 Bks.

99362

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99362

CERTIFICATE OF DEATH.

REGISTERED NO. 14-122

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

Y OF BALTIMORE: (No.) 2116 Mc Culloh ST. (WARD) 14-1

2-FULL NAME George. Palmer

(a) RESIDENCE. NO. 2116 Mc Culloh ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

ength of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	Col.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Palmer

DATE OF BIRTH (month, day, and year) 08-26-70

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	7	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer Accomax Co

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Smith Palmer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Harriet A. Harmon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Rebecca Palmer

(Address) 2116 Mc Culloh

15 Filed ..., 19 Robert F. Garrison Registrar

8 - 1925 Assistant Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/6/1925

17 I HEREBY CERTIFY, That I attended deceased from 12/24 in, 19..., to 6/6, 1925, that I last saw h... alive on 6/5, 1925, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Renal Uremia Edema

Aboute (duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Renal Congestion

Aboute (duration) 1 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. Smith, M. D.

6/8, 19 25 (Address) 908 Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL June 9 1925

20 UNDERTAKER Jam. W. Chase & Son — ADDRESS 1400 Mad...

—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

9363

CERTIFICATE OF DEATH.

194 D 99363

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

Y OF BALTIMORE: (No. 2124 Barclay — ST.; 12-5 WARD)

2-FULL NAME Marian L. Bailey

(a) RESIDENCE. No. 2124 Barclay St — ST., ... WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White.	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) September 25, 1842

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	8	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Julia Milburn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Miss Mary Bailey
(Address) 2124 Barclay St

15 Filed 6-9-1925 Robert P. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 — 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1 — 1925, to June 6 — 1925; that I last saw him alive on June 6 — 1925; and that death occurred, on the date stated above, at 8.30 p. m.

The CAUSE OF DEATH* was as follows:

Heart Exaustion about 36 hours
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Feebleness of age
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Carlton M. Cook, M. D.

19 25 (Address) 2219 St. Paul Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	June 9, 1925

20 UNDERTAKER E. LeRoy Stifflen — ADDRESS 125 E. North Ave

...—6-9-19—H. P. Co.—1000 Bks.

99364

HEALTH DEPARTMENT—CITY OF BALTIMORE

99364

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

...TY OF BALTIMORE: (No. 3102 Foster ave. ST.: 1-4 WARD)

2-FULL NAME Barbara Nagengast

(a) RESIDENCE. No. 3102 Foster ave. ST.. 1 WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of John Nagengast

DATE OF BIRTH (month, day, and year) June 2nd 1849

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
81				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Andrew Nagengast
(Address) 3102 Foster Ave

15 F... 1925 16 Robert P. Harrison Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1925

17

I HEREBY CERTIFY, That I attended deceased from on June 7, 1925, to June 7, 1925, that I last saw h... alive on June 7, 1925, and that death occurred, on the date stated above, at 7.30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Dilated heart

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Phys. & Am.

(Signed) M. J. McAvoy, M. D.

6/8, 1925 (Address) 834 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem	June 9th 1925
20 UNDERTAKER	ADDRESS
Leo E. Wood	1731 Pratt St Ave.

99365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

001

D 99365

1-PLACE OF DEATH

City of BALTIMORE: (No. 18 W.York St. St., 22-2 Ward.)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georganna Ball.(C)

Residence in Baltimore: No. 18 W.York St. St.; yrs. 35 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Female.	Colored	Married.

6-DATE OF BIRTH. Do not know. 1..... (Month) (Day) (Year)

7-AGE. 40 yrs. ---------- mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Baltimore Co.Md.

PARENTS.

10-NAME OF FATHER. Do not know.

11-BIRTHPLACE OF FATHER. (State or Country). Do not know

12-MAIDEN NAME OF MOTHER. Do not know.

13-BIRTHPLACE OF MOTHER. (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isaac Ball (C) husband

(Address) 18 W.York St.

15- Filed: JUN 9 - 1925 19.. ROBERT R. KNAUTER, Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. June 6, 1925. (Month) (Day) (Year) 192....

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

June 8, 1925 (Address) 1017 S.Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Auburn

DATE OF BURIAL. June 9 19 25

20-UNDERTAKER. John H. Toadvine

ADDRESS 1027 Round Hill Ave

c.—6-9-19—H. P. Co.—1000 Blks.

99366

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99366

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 716 Linden Ave ST. 11 WARD)

2-FULL NAME Victoria L & E

(a) RESIDENCE. NO. 716 Linden ave ST., ... WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Jas. L & E

DATE OF BIRTH (month, day, and year) 1841

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	—	—	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic service

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Wm. Summerville

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant John H. Toadvine

(Address) 1027 Druid Hill ave

15 Filed JUN 9 - 1925 19 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/6/ 1925

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1925 to June 6, 1925, that I last saw h.. alive on June 6, 1925, and that death occurred, on the date stated above, at 8:25 P m.

The CAUSE OF DEATH* was as follows:

General Exhaustion

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Heat Prostration

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) John H. Toadvine M.D.

19 (Address) 1019 Druid Hill ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peters — DATE OF BURIAL June 9 1925

20 UNDERTAKER John H. Toadvine — ADDRESS 1027 Druid Hill

Spec.—1-10-21—M&T—1500 Blks.

Issued by Permission of Dr. Horton Coroner

D 99367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99367

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 309 N Fulton Ave WARD 19-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Krellin

(a) RESIDENCE No. 309 N Fulton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None. apd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Geo F. Kriete

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Helen Hf

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Anna M. Kriete

(Address) 309 N. Fulton Ave

15 Filed JUN 3 - 1925 ROBERT R. KNAUER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1925

17 I HEREBY CERTIFY, That I attended deceased from May 19, 1925, to June 8, 1925, that I last saw h... alive on May 19, 1925, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Uraemic Coma, (duration) 2 yrs. 10 mos. ds. Bron.

CONTRIBUTORY (Secondary) Heat. (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Yes.

Did an operation precede death? No. Date of

Was there an autopsy? No. Clinical

What test confirmed diagnosis?

(Signed) John A. Crain M. D.

, 19 (Address) 101 St. Cary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: June 10 1925

20 UNDERTAKER: John O. Mitchell ADDRESS: 201 W Fayette

Spec.—1-10-21—M&T—1500 Bks.

D 99368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

83 D 99368

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 Bolton ST., 14-W WARD)

2-FULL NAME Marion Henrix

(a) RESIDENCE NO. 1414 Bolton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Femal

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced (or) HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 84; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balt.

PARENTS

10 NAME OF FATHER Thomas Henrix

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balt.

12 MAIDEN NAME OF MOTHER Belinda Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balt

14 Informant: Mary M. Morse

(Address) 1414 Bolton St.

15

JUN 9 - 1925

ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 7 1925

17 I HEREBY CERTIFY, That I attended deceased from June 6. 1925. to June 7 1925.

that I last saw h.. alive on June 7 1925.

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows: Extreme Heat.

CONTRIBUTORY (Secondary) (duration) yrs. mos. 3 ds. Cerebral Softening

18 Where was disease contracted if not at place of death? (duration) 2 yrs. mos. ds. Yes

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) John A. Oram M. D.

19 (Address) 101 N. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: June 10 1925

20 UNDERTAKER: John O. Mitchell — ADDRESS: 120 W Lanvale

Burial Permit Issued

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99369 — 57 — D 99369

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4822 Ferndale ST., 28-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Knell

(a) RESIDENCE NO. 4822 Ferndale Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: May C Knell

6 DATE OF BIRTH (month, day, and year): Oct 2 1868

7 AGE — Years: 56 — Months: — Days: — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Butcher

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Frank L Knell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): " "

14 Informant: Raymond F Bagert

(Address): 4822 Ferndale Ave

15 JUN 9 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 7, 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1925 to June 7, 1925.

that I last saw him alive on June 7 '25, 19

and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cirrhosis of Liver

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Cincerritt Lovell M. D.

6-8-1925 (Address) 37 a Liberty Hgts Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem — DATE OF BURIAL: June 10 1925

20 UNDERTAKER: John O Mitchell — ADDRESS: 120 W Fayette

ec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99370

CERTIFICATE OF DEATH. X 129D 99370

1-PLACE OF DEATH U.S Marine Hospital #1, Baltimore, Md. ST., [illegible] WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (NO.....

2-FULL NAME John O'Connor.

(a) RESIDENCE NO. U.S Marine Hospital ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 44 ds. How long in U. S., if of foreign birth? ——yrs. ——mos. ——ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Black.	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	—		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) ..... " 080

(c) Name of employer .....

BIRTHPLACE (city or town) ..... Conn.
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Unknown

14 Informant Self.
(Address) .....

15 JUN 9 - 1925 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1925

17 I HEREBY CERTIFY, That I attended deceased from April 22, 1925, to June 5, 1925,
that I last saw him alive on June 5, 1925
and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:
Valvular Heart Disease
Mitral insufficiency

(duration) yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Infiltrative Parenchymatous Chronic

(duration) yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of —

Was there an autopsy? .....

What test confirmed diagnosis? Typical physical signs & Laboratory Tests

(Signed) M. H. Foster, M. D.

19 (Address) U.S Marine Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL 6/9 1925

20 UNDERTAKER Sol Levinson & Bro — ADDRESS 117 E Balto St

See Letters on file from Dr Blades Dated Mar 14 1926

HEALTH DEPARTMENT—CITY OF BALTIMORE

99371

CERTIFICATE OF DEATH.

D 99371

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hospital St., 12-5 Ward.)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Jacob Harris

Residence in Baltimore: No. 2648 Florence St.; yrs. 60 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Widower

6-DATE OF BIRTH: 1865 (Month) (Day) (Year)

7-AGE: 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Bacto Md

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER, (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Harris

(Address) Catonsville Md.

JUN 9 - 1925 192.. ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH June 7 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY that I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shot & Killed

Duration mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

Duration yrs. mos. 1 ds.

(Signed) G. C. Radcliffe M. D.
(Coroner)

(Address) 1436 Bway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	6/9/1925
20-UNDERTAKER. Dame Easby	ADDRESS 96 Pa ave.

99372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 99372

6-1

1-PLACE OF DEATH

City of BALTIMORE: (No. 1803 Orleans St St., Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Payne

Residence in Baltimore: No 1803 Orleans St St.; 51 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: col

5-Single, Married, Widowed, Divorced, (write the word.): widow

6-DATE OF BIRTH: ..... 1..... (Month) (Day) (Year)

7-AGE: 51 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: athome
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: William Payne

11-BIRTHPLACE OF FATHER, (State or Country): Md

12-MAIDEN NAME OF MOTHER: Harriett Allen

13-BIRTHPLACE OF MOTHER, (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Hunter (niece)

(Address) 1803 Orleans St

15- Filed ..... 192.. ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 6-25 ..... 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probable Cardiac Insufficiency

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hot weather condition

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. H. Cole M. D. (Coroner.)

6-6-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel cemetery — DATE OF BURIAL: June 6 1925

20-UNDERTAKER: Edward Bryan — ADDRESS: 1631 orleans st

spec—12-23-21—E.B.R.S.—400 Bks.

) 99373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

111-02

D 99373

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Stagnes Hosp St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Katie Russo

(a) Residence No. 2118 E. Lombard St. St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word) M

6-If married, widowed, or divorced, HUSBAND of (or) WIFE of Benj Russo

7-DATE OF BIRTH (month, day and year) July 29 1895

8-AGE. 30 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 37

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Russia.

PARENTS.

10-NAME OF FATHER. Benj Baltis

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Rosa —

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Russia

14- (Informant) Jack Lewis

(Address) 1427 E. Balt St.

15- ROBERT R. KRAUTER, Registrar.

JUN 9 - 1925 Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 7/25

17- I HEREBY CERTIFY, That I attended deceased from 5-28 19 25 to 6-7 19 25

that I last saw h[illegible] alive on 6-7 19 25

and that death occurred, on the date stated above, at 10 Hy. m.

The CAUSE OF DEATH* was as follows:

Duodenal ulcer. 6 mos dur

Gastro-enterostomy

Gastric tetany

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of 5-30-25

Was there an autopsy? No.

What test confirmed diagnosis? Operation

(Signed) Emil Lewis M. D

6/9, 19 25 (Address) Stagnes Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Woodmen Circle

DATE OF BURIAL. 6-10 19 25

20-UNDERTAKER. Jack Lewis

ADDRESS 1434 E Balt

Rec-12-23-21—E.B.R.S.—400 Blks.

D) 99374 HEALTH DEPARTMENT—CITY OF BALTIMORE D) 99374

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. 208 N Port St., 6-23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Abraham Wilhelm

(a) Residence No. 208 N Port St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? 61 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word) Married

6-If married, widowed, or divorced, HUSBAND of ~~(or WIFE of)~~ Mary Wilhelm

7-DATE OF BIRTH (month, day and year) July 2-1865

8-AGE, 60 yrs. 11 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

9-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer.....

10-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS

10-NAME OF FATHER, George Wilhelm

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Not known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14-(Informant) Mary Wilhelm
(Address) 208 N Port St

15-JUN 9 - 1925 ROBERT R. KRAUTER, Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 7/25

17-I HEREBY CERTIFY, That I attended deceased from May 30, 1925 to June 7, 1925 that I last saw h. alive on June 7 1925 and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(Duration) 5 yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) B V Kelly M. D.

, 19 (Address) 105 N Ludwood St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt Carmel Cem	June 9, 1925
(20-UNDERTAKER) Wm E Miller & Co	ADDRESS 233 E Hoffman St

1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24-002

) 99375 — D 99375 — REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (NO. 224 N Collington Ave ST., 6 WARD)

2-FULL NAME Mary K Phoebus

(a) RESIDENCE NO. 224 Collington Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edw E Phoebus

ATE OF BIRTH (month, day, and year) Sept 13/1879

GE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	70	8	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Somerset Co
(State or country) Md

10 NAME OF FATHER Edw E Tyler

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Dora Rowe

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

Informant Chas Phoebus 224 N Collington Ave
(Address)

JUN 9 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1925

17 I HEREBY CERTIFY, That I attended deceased from ..., 1923, to June 7, 1925, that I last saw h[illegible] alive on June 6, 1925, and that death occurred, on the date stated above, at 2 10 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolus
Cerebral Softening

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Hypertension (Arteriosclerosis)
(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Ralph L Hoyt, M. D.

, 19 (Address) 26 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem — DATE OF BURIAL June 9 1925

20 UNDERTAKER John Tillery — ADDRESS 2007 Eutaw St

—1-12-23—M&T—500 Bks.

99376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 99376

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 2702 East Ave ST., 1-4 WARD)

2-FULL NAME Elizabeth Heirschmann

(a) RESIDENCE NO. 270 S. East Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, or Divorced, (write the word)
Female	White	Widow

f married, widowed, or divorced HUSBAND of (or) WIFE of Charles F. Heirschmann

ATE OF BIRTH (month, day, and year) Dec 22/1844

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	5	11	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER Dort Kross

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Dort Kleber

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant Mrs Lena Smith (Address) 270 S. East Ave

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 14, 1920, to June 3, 1925, that I last saw h. alive on ....., 19....., and that death occurred, on the date stated above, at 6 30 P m.

The CAUSE OF DEATH* was as follows:

Chronic endocarditis
Acute dilatation of heart
(duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Heart Sounds

(Signed) ..... M. D.

. 19 (Address) 301 S Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel — DATE OF BURIAL: June 10 1925

20 UNDERTAKER John Sellers & Sons — ADDRESS 2007 E Baltimore

DNS - 1925 ....., Registrar

District Record Clerk

99377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16-001 D 99377

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., 26-8 Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Hogan

Residence in Baltimore: No. 1118 S. First St St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	sing

6-DATE OF BIRTH. June 8-25, 1.....
(Month) (Day) (Year)

7-AGE. .....yrs. .....mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... child
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER, Wm. H. Hogan

11-BIRTHPLACE OF FATHER, (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER, Anna Haas

13-BIRTHPLACE OF MOTHER, (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hopkins Hospital

(Address).....

15- JUN 9 - 1925 ROBERT R. KRAUTER,

Filed..... 192.... Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 8-25, 192.....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....(Duration).....yrs.....mos.....ds.

(Signed) J. S. Kerr M. D.
(Coroner.)

6-9-25 192.... (Address) 508E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Carmel Cem	6/9 1925
20-UNDERTAKER,	ADDRESS
Jos A. Farley	1800 W Fayette St

poc—12-23-21—E.B.R.S.—400 Bks.

D 99378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-802

D 99378

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 516 S. Lakewood Ave St., 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Minnie Jones

(a) Residence No. 516 S. Lakewood Ave St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander W. Jones

7-DATE OF BIRTH (month, day and year) April 23. 1867

8-AGE. 58 yrs. 1 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

9-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

10-BIRTHPLACE (city or town)..... Balto
(State or Country), Md.

PARENTS.

10-NAME OF FATHER, Bernard Stockman

11-BIRTHPLACE OF FATHER (city or town) Germany
(State or Country),

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) Unknown
(State or Country),

14-
(Informant) Alexander W. Jones
(Address) 516 S. Lakewood Ave

15-
Filed ..... 1925 ..... HARRY R. KRAUTER,
Deputy Portsmith Registrar.

Dr Kroger 2627 Eastern Ave

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 6/1925

17- I HEREBY CERTIFY, That I attended deceased from May 3, 19.25, to June 6, 19.25, that I last saw h.. alive on June 6, 19.25, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Fa Grippe

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? C S S

(Signed) John J. Kroger M. D.

, 19 (Address) 2627 Eastern Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cemetery	June 9, 1925
20-UNDERTAKER.	ADDRESS
Henry Sander Sons Inc.	1710 Eutaw Pl

...— 12-23-21—E.B.P.S.—400 Blks.

99379

HEALTH DEPARTMENT—CITY OF BALTIMORE

001
D 99379

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3216 E. Fairmount Ave St., No 13 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Mary Greif .....

(a) Residence No. 3216 E. Fairmount Ave, Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Greif

7-DATE OF BIRTH (month, day and year) May 11, 1858

8-AGE. 67 yrs. 7 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.

9-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of Industry, business, or establishment in which employed (or employer)..... 03
(c) Name of employer.....

10-BIRTHPLACE (city or town)..... Balto
(State or Country), Md.

PARENTS.

10-NAME OF FATHER, Martin Seegmuller

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Margaret Gehring

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Germany

14-
(Informant) Herman Greif
(Address) 3216 E. Fairmount Ave

15-
FILED JUN 9 - 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 8, 1925

17- I HEREBY CERTIFY, That I attended deceased from Dec 29, 1924, to June 8, 1925, that I last saw h. Ex. alive on June 8, 1925, and that death occurred, on the date stated above, at 4.50 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
(Head Protration)
(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatous Nephritis (Duration) 7 yrs. mos. ds.

18-Where was disease contracted If not at place of death? Ans Less

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) M. Sonenberg, M. D.

6/9, 1925 (Address) 820 E. Baltimore St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	June 11, 1925
20-UNDERTAKER	ADDRESS
Henry Sander Sons	1710 Pleasant St

99380 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99380

CERTIFICATE OF DEATH.

1-31 ✓ 1-4

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 42 E. Echodale Ave (Hamilton) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Peter Kleilein

Residence in Baltimore: No. 801 S. Robinson St St.; yrs., 36 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced. (Write the word.): Widower

6-DATE OF BIRTH. Oct 12-1873 (Month) (Day) (Year)

7-AGE. 51 yrs. 7 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER, (State or Country): "

12-MAIDEN NAME OF MOTHER: "

13-BIRTHPLACE OF MOTHER, (State or Country): "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leon D. Kleilein (son)

(Address) 1417 W. Sartoga St

15- Filed JUN 9 1925 ROBERT R. KRAUTER, Clerk Permit Work. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 7-25 (Month) (Day) (Year) 192....

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) D. J. Wacen M. D. (Corouer.)

6-9-25 192.... (Address) 508 E. north Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Schwartz Cemetery — DATE OF BURIAL: June 10 1925

20-UNDERTAKER: Fred'k Lassahn Sons — ADDRESS: Fullerton

pec.—1-10-21—M&T—1500 Bks.

99381 HEALTH DEPARTMENT—CITY OF BALTIMORE 99381

CERTIFICATE OF DEATH.

74-08 29-46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] ST. BALTIMORE CITY HOSPITALS WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J. Dolan

(a) RESIDENCE No. 619 Ridgely Ave ST. Raspberry WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. Ridge mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

7 DATE OF BIRTH (month, day, and year) 1861

8 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John Dolan

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Marie Coyland

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Baltimore City Hospitals Records (Address)

15 Received JUN 9 - 1925 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924, to June 8, 1925, that I last saw him alive on June 7, 1925, and that death occurred, on the date stated above, at 5-a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Right hemiplegia (Cerebral hemorrhage)

(duration) 1 yrs. 8 mos. 0 ds. (History)

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W Lindsay Miller, M. D.

6/8, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL June 10th 1925

20 UNDERTAKER Lilly & Zeiler — ADDRESS 405 S. Wolfe St

—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99382

CERTIFICATE OF DEATH.

12 9 V

D 99382

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. [redacted] ST., 21-3 WARD)

BALTIMORE CITY HOSPITALS

2-FULL NAME John W. Jones

(a) RESIDENCE NO. 636 Archer ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1854

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
71 yr.				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Md.
(State or country)

10 NAME OF FATHER Robert Jones

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Nancy ?

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Baltimore City Hospitals Records
(Address)

15 JUN 9 - 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1925

17 I HEREBY CERTIFY, That I attended deceased from June 2, 1925, to June 6, 1925, that I last saw him alive on June 6, 1925 and that death occurred, on the date stated above, at 9:40 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Hypertension Chronic nephritis, Chronic myocarditis

(duration) 10 (History) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. 3 (History) mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W Lindsay Miller, M. D.

6-8, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Cet	June 9- 1925
20 UNDERTAKER	ADDRESS
J. L. Brown & Son	108 N. Monty

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99383

CERTIFICATE OF DEATH.

161-001

D 99383

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 Madison Ave. ST., 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Robinson

(a) RESIDENCE NO. 1614 Madison Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Infant

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) June 7 1925

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				7 hrs. 20 min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Hugh Lloyd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Isabell Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Isabell Robinson (Address)

15 Filed JUN 9 - 1925 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1925

17 I HEREBY CERTIFY, That I attended deceased from June 7 1925, to June 7 1925, that I last saw h[illegible] alive on June 7 1925, and that death occurred, on the date stated above, at 9:30 p m.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. F. Coleman M. D.

June 8 1925 (Address) 2039 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL June 9 1925

20 UNDERTAKER Arnold D. Brady ADDRESS Bdle

Cor.—1-12-25—M&T—100 Blks.

)384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

80 D 99384

REGISTERED NO.....

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 5346 Dennonst ST., 27-W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Hall

(a) RESIDENCE No. 5346 Dennonst ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year): June 5- 1924

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	0	3	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Randallstown
(State or country) Md

PARENTS

10 NAME OF FATHER Walter Hall

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Lucy Taylor

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Lucy Hall
(Address) 5346 Dennonst Ave

15 Filed ..... 192 ..... Registrar

JUN 9 - 1925 ROBERT R. KRAUTER, Vital Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Convulsions

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H. Hamilton, M. D.
(Coroner.)

June 8, 1925 (Address) 362 Robbins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Thomas Cem. DATE OF BURIAL June 8 1925

20 UNDERTAKER Samuel Hemsley ADDRESS 528 Eutaw

Cor.—1-12-23—M&T—100 Bks.

D 99385 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 1925 D 99385

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE, No. 1449 Madison Ave ST. (WARD) 14 - 2

2-FULL NAME Catherine Hughes

(a) RESIDENCE NO. 1449 Madison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widow

6 If married, widowed, or divorced. HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1849

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Nathaniel Telgman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mary E. Cooper

(Address) 1449 Madison Ave.

15 Filed ... 192... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) (Coroner.) M. D.

192 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery DATE OF BURIAL 1925

ADDRESS

20 UNDERTAKER Samuel Hinkley Eddis

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99386

D 99386

CERTIFICATE OF DEATH.

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 416 N. Gilmor St. St., 19-1 Ward) 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Howard

(a) Residence No. 416 N. Gilmor St. St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Negro

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-If married, widowed, or divorced HUSBAND of (or) WIFE of: xxxxx Thomas Howard

7-DATE OF BIRTH (month, day and year): Jan. 30th. 1871

8-AGE: 54 yrs. 4 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer: .....

10-BIRTHPLACE (city or town) (State or Country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Jennie Addams

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown

14-INFORMANT: Jas. E. Howard (Son)

(Address) 416 N. Gilmor St.

JUN 9 - 1925 ROBERT R. KRAUTER, Special Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): June 6th. 1925

17- I HEREBY CERTIFY, That I attended deceased from June 3rd, 25, to June 6th. 1925

that I last saw her alive on June 6th, 19.25,

and that death occurred, on the date stated above, at 11.15 pm

The CAUSE OF DEATH* was as follows:

a Mitral Ins

b Broken compensation

Cardiac.

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Mitral Ins.

(Duration) ? yrs. 2/ 5 mos. 6 ds.

18-Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam.

(Signed) Walter J Jackson, M. D.

, 19 (Address) 1618 W. Mulberry St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn — DATE OF BURIAL, 6-9, 1925

20-UNDERTAKER: Joseph A Lively — ADDRESS 151 Winters ave

Spec—12-23-21—E.B.R.S.—400 Blks.

99387 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 99387

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 2009 E. 32nd St 9-3 90 Registered No.....

City of BALTIMORE: (No.....St., ...Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret F. Friese

(a) Residence No. 2009 E. 32nd st St., Ward 9
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (Write the word.) Married

6-If married, widowed, or divorced HUSBAND of (or) WIFE of William F. Friese

7-DATE OF BIRTH (month, day and year) Sept 28th 1860

8-AGE, 65 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

9-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

10-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Wiegand

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Elizabeth Kneriem

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14-(Informant) William F. Friese

(Address) 2009 E. 32nd St

JUN 9 - 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 8 25

17-I HEREBY CERTIFY, That I attended deceased from January 20 25 to June 8 25

that I last saw h... alive on ... 19..

and that death occurred, on the date stated above, at 5-20a.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Trouble

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. H. Russell M. D.

(Address) 1111 E. Mt. St. Baltimore

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION, OR REMOVAL, Baltimore County — DATE OF BURIAL, June 10 1925

20-UNDERTAKER, Frank D. Pistone — ADDRESS 1300 E. 32nd st

HEALTH DEPARTMENT—CITY OF BALTIMORE

99388
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

2-2 1925 D 99388
Registered No. C.....

City of BALTIMORE: (No. St. Joseph Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... John Kurowski

Residence in Baltimore: No. 728 S. Bethel St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

SEX: male

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word.): mar

6-DATE OF BIRTH: Sep. (Month) 29 (Day) 1888 (Year)

7-AGE: 37 yrs. 8 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country): Poland

PARENTS:

10-NAME OF FATHER: Jacub. Kurowski

11-BIRTHPLACE OF FATHER. (State or Country): Poland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER. (State or Country): Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wladyslawa Kurowski (wife)

(Address) 728 S. Bethel

15- Filed JUN 9 - 1925 ERNEST R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. June 6-25 (Month) (Day) 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Thermic Fever

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. S. O'Brien M. D.
(Coroner.)

6-8-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Rosary Cem. DATE OF BURIAL: June 9 1925

20-UNDERTAKER: John A. Weber ADDRESS: 1103 Bank St

Spec—12-23-21—E.B.R.S.—400 Eks.

99389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3-31 D 99389

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Charles Nerf

(a) Residence No. 808 E. Pratt st. St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

7-DATE OF BIRTH (month, day and year) 1888

8-AGE, 37 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work printer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, peter Nerf

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Verona Eberwein

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14-Informant) Hospital Records

(Address) M.T.H.

JUN 9 - 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 9, 1925.

17- I HEREBY CERTIFY, That I attended deceased from March 24, 19 25, to June 9, 19 25, that I last saw him alive on June 9, 19 25, and that death occurred, on the date stated above, at 6.30 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? NO Date of

Was there an autopsy? What test confirmed diagnosis? Clinical findings

(Signed) J. Wilson, M. D.

6-9-, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Old Town Cemetery

DATE OF BURIAL. June 11, 1925

20-UNDERTAKER. Capt. Wm. F. Gray Jr.

ADDRESS F. Gray

D 99390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66 D 99390

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1213 N. Montford Ave St., 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis Rochford

Residence in Baltimore: No. 2209 E. North Ave St.; yrs. 9/12 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word.): sing

6-DATE OF BIRTH: April 10 1898 (Month) (Day) (Year)

7-AGE: 27 yrs. 1 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Plasterer
(b) General nature of industry, business, or establishment in which employed (or employer): 051

9-BIRTHPLACE, (State or Country): Baltimore, Md

PARENTS:

10-NAME OF FATHER: Geo. Rochford

11-BIRTHPLACE OF FATHER, (State or Country): Balto. Md

12-MAIDEN NAME OF MOTHER: Margaret Barry

13-BIRTHPLACE OF MOTHER, (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Rochford

(Address) 1907 E. 29th St

15- Filed ..... 192.. ROBT. R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 7-25 (Month) (Day) 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Acuta Alcoholism

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. S. Walker M. D. (Coroner.)

6-9-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cemetery DATE OF BURIAL: June 10 192..

20-UNDERTAKER: Robt J. Smith ADDRESS: 1 & Troy

Spec.—1-10-21—M&T—1500 Bks.

99391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99391

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hosp. ST., 8 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Schmidt

(a) RESIDENCE NO. 1802½ Chester st ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Schmidt

6 DATE OF BIRTH (month, day, and year) Nov 10, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	7	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work General housework

(b) General nature of Industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Louis Schmidt

(Address) 1802½ E. Chester

15 Filed JUN 9 1925 19 [illegible] R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1925

17 I HEREBY CERTIFY, That I attended deceased from June 3, 1925, to June 7, 1925, that I last saw h[illegible] alive on June 7, 1925, and that death occurred, on the date stated above, at 8.40 P m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

Sloan in character

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) G. B. Seibert, M. D.

June 8 1925 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel

DATE OF BURIAL June 10 1925

20 UNDERTAKER Robt J Turner

ADDRESS 4th & Gay

...—1-12-23—M&T—10) Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99392

99392

CERTIFICATE OF DEATH.

66

1-PLACE OF DEATH

REGISTERED NO.....

Y OF BALTIMORE: (No. Colored Hospital ST., 18 WARD) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo Hardiman

(a) RESIDENCE NO. 1032 Vine ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

f married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, and year) 1897

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28			

CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work 0
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

IRTHPLACE (city or town) Balto City.
(State or country)

10 NAME OF FATHER Hardiman

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Informant Fannie Hardman
(Address) 1032 Vine St

JUN 9 - 1925 HOWARD R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ac Alcoholism

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Cirrhosis Liver

(duration) yrs. mos. 1 ds.

(Signed) C C Grady, M. D.
(Coroner)

June 8 1925 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	6/9/1925
20 UNDERTAKER Dane Eaton	ADDRESS 916 Pine

Rec—12-23-21—E.B.R.S.—400 Bks.

) 99393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 | D 99393

17-3

1-PLACE OF DEATH

City of BALTIMORE: (No.) Municipal Tuberculosis Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Edwards

(a) Residence No. 806 Bradley st. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Annie Edwards

7-DATE OF BIRTH (month, day and year): 1885 ?

8-AGE. 40 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer:

0 40

10-BIRTHPLACE (city or town) (State or Country): North Carolina

PARENTS.

10-NAME OF FATHER: Isaiah Edwards

11-BIRTHPLACE OF FATHER (city or town) (State or Country): North Carolina

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): North Carolina

14- (Informant): Hospital Records

(Address): M.T.H.

15- Filed [illegible] ROBERT R. KRAUTER, Registrar.

Special Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): June 7, 1925

17- I HEREBY CERTIFY, That I attended deceased from March 27, 1925 to June 7, 1925

that I last saw him alive on June 7, 1925,

and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) J. Hutton, M. D.

6-8-25 19 (Address) Municipal Tbc. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holly Springs N.C. DATE OF BURIAL, 6/9/1925

20-UNDERTAKER: David Eccles ADDRESS 916 Pa ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99394

CERTIFICATE OF DEATH.

74-002

D 99394

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS St. 17 Ward) 2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Hopkins

(a) RESIDENCE No. 546 W. Preston St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
62 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particulsr kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Hopkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mollie Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Baltimore City Hospitals Records

JUN 9 1925

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1924, to June 7, 1925, that I last saw her alive on June 6, 1925, and that death occurred, on the date stated above, at 1:45 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Hypertension

Hemiplegia (cerebral thrombosis) (duration) 2 (history) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W Lindsay Miller, M. D.

6/9, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet

DATE OF BURIAL 6/11/25

20 Undertaker David Corbin

ADDRESS 916 Eas

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99395 — 129 — D 99395

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

D 99395

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 N Eden ST. 5 WARD 2)

2-FULL NAME Mary Alverta Wells

(a) RESIDENCE NO. 430 N Eden ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced, (HUSBAND of) (or) WIFE of: Trust Wells

6 DATE OF BIRTH (month, day, and year) Aug 13, 1877

7 AGE: Years 47; Months; Days; If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 0 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER Geo. Askew

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER Annie M. Collins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Fred B. Collins (son)

(Address) 612 N Carolina St

15 Filed JUN 9 1925 19.. ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1925

17 I HEREBY CERTIFY, That I attended deceased from March, 1925, to June 7, 1925, that I last saw h[illegible] alive on June 6, 1925, and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Parenchymatous Nephritis (duration) yrs 1 mos ds

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R.G. Elliott M. D.

6/8, 1925 (Address) 1 Fayette Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashury Cemetery — DATE OF BURIAL: June 9 1925

20 UNDERTAKER: Mrs R.G. Elliott — ADDRESS 725 Cathedral

—1-12-23—M&T—500 Blks.

Kioawa

HEALTH DEPARTMENT—CITY OF BALTIMORE

99396

CERTIFICATE OF DEATH.

D 99396

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] ST., BALTIMORE CITY HOSPITALS (WARD) 1-3

REGISTERED NO. 1925

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Kioawa

(a) RESIDENCE NO. 1104 Streeper ST., 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., If of foreign birth? 40 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

DATE OF BIRTH (month, day, and year) 1871

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54 yr.			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country)

14 Informant Baltimore City Hospitals Records (Address)

Filed JUN 9 - 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1925

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1925, to June 7, 1925, that I last saw him alive on June 7, 1925, and that death occurred, on the date stated above, at 12:45 p.m.

The CAUSE OF DEATH* was as follows:

Heat Prostration

(Sun Stroke)

(duration) yrs. mos 10 hours

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W Lindsay Mills, M. D.

6/7, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem	June 10 1925
20 UNDERTAKER	ADDRESS
Stephen L Trzkowski	1008 S Fremont Ave

D 99397

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1883 03

D 99397

1-PLACE OF DEATH City of BALTIMORE: (No. Md Gen'l Hospital St., 13 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret J. Wheeler

Residence in Baltimore: No. 1324 Mosling Ave St.; 9 yrs., 7 mos., 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) Nov (Day) 1 (Year) 1915

7-AGE, ... yrs. 9 mos. 7 ds. 6

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At School
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Charles K. Wheeler

11-BIRTHPLACE OF FATHER, (State or Country), Vermont

12-MAIDEN NAME OF MOTHER, Emma G. Perry

13-BIRTHPLACE OF MOTHER, (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles K. Wheeler

(Address) 1324 Mosling Ave

15- JUN 9 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH June (Month) 7 (Day) 25 (Year) 192.....

17- I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows.*

Auto Accident

Fracture of Skull

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Shock

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. C. Bates M. D.

(Coroner)

June 7 1925 (Address) 1432 N. Bway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Druid Ridge	June 10 1925
20-UNDERTAKER.	ADDRESS.
Horace H. Burgee	363 Hall Road

99398 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99398

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 914 Pine St., Ward 18-47)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Jones

Residence in Baltimore: No. 914 Pine st St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Col

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

6-DATE OF BIRTH: Unknown (Month) (Day) 1..... (Year)

7-AGE: 75 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER, (State or Country): (' ')

12-MAIDEN NAME OF MOTHER: (' ')

13-BIRTHPLACE OF MOTHER, (State or Country): (')

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie Johnson

(Address) 914 Pine St

15- FILED JUN 9 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: June (Month) 7 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~(Inquest, autopsy or Inquiry.)~~ thereon and from the evidence obtained by said ~~(Inquest, autopsy or Inquiry.)~~ find that said deceased came to ~~her~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cancer of Breast & Liver

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. H. Guthrie M. D. (Coroner.)

6-8 1925 (Address) 917 W Saratoga St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: PUBLIC CEMETERY. DATE OF BURIAL, 1925.

20-UNDERTAKER: [redacted] ADDRESS JUN 9 - 1925

Spec. 1-1921—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99399

CERTIFICATE OF DEATH.

38 D 99399

1-PLACE OF DEATH Johns Hopkins Hospital.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 19-1 WARD

2-FULL NAME Baby Brooks

(a) RESIDENCE NO. 222 N. Gilmor St.; WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): ~~Single~~

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 4, 1925

7 AGE: Years ..... Months ..... Days ..... If LESS than 1 day, ... hrs. or ..... min.

Five Hours

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER William Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Elizabeth Bruce

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant .....

(Address) Johns Hopkins Hospital.

15 Filed JUN 9 - 1925 ROBERT R. KRAUTER Registrar

Burial Permit [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1925

17 I HEREBY CERTIFY, That I attended deceased from 6-4, 1925, to 6-4, 1925, that I last saw him alive on 6-4, 1925, and that death occurred, on the date stated above, at 10 00 a. m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(duration) ..... yrs. ..... mos ..... da.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) E L Stone M. D.

19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER .....

ADDRESS .....

Commissioner Health

JUN 9 - 1925

Rec-12-23-21-E.B.R.S.-400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99400

CERTIFICATE OF DEATH.

161-001

D 99400

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1457 Parrish St., 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Green

(a) Residence No. 1457 Parrish St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, F

4-COLOR OR RACE, Black

5-Single, single, Married, Widowed, or Divorced, (Write the word.)

6-If married, widowed, or divorced HUSBAND of (or) WIFE of

7-DATE OF BIRTH (month, day and year) June 5, 1925

8-AGE, ...yrs. .....mos. .....ds. If LESS than 1 day, ...hrs. or. 20 min.

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

10-BIRTHPLACE (city or town) (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Glenn Fincher

11-BIRTHPLACE OF FATHER (city or town) (State or Country), N. C.

12-MAIDEN NAME OF MOTHER, Margaret Green

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14-

(Informant).....

(Address).....

15-

Filed JUN 9 1925 E. R. KRAUTER, Registrar.

Burial Permit issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 6-5-25

17- I HEREBY CERTIFY, That I attended deceased from 6-5, 19.25, to 6-5, 19.25

that I last saw her alive on 6-5, 19.25

and that death occurred, on the date stated above, at 12 10 P m.

The CAUSE OF DEATH* was as follows:

Prematurity

.....(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary).....

.....(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? ....Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Susanne R Parsons, M. D

6-5, 1925 (Address) 1702 Westwood Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: S HOPKINS HOSPITAL

DATE OF BURIAL, ..., 19....

20-UNDERTAKER, Undertaker Health

ADDRESS JUN 9 1925

Burial Permit issued

Spec.—1-10-21—M&T—1500 Blks.

D 99401

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12-002

D 99401

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 1-3 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theodore Urbanski

(a) RESIDENCE NO. 2823 Elliott ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anastazia Urbanski

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired gas

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Stanley Urbanski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Wiedbalska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Edmund Urbanski (Address) 2635 Eastern Ave

15 Filed JUN 9 - 1925 Albert R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/8/25

17 I HEREBY CERTIFY, That I attended deceased from 5-22-, 1925, to 6/8/25, that I last saw h~~e alive~~ on 6/8/25 and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows: Hypertrophy of the Cerebrum 7 Liver

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No Cloyd Colby

What test confirmed diagnosis?

(Signed) C. W. Colby, M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	June 10 1925

20 UNDERTAKER F. W. Bazenet ADDRESS 1930 Eastern

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99402

CERTIFICATE OF DEATH.

90 D 99402

1-PLACE OF DEATH

City of BALTIMORE: (No. 230 S. Chester St., V-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Linatty

(a) Residence No. 230 S Chester St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX +

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced (Write the word.) M

6-If married, widowed, or divorced HUSBAND of (or) WIFE of —

7-DATE OF BIRTH (month, day and year) June

8-AGE, 14 yrs. mos. ds. If LESS than 1 day, hrs. or min.

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

11-NAME OF FATHER Woody Slaw Linatty

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Poland

12-MAIDEN NAME OF MOTHER Unknow

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Poland

14- (Informant) M Linatty

(Address) 230 S Chester St

15- Filed JUN 9 - 1925 ROBT. R. KRAUTER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 7-25

I HEREBY CERTIFY, That I attended deceased from May 4-25 to June 7-25,

that I last saw h alive on June 6 25,

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What confirmed diagnosis?

(Signed) Fredrick W Hemmeter M.D.

(Address) 7913 E Baltimore

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (I) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL, June 10 1925

20-UNDERTAKER F. W. Ozazewski

ADDRESS 1950 Eastern Ave

...pec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99403

CERTIFICATE OF DEATH.

D 99403

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3917 ST., Dalrymple ave WARD) 5-4

2-FULL NAME John Henry Peters

(a) RESIDENCE No. 3917 Dalrymple ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 8 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Alberta Elizabeth Peters

7 DATE OF BIRTH (month, day, and year) Sept 29 1854

8 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	8	10	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 004

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER John Adam Peters

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Snead 6/8

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Alberta Elizabeth Peters

(Address) 3917 Dalrymple ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1925

17 I HEREBY CERTIFY, That I attended deceased from May 5, 1925, to June 8, 1925, that I last saw h.e alive on June 6, 1925, and that death occurred, on the date stated above, at 9.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry E Jones M. D.

6/8, 1925 (Address) 720 W North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	6/11/25

20 UNDERTAKER	ADDRESS
Geo. Arbogast Son	2503 Edmondson ave

Spec—12-23-21—E.B.R.S.—400 Blks.

99404 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 99404

CERTIFICATE OF DEATH.

25-38

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dolores Marie Rapp

(a) Residence No. 242 Cedar Westport St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 19 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) April 19, 1925

7-AGE. 1 yrs. 19 mos. 49 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Earnest Rapp

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Rose Catherine Culligan

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore

14- (Informant) Joseph E. Rapp

(Address) 242 Cedar St. Westport

15- [redacted] R. KRAUTER,

JUN 9 - 1925 [redacted] Permit Officer.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 8, 1925

17- I HEREBY CERTIFY, That I attended deceased from June 5, 1925, to June 8, 1925, that I last saw her alive on June 8, 1925, and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cellulitis Shoulder

(Duration) yrs. mos. 8 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Wassermann

(Signed) A B Price M. D.

, 19 (Address) Union Memorial Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (I) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, June 10, 1925

20-UNDERTAKER, Nelson E. Stiles

ADDRESS 320 2nd Ave Westport

Cor.—1-12-23—M&T—100 Bks.

Dr Riley

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99405

CERTIFICATE OF DEATH.

90

D 99405

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 109 St., 5 Ward)

2-FULL NAME John Maguire

(a) RESIDENCE NO. 109 N. Front St., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) (unknown)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About	42			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Printer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: unknown

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Patrick Maguire

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Huntzfelder

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mary C. Coyle
(Address): 9 South Albemarle St

15 JUN 9 1925 Burial Permit Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jun 7 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneb. Vab. Air heart.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Dil. Edema. (four hours)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. F. Riley, M. D.
(Coroner.)

June 9, 1925 (Address) 1032 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: 6-10-1925

20 UNDERTAKER: Wm. Cook — ADDRESS: 502 E North Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

Drahoff.

D 99406 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99406

CERTIFICATE OF DEATH.

8 - 129 - 4

1-PLACE OF DEATH

City of BALTIMORE: (No. 1522 E Chase St., 8 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mary Drahoff

(a) Residence No. 1522 E. Chase St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of James Drahoff

6-DATE OF BIRTH (month, day and year) Mar 28 1860

7-AGE. 65 yrs. 2 mos. 9 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. General Hou

(b) General nature of industry, business, or establishment in which employed (or employer). Work.

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Europe

PARENTS.

10-NAME OF FATHER, Joseph Candle

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Europe

12-MAIDEN NAME OF MOTHER, Mary Nemeyer

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Europe

14- (Informant) Mrs. Elizabeth Kobbert

(Address) 1522 E. Chase St.

15- Filed JUN 9 - 1925 [illegible] R. KRAUTER [illegible] Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 7. 1925

17- I HEREBY CERTIFY, That I attended deceased from June 6th. 1925. to June 7 1925., that I last saw her alive on June 7. 1925 and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Chronic valvular Heart disease complicated with chron. interstitial Nephritis.

(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Heat

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) F. F. Schell M. D.

, 19 (Address) 1001 Gregg St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Oak Hill Cem. DATE OF BURIAL. June 10 25

20-UNDERTAKER. Edmund W. Carlin ADDRESS 424 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

B1860 99407

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99407

CERTIFICATE OF DEATH.

14 - 11 - 2

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins ST. WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Hairston

(a) RESIDENCE NO. 516 Hampson St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	7	6	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) [illegible]
(State or country) St Louis Missouri

PARENTS

10 NAME OF FATHER Cam Ly Hairston

11 BIRTHPLACE OF FATHER (city or town) [illegible]
(State or country) [illegible]

12 MAIDEN NAME OF MOTHER Lillie Carter

13 BIRTHPLACE OF MOTHER (city or town) [illegible]
(State or country) St Louis Missouri

14 Informant Della Hairston Friend
(Address) [illegible]

15 Filed ....., 19 Robert F. Harrison
Registrar

9-1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1925

17 I HEREBY CERTIFY, That I attended deceased from June 4, 1925. to June 7, 1925.

that I last saw he alive on June 7, 1925

and that death occurred, on the date stated above, at 5-10 P. m.

The CAUSE OF DEATH* was as follows:

Appendicitis (rupture) - Peritonitis

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Intestinal obstruction

(duration) ..... yrs. ..... mos. few hours ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 6/6/25

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Walter B. Stewart, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cem — DATE OF BURIAL: 6/1 1925

20 UNDERTAKER: Jas. M. Sterrett 1625 E. Madison — ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

99408

HEALTH DEPARTMENT—CITY OF BALTIMORE

99408

CERTIFICATE OF DEATH.

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3431 Hudson St. ST., 40 WARD) 8

2-FULL NAME Mary Meiers

(a) RESIDENCE NO. 1009 S. 2nd St. ST., 26 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? 64 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Meiers

6 DATE OF BIRTH (month, day, and year) March 2-1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER John Kuepper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Anna Flug

(Address) 3431 Hudson St.

15 June 8 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1919, to June 8, 1925, that I last saw her alive on June 7, 1925, and that death occurred, on the date stated above, at 2.10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) Horace B. Tilton M. D.

6/9/, 1925 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem.	June 10 1925
20 UNDERTAKER	ADDRESS
Lilly and Zeiler	403 S. Wolfe St

Spec.—1-10-21—M&T—1500 Blks.

) 99409

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 B 99409

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital — REGISTERED NO. V

CITY OF BALTIMORE: (No. Raynor & Dukeland St.) (ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward O. Jones Sr.

(a) RESIDENCE NO. 1718 Lakeside Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 9 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jessie Robinson Jones

6 DATE OF BIRTH (month, day, and year): aug 23 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Costumer

(b) General nature of industry, business, or establishment in which employed (or employer): 886

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Alfred T. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Rubeon N. Carolina

12 MAIDEN NAME OF MOTHER: Elizabeth Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Jessie Robinson Jones 1718 Lakeside Ave

15 Filed ..... 1925, 19 ..... Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 8 1925

17

I HEREBY CERTIFY, That I attended deceased from May 19, 1925 to June 8, 1925.

that I last saw h alive on June 8, 1925

and that death occurred, on the date stated above, at 4.00 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Alcoholism

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. Hubert Wilkinson, M. D.

(Address) West Baltimore General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	June 11 1925
20 UNDERTAKER	**ADDRESS**
Chas G. Black 742 W.	North ave

...—1-12-23—M&T—500 Bks.

HOLLYDAY ✓

99410

HEALTH DEPARTMENT—CITY OF BALTIMORE

99410

CERTIFICATE OF DEATH.

100-B 01

14-2

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 215 Mosher ST., (WARD) 14

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaretta M. Hollyday

(a) RESIDENCE NO. 215 Mosher Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Hollyday

DATE OF BIRTH (month, day, and year) Feb. 24, 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

PARENTS

10 NAME OF FATHER William F. Chilton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna M. Sharpley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Mr. Will Hammond

(Address) 2524 St. Paul Street

15 Filed ... 19 ... Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1925

17

I HEREBY CERTIFY, That I attended deceased from May 14, 1925, to June 8, 1925, that I last saw her alive on June 8, 1925, and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

Consequent upon an acute exacerbation of

(duration) ✓ yrs. ✓ mos 8 ds.

CONTRIBUTORY (Secondary) Chronic bronchitis

(duration) Many yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. W. Van Ness, M. D.

6-8-25 (Address) 1515 Park Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Easton Md.	June 10 1925
20 UNDERTAKER	ADDRESS
Joseph B. Cook	1003 N. Carey St

Spec.—1-10-21—M&T—1500 Blks.

D 99411 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99411

CERTIFICATE OF DEATH. REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Md. Gen'l Hospital ST. 19-1 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Jacob Leon

(a) RESIDENCE NO. 1423 W. Fayette ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of WIFE of Margaret Leon

6 DATE OF BIRTH (month, day, and year) December 25, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	5	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Jeweler
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Samuel Leon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Holland

12 MAIDEN NAME OF MOTHER Esther Benjamin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Holland

14 Informant (Address) Jacob Leon 1423 W. Fayette Street

15 Filed ... 19... Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1925

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1925, to June 7, 1925, that I last saw him alive on June 7, 1925, and that death occurred, on the date stated above, at 10 45 P. m.

The CAUSE OF DEATH* was as follows:
Chronic Diffuse Nephritis
(acute exacerbation)
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Anemia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical signs
(Signed) J. W. Kratz, M. D.
6-7-1925 (Address) Md. Gen'l Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Cem. DATE OF BURIAL: June 10, 1925

20 UNDERTAKER: Joseph L. B. Cook ADDRESS: 1003 W. Balto St.

Spec.—1-10-21—M&T—1500 Bks.

D 99412

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99412

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 629 S Linwood Av ST., 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Marelek

(a) RESIDENCE No. 629 S Linwood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Marelek

6 DATE OF BIRTH (month, day, and year): Not Known

7 AGE: Years 69; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bohemia

PARENTS

10 NAME OF FATHER: James Marelek

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

14 Informant: Anna Marelek

(Address): 629 S Linwood Av

15 [illegible]-1925 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 8 1925

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1925 to June 8 1925.

that I last saw h[illegible] alive on June 8, 1925.

and that death occurred, on the date stated above, at 8.30 A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Heart Exhaustion

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H Fred Reynolds, M. D.

(Address) 900 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: June 11 1925

20 UNDERTAKER: Frank Ewald Son — ADDRESS: 1906 Eastern Av

Spec,—1-10-21—M&T—1500 Bks.

D 99413 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99413

8,1925

CERTIFICATE OF DEATH.

1-PLACE OF DEATH John Hopkins Hospital

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isabelle McFarland

(a) RESIDENCE NO. Frostburg ST. WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: John

6 DATE OF BIRTH (month, day, and year): 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Andrew Rankin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Jane Glenn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Scotland

14 Informant: Record (Address): John Hopkins Hospital

15 Filed ....., 19 ..... Registrar

6-9-1925 Robert P. Warfield

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 9 1925

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1925 to June 9, 1925

that I last saw h[illegible] alive on June 9, 1925

and that death occurred, on the date stated above, at 1455 P m.

The CAUSE OF DEATH* was as follows:

Operation Shock.

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Adenomyoma of uterus - vaginal septum (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Frostburg Md

Did an operation precede death? Yes Date of June 9, 25

Was there an autopsy? No.

What test confirmed diagnosis? Operation

(Signed) R W Pettitt, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Frostburg Md — DATE OF BURIAL: 6/9/25

20 UNDERTAKER: Joseph Ahrens — ADDRESS: 221 Bway

Spec.—1-10-21—M&T—1500 Blks.

) 99414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

) 99414

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 E. 26th. ST., 12 WARD) 12-4 77

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma E. Adams.

(a) RESIDENCE No. 416 E. 26th ST., 12 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of George Adams

6 DATE OF BIRTH (month, day, and year) July 9. 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	10	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) New York.

PARENTS

10 NAME OF FATHER Philip T. Kuehnbert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Bracher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant George Adams

(Address) 416 E 26th St.

15 Filed 9-1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8. 1925

17

I HEREBY CERTIFY, That I attended deceased from June 7, 1925, to June 8, 1925,

that I last saw h.er alive on June 7, 1925;

and that death occurred, on the date stated above, at 12 10 Noon.

The CAUSE OF DEATH* was as follows:

Dementia Praecox

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Duration,

(duration) yrs. 6 mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? No.

(Signed) Hugh Forsythe, M. D.

June 8, 1925 (Address) 4246 North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL June 10 1925

20 UNDERTAKER Mr. & Mrs. John W. Teufel & Son — ADDRESS 801 W Fayette

Spec.—1-10-21—M&T—1500 Bks.

(Mertens)

D 99415

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99415

CERTIFICATE OF DEATH.

19-1 58

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1323 W Saratoga ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Teresa E Mertens

(a) RESIDENCE No. 1323 W Saratoga ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas Mertens

6 DATE OF BIRTH (month, day, and year): July 24 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Joseph Lemon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Eleanore Wolf

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Chas Mertens

(Address) 1323 W Saratoga st

15 1925 ..... 19 .....

Robert F. Hartman

Register

Clerical Records Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 7 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 3 1924, to June 7 1925

that I last saw h Exalive on June 7 1925

and that death occurred, on the date stated above, at 3.15 P. m.

The CAUSE OF DEATH* was as follows:

Heart Exhaustion

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pernicious Anaemia

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Howard Kahn M. D.

6/9 1925 (Address) 327 W Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem

DATE OF BURIAL: 6/10/25

20 UNDERTAKER: George A Farley

ADDRESS: Fulton & Fayette

Cor.—1-12-23—M&T—100 Bks.

(William T. Lahey)

) 99416

HEALTH DEPARTMENT—CITY OF BALTIMORE

) 99416

CERTIFICATE OF DEATH.

6-3 1924

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME W. T. Lahey

(a) RESIDENCE NO. 134 N. Hall ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Lahey.

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years: 40 yrs | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade profession or particular kind of work: Street Cleaner
(b) General nature of industry, business, or establishment in which employed (or employer): 086
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Thos. Lahey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ann Regan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mary Lahey
(Address): 134 N. Hall

19 Filed 1925, 192 Robert P. Harrison, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Insulation

Short time (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. T. Lahey (Coroner), M. D.

June 4, 1925 (Address) 1639 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., 3/4 mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: June 10, 1925

20 UNDERTAKER: John A. Moran — ADDRESS: 3000 E. Baltimore

...-6-9-19—H. P. Co.—1000 Bks.

99417

HEALTH DEPARTMENT—CITY OF BALTIMORE

99417

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 515 S Lakewood Ave ST.; 1st WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernestina Kemke

(a) RESIDENCE. NO. 515 S Lakewood Ave ST., 1st WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? 50 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Albert A Kemke

6 DATE OF BIRTH (month, day, and year) Feb 10th 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Chas E Hagerson

(Address) 515 S Lakewood Ave

15 Filed 9-1925 ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7th 1925

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1925, to June 7th, 1925, that I last saw h.W alive on June 7th, 1925, and that death occurred, on the date stated above, at 5.03 P. m.

The CAUSE OF DEATH* was as follows:

"Uterine Cancer & Complications"

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Stenosis Pylorus

(duration) 1 yr. — mos. — ds.

18 Where was disease contracted if not at place of death? No.

Did an operation precede death? No Date of Aug 20/24

Was there an autopsy? No —

What test confirmed diagnosis? —

(Signed) E. Linden Walter, M. D.

6/8. 1925 (Address) Glenmore Rem Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
1st German Cem	June 11 1925
20 UNDERTAKER	**ADDRESS**
Peter Nicolaus	2061 Eastern Ave

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99418 ✓ D 01 99418

99418

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2141 Chelsea Terrace ST. 15-5 WARD 25

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Wesley Gibson

(a) RESIDENCE NO. 2141 Chelsea Terrace WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 5 1844

7 AGE: Years 81; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED — Retired

(a) Trade, profession or particular kind of work: Captain 186

(b) General nature of industry, business, or establishment in which employed (or employer): B C & A

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Somerset Co Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Somerset Co Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Somerset Co

14 Informant: Robert Brooks (Address): 17 Calhoun St

15 Filed 1925, 19 — Robert F. Harrison, Registrar

Burial Permit Giv'n

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/8 1925

17

I HEREBY CERTIFY, That I attended deceased from 3/10, 1925, to 6/8, 1925,

that I last saw h. alive on 6/8, 1925,

and that death occurred, on the date stated above, at 1 P.M. m.

The CAUSE OF DEATH* was as follows:

Hemi-plegia (Cerebral Thrombosis)

(duration) 2 yrs. 3 mos. 0 ds.

CONTRIBUTORY (Secondary) Heat Prostration

(duration) 0 yrs. 0 mos. 7 ds.

18 Where was disease contracted if not at place of death? Don't know

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. L. Howard, M. D.

, 19 (Address) 700 N. Howard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cem — DATE OF BURIAL 6-10 1925

20 UNDERTAKER: Robert Brooks & Son — ADDRESS Calhoun Hollins

Spec.—1-10-21—M&T 1500 Bks.

) 99419

HEALTH DEPARTMENT—CITY OF BALTIMORE

) 99419

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2200 W. North Ave. WARD) 16

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Eichberg

(a) RESIDENCE NO. 2200 W. North Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Eichberg

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
abt	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Auctioneer

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Emanuel Eichberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Babette Abraham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. E. Eichberg (Address) 2200 W. North Ave

15 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/7/1925

17

I HEREBY CERTIFY, That I attended deceased from Apr. 10, 1925, to June 7th, 1925, that I last saw him alive on June 7th, 1925, and that death occurred, on the date stated above, at 3.45 P.M.

The CAUSE OF DEATH* was as follows:

Heart Block (complete) (auriculo-ventricular dissociation)

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Heat exhaustion (debility) (duration) yrs. mos. 2 mos

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Vogal

(Signed) D. Wirth, M. D.

1925 (Address) 2202 W North

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship	6/10/1925
20 UNDERTAKER	ADDRESS
David Lodheim	1220 Mt. Royal Ave

TION is very important. See reverse

Spec.—1-10-21—M&T 1500 Blks.

99420

HEALTH DEPARTMENT—CITY OF BALTIMORE

65-69 99420

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2438 Callow Ave St.) (13 WARD) 6

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Haas

(a) RESIDENCE No. 2438 Callow Ave St.; WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Haas

6 DATE OF BIRTH (month, day, and year) Dec. 23, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ret. Shoe Dlr

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Nathan Haas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mollie Lowenstein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. N. Haas (Address) 2438 Callow Ave

15 Filed Robert F. Harrison Registrar

1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/8/1925

17

I HEREBY CERTIFY, That I attended deceased from January, 1925, to June 8, 1925, that I last saw him alive on June 8 1925, and that death occurred, on the date stated above, at 12 25 A m.

The CAUSE OF DEATH* was as follows:

Hodgkins disease

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) J Frederick Leitz, M. D.

6-8-25 19 (Address) 2040 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Hebrew Cem.	6/10/1925
20 UNDERTAKER David Sondheim	ADDRESS 1122 W. Mt. Royal Ave

Spec.—1-10 21—M&T—1500 Blks. EUTAW PLACE & LAKE DRIVE.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99421

CERTIFICATE OF DEATH.

001 ✓

D 99421

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) EMERSONIAN APTS. St., Cl. 13 Ward) 6

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME EMMA WOLF.

(a) RESIDENCE NO. EMERSONIAN APTS. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. William B. Wolf.

6 DATE OF BIRTH (month, day, and year) Oct. 2, 1871.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	53	8	6.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Eliza Frankel,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany,

14 Informant Dr. Wm. B. Wolf.

(Address) Emersonain Apts.

15 Robert F. Harrison,

Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/8/25. 19

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1925, to June 8, 1925, that I last saw h[illegible] alive on, June 8, 1925 and that death occurred, on the date stated above, at 6.30 p. m.

The CAUSE OF DEATH* was as follows:

arterio-sclerosis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of 1

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) I Frederick Leib, M. D.

6-9, 1925 (Address) 204 E. Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oheb Shalom Cem. DATE OF BURIAL 6/11/25 19

20 UNDERTAKER David Sondheim ADDRESS 1822 W. Mt. Royal Ave

Form 1021 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99422

CERTIFICATE OF DEATH.

31 D 99422

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 Montpelier ST., 9-3 WARD

2-FULL NAME Ann. M. O'Connor.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO. 909 Montpelier ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? 13 yrs. X mos. X ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or Divorced. (write the word): Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Michael O'Connor.

6 DATE OF BIRTH (month, day, and year): March 5 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
77		2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ireland.

PARENTS

10 NAME OF FATHER: Bernard Delaney.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Ann Delaney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant: Mrs. Ella O'Connor
(Address): 909 Montpelier St.

15 Filed JUN 10 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): JUN 7 1925

17 I HEREBY CERTIFY, That I attended deceased from JUN 4 1925, to JUN 7 1925.

that I last saw h[illegible] alive on JUN 7 1925,

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Acute lobar pneumonia following pneumonia with a degenerative myocardium (duration) X yrs. X mos. 5 ds.

CONTRIBUTORY (Secondary) ? probably influenza (duration) X yrs. X mos. X ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gross

(Signed) T. H. Parker, M. D.

JUN 9 1925 (Address) 928 E. Northern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery.	June 1925

20 UNDERTAKER: Geo. J. Rust. ADDRESS: 1735 Harford ave.

Cor.—1-12-23—M&T—100 Blks.

D 99423

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99423

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Unknown Found on Slope of Hampstead Hill ST., 17 WARD 3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown.

(a) RESIDENCE No. Unknown ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	S

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About 5		1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town) " (State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) " (State or country)

14 Informant Martha Price (Address) JOHNS HOPKINS HOSPITAL.

15 JUN 10 1925 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) About Jan 5 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

Bronchitis (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

(Signed) John Morgan, M. D. (Coroner.)

(Address) 162 Pulaski

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: DATE OF BURIAL

20 UNDERTAKER Commissioner [redacted] ADDRESS JUN 9 1925

Bur. Form 8

Spec.—1-10-21—M&T—1500 Blks.

D 99424

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99424

CERTIFICATE OF DEATH.

24-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH.

CITY OF BALTIMORE: (No.) 1146 Washington Blvd ST., 21-2 WARD

2-FULL NAME William E. Smith Sr.

(a) RESIDENCE No. 1146 Washington Blvd ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Widower

6 DATE OF BIRTH (month, day, and year) Sept 4, 1864.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	9	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Packer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Baltimore Enamel Works

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John E Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Wm E. Smith Jr.
(Address) 1146 Wash. Blvd.

15 JUN 10 1925 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9 1925

17 I HEREBY CERTIFY, That I attended deceased from May 12, 1925, to June 9, 1925, that I last saw him alive on June 8, 1925, and that death occurred, on the date stated above, at 1.30 A. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ..... yrs. ..... mos. 27 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Manly Hoag, M. D.

June 10 1925 (Address) 1134 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	June 12 1925
20 UNDERTAKER John J. Fields	ADDRESS 1300 W Lombard

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99425

CERTIFICATE OF DEATH.

31 D 99425

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE—NO. 1329 N Pratt ST., 19-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Noble Stoffer

(a) RESIDENCE NO. 1329 N Pratt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Stoffer

6 DATE OF BIRTH (month, day, and year) April 25. 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Restaurant Prop

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country)

PARENTS

10 NAME OF FATHER Wm H Stoffer

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Kate Rust

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Annie Stoffer (Address) 1329 N Pratt St

15 Filed JUN 10 1925 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1925, to June 9. 1925.

that I last saw h alive on June 8. 1925.

and that death occurred, on the date stated above, at 6 30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. 6 mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis Clinical + Laboratory

(Signed) James N Kalzenburger M. D.

6/9. 1925 (Address) 1729 E Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL June 12 1925

20 UNDERTAKER H W Fields — ADDRESS 1200 N Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99426

D 99426

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Spring Gardens, City of BALTIMORE: (No. Foot of Light St. St., 23 Ward) — Registered No. C 182

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Floyd Davis.

(Residence in Baltimore: No. 16 W. McComas St. St.; yrs. 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male.	White.	Single.

6-DATE OF BIRTH. January 2, 1912. (Month) (Day) (Year)

7-AGE. 13 yrs. 5 mos. 5 ds. — If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). West Virginia.

PARENTS.

10-NAME OF FATHER. James S. Davis.

11-BIRTHPLACE OF FATHER. (State or Country). West Virginia.

12-MAIDEN NAME OF MOTHER. Frances Yoak.

13-BIRTHPLACE OF MOTHER. (State or Country). West Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James S?Davis.(father)

(Address) 16 W. McComas St.

15. JUN 10 1925 JOSEPH R. KRAUTER, Vital Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. June 7, 1925. (Month) (Day) (Year) 192...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.

Accidental fall from a raft, reaching for a ball in the water.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

June 8, 1925 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cedar Hill Cem	6/10 19 25
20-UNDERTAKER.	ADDRESS
J. Frew McCully	130 E. Fort

Stec-12-23-21—E.B.R.S.—400 Eks.

99427 HEALTH DEPARTMENT—CITY OF BALTIMORE 99427

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. 24-001

City of BALTIMORE: (No. 335 Warren ave St., at 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joshua M. T. Lawrence.

(a) Residence No. 335 Warren ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 1 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, white

5-Single, Married, Widowed or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Apr. 11-1845

7-AGE, 80 yrs. 1 mos. 27 ds. If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, David H. Lawrence

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Susan Turner

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14-
(Informant) Mrs. Rittenhouse
(Address) 335 Warren ave

15-
Filed 192
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 8-'25

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1923 to June 8 1925 that I last saw h. alive on June 8 1925 and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile debility

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) W. Hammond Lank M. D.
June 10, 1925 (Address) 6 W Lexington

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
London Pk Cem	6/11 1925
20-UNDERTAKER	ADDRESS
J. Few McCully	130 E Fort

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99428

CERTIFICATE OF DEATH.

1925

D 99428

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hosp. ST. 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry C Deerhardt.

(a) RESIDENCE NO. 648 W. Lombard ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 6 mos. 14 ds. How long in U. S., If of foreign birth? / yrs. / mos. / ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Lamalwig

6 DATE OF BIRTH (month, day, and year) Nov. 24, 1859.

7 AGE	Years	Months	Days	If LESS than 1 day ...hrs. or ...min.
	65	6	14	/

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer) Contractor Bldg.
(c) Name of employer Harry Smith

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Henry C. Deerhardt

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Unknown
(Address) 641 W Lombard St.

15 Filed JUN 10 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ... yrs. ... mos. ... ds.

(Signed) ..., M. D.
(Coroner.)
June 7, 192 (Address) 143 N Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ...yrs., ...mos., ...ds. In the State ...yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greler Hill.

DATE OF BURIAL June 11 1925

20 UNDERTAKER Chas. L. Stevens

ADDRESS 1501 E Fayette

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99429

CERTIFICATE OF DEATH.

109-002

D 99429

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. W. Balto. General Hospital Ward) 15-12

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Irvin Berman

(Residence in Baltimore: No. 1617 N. Pulaski Street St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-DATE OF BIRTH. July (Month) 13 (Day) 1918 (Year)

7-AGE. 6 yrs. 10 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country) Balto., Maryland

PARENTS.

10-NAME OF FATHER, Nathan Berman

11-BIRTHPLACE OF FATHER, (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Sarah Marks

13-BIRTHPLACE OF MOTHER, (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nathan Berman

(Address) 1617 N. Pulaski St.,

JUN 10 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 9 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of heart.

(Duration) yrs. mos. 1 hr. ds.

CONTRIBUTORY (Secondary) Tonsillectomy

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D. (Coroner.)

June 10, 1925 (Address) 2803 Edmondson Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Wash. Lord DATE OF BURIAL, June 10 1925

20-UNDERTAKER, Jno. T. Lewis ADDRESS [redacted] 1439 E. Pratt

Spec.—1-10-21—M&T—1500 Bks.

99430 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 91-06 D 99430

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 Federal ST., 12 WARD) 6

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mario O Sansaway

(a) RESIDENCE NO. 411 Federal E- ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced, (write the word) [illegible]

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	106			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gen'l housework

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Long Green Md.

PARENTS

10 NAME OF FATHER Samuel Innis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Long Green

12 MAIDEN NAME OF MOTHER Maria A[illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Long Green

14 Informant Mrs Ardella Keyser

(Address) 411 E. Federal St.

JUN 10 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1925

17 I HEREBY CERTIFY, That I attended deceased from 6-4-25, 19..... to 6-6-25, 19.....

that I last saw h[illegible] alive on ", 19.....

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Sunstroke

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senility, arterio-sclerosis

? (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Jer Cardon, M. D.

6-7-, 1925 (Address) 1024 N. Hilleary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	June 10 1925

20 UNDERTAKER ADDRESS

Virginia A Brooks 1463 N Carey

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99431

D 99431

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hosp ST., 18-1 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles K Burgess

(a) RESIDENCE NO. 507 Carrollton Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 22 1874

7 AGE: Years 50 | Months — | Days — | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Charles R Burgess

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Calloway

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) J. H. Hosp

15 Filed JUN 10 1925 Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9 1925

17 I HEREBY CERTIFY, That I attended deceased from May 27, 1925, to June 9, 1925, that I last saw him alive on June 9, 1925, and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus - recurrent

(duration) several yrs. mos ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of June 7-8-

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Warfield M Firor M. D.

6/9, 1925 (Address) Hutzler

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem DATE OF BURIAL: June 12 1925

20 UNDERTAKER: George J Smith ADDRESS: Hollins

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE D 99432

D 99432

CERTIFICATE OF DEATH.

REGISTERED NO. 194

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST., 11-3 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Mettee

(a) RESIDENCE NO. 623 N. Calvert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Div.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Mettee

6 DATE OF BIRTH (month, day, and year) Feb 4, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	4	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Street Cleaner 040
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant George Mettee
(Address) 2204 E Biddle St

15 JUN 10 1925 1925 Registrar

TION is very important. See instructions.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Insolation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) W. T. Talley, M. D.
(Coroner.)

June 9 1925 (Address) 1639 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) Unknown
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mary's Cemetery	June 11 1925
20 UNDERTAKER	ADDRESS
Wm Cook	502 E North Ave

Spec.–1-10-21–M&T–1500 Blks.

99433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118 D 001
99433

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. ST., 27-11 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Sullivan

(a) RESIDENCE No. 1 Fairmore Road ST., Hamilton WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 7 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: fmale | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced, (write the word): ~~Single~~ Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles A. Sullivan

6 DATE OF BIRTH (month, day, and year): Oct. 16, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: David Hynes

11 BIRTHPLACE OF FATHER (city or town) (State or country): —

12 MAIDEN NAME OF MOTHER: Angie L. Comiskey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Miss Rose Kuntz (Address)

15 Filed JUN 10 1925 Robert R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 10 1925

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1925, to June 10, 1925, that I last saw her alive on June 10, 1925, and that death occurred, on the date stated above, at 4:00 a m.

The CAUSE OF DEATH* was as follows:

Strangulated femoral hernia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): myocarditis, failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of June 6 '25

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) W. Alexander Lowry M. D.

(Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem. DATE OF BURIAL: June 12, 25

20 UNDERTAKER: Wm J. Tickner & Son ADDRESS: Catonsville Md

CAUSE OF DEATH. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

99434

HEALTH DEPARTMENT—CITY OF BALTIMORE

179 D 99434

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 3811 Edmondson Ave WARD 20-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Dorothy Meeck

(a) RESIDENCE NO. 3811 Edmondson Ave St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. 5 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Capt. John A. Meeck

6 DATE OF BIRTH (month, day, and year): Dec 11, 1870

7 AGE — Years: 54 — Months: 5 — Days: 27 — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Henry Corson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Denmark

12 MAIDEN NAME OF MOTHER: Wilhelmina Ensinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Capt John A Meeck

(Address) 3811 Edmondson Ave

15 JUN 10 1925 ROBERT R. KRAUTER Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 8 1925

17 I HEREBY CERTIFY, That I attended deceased from May 2, 1925, to June 7, 1925.

that I last saw her alive on June 7, 1925

and that death occurred, on the date stated above, at 3.25 a m.

The CAUSE OF DEATH* was as follows:

Uraemia

(duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Palmer Corson, M. D.

(Address) 326 E Gaswell

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: June 10 1925

20 UNDERTAKER: Wm Fickenscher & Son — ADDRESS: Norfolk Va

D 99435 HEALTH DEPARTMENT--CITY OF BALTIMORE D 129

CERTIFICATE OF DEATH

D 99435

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Joseph N Patterson St. 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME 1420 Argyle Ave

(Residence in Baltimore: No. 1420 Argyle Ave St. 24 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colrd

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (If the latter, state which): Single

6-DATE OF BIRTH: Unknown (Month) (Day), 1861 (Year)

7-AGE: 64 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Music Teacher
(b) General nature of industry, business, or establishment in which employed (or employer): Teacher

9-BIRTHPLACE (State or country): Va

PARENTS

10-NAME OF FATHER: Demuds Patterson

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Elizabeth Brown

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lucy Patterson

(Address) 1420 Argyle Ave

15-

JUN 10 1925 ROBERT R. KRAUTER, Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 7 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1925 to June 7 1925, that I saw h-- alive on June 6 1925, and that death occurred on the date stated above, at 7 30 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Vascular Renal Disease

(Duration) yrs. 3 mos. ds

Contributory (SECONDARY) Arteriosclerosis

(Duration) 2 yrs. mos. ds.

(Signed) J K Hankins M. D.

6 9, 1925 (Address) 1502 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem | DATE OF BURIAL: June 10 1925

20-UNDERTAKER: Samuel Hensley | ADDRESS: 678 Mosher

Note: This certificate is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99436

CERTIFICATE OF DEATH.

13 D 99436

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1228 S. Ellwood Avenue ST., 1-4 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank . Swiec.

(a) RESIDENCE No. 1228 S. Ellwood Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 21 1924

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Andrew. Swiec

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Anna. Likulska

13 BIRTHPLACE OF MOTHER (city or town) POland
(State or country)

14 Informant Mr. Andrew. Swiec
(Address) 1228 S. Ellwood Avene

15 JUN 10 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/9/1925

17 I HEREBY CERTIFY, That I attended deceased from June 8, 1925, to June 8, 1925.

that I last saw h[illegible] alive on June 8, 1925.

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Entero-Colitis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) O. B. Brohnohad M. D.

6-9, 1925 (Address) 3037 Dorwood St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem.	June 10 1925

20 UNDERTAKER ADDRESS

John M Weber 1803 Bank St

TION is very important. See instructions on back of

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99437

CERTIFICATE OF DEATH.

89

D 99437

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5221 York Road. ST., 27-9 WARD)

2-FULL NAME Emma A. Regester

(a) RESIDENCE NO. 5221 York Road ST., WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Joshua J. Regester

6 DATE OF BIRTH (month, day, and year) Sept. 2nd, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Vogler

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Rachel A. Seebold

13 BIRTHPLACE OF MOTHER (city or town) New Berlin
(State or country) Pennsylvania

14 Informant Charles L. Clarkson
(Address) 5221 York Road

15 Filed JUN 10 1925 ROBERT R. KRAUTER, Burial Permit Clerk
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1925

17 I HEREBY CERTIFY, That I attended deceased from June 8, 1925, to June 8, 1925, that I last saw her alive on June 8, 1925, and that death occurred, on the date stated above, at 11.40 A. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. 20 minutes mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. M. Duncan, M. D.

6-9 1925 (Address) 5106 York Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine — DATE OF BURIAL June 11 1925

20 UNDERTAKER Los Block — ADDRESS 1003 N Balto

Spec.—1-10-21—M&T—1500 Blks.

Phillips

) 99438

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129) 99438

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1727 North Washington St ST., 8-4 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annetta Phillips

(a) RESIDENCE NO. 1805 E. Biddle St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. Life ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Phillips

6 DATE OF BIRTH (month, day, and year) October 17, 1863.

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
	61	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) home

(c) Name of employer home

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John F. Blaney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Amanda Mang

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Frank Phillips

(Address) 1727 N Washington St

15 [illegible] Registrar

JUN TO 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1925.

17 I HEREBY CERTIFY, That I attended deceased from May 23, 1925, to June 8, 1925, that I last saw her alive on June 8, 1925, and that death occurred, on the date stated above, at 4.00 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis and Arterial Hypertension

(duration) 1 yrs. 1 mos. 27 ds.

CONTRIBUTORY (Secondary) Uraemia and Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Albert Appleberg, M. D.

6/9. 1925 (Address) 2007 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery DATE OF BURIAL June 10 1925

20 UNDERTAKER Harry W. Weitzel ADDRESS 1534 W. Lombard St

Spec.—6-9-19—H. P. Co.—1000 Blks.

99439 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 99439

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 Belt St. 24 Ward) 24 - 26

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cora M. Hall

(a) RESIDENCE. No. 1507 Belt St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David Hall

6 DATE OF BIRTH (month, day, and year) Oct. 12th, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mt Airy Md

PARENTS

10 NAME OF FATHER George Crouse

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Sarah Durall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant David Hall

(Address) 1507 Belt

15 JUN 10 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1925

17 I HEREBY CERTIFY, That I attended deceased from May 26, 1925, to June 7, 1925, that I last saw h[illegible] alive on June 7, 1925, and that death occurred, on the date stated above, at 6P m.

The CAUSE OF DEATH* was as follows:

Carcinomas of uterus

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Metastasis to adnexa & bowel

organ (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys

(Signed) Mile Steiger, M. D.

6/7, 1925 (Address) 1219 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	6/10/ 1925

20 UNDERTAKER C. J. Fanning & Son ADDRESS 1460 Battery Ave

TION is very important. See instructions on back of

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99440

CERTIFICATE OF DEATH.

D 99440

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Fahrbach

(a) RESIDENCE NO. 210 E. Fort Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robt. F Lawton

6 DATE OF BIRTH (month, day, and year) Oct. 8th, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Chas. C. Fahrbach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Adeline Hillis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Robt. F Lawton (Address) 210 E Fort Ave

15 Filed JUN 10 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7, 1925

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1925, to June 7, 1925, that I last saw h-r alive on June 7, 1925, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Septicemia following Cellulitis and Gangrene Lt. right leg.

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 24 days ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 6-1-25

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) R.S. Anderson, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery — DATE OF BURIAL 6/10/1925

20 UNDERTAKER E. J. Fanning Inc. 1460 — ADDRESS Battery Ave

TION is very important. See instructions on

D 99441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99441 Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 444 Orchard St., St., 11-2 1924 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Braun

(Residence in Baltimore: No. 444 Orchard st St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: C.

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-DATE OF BIRTH: June 6 (Month) (Day) 1881 (Year)

7-AGE: 44 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): O+C

9-BIRTHPLACE, (State or Country): Virginia

PARENTS.

10-NAME OF FATHER: Scott Braun

11-BIRTHPLACE OF FATHER, (State or Country): Va

12-MAIDEN NAME OF MOTHER: Lindsay

13-BIRTHPLACE OF MOTHER, (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Braun

(Address) 444 Orchard st

JUN 10 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 8, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prostration by heat

4 hrs. (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. T. Hennessy M. D. (Coroner.)

June 9, 1925 (Address) 280 Fallsway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL, June 8 1925

20-UNDERTAKER: Mark C. Elliott — ADDRESS 223 Fallsway

1 PLACE OF DEATH D 99442

STATE OF MARYLAND
CERTIFICATE OF DEATH

109-002

D 99442

County ..... Registration Dist. No. .....

Village or City Baltimore (No 1744 N. Bond St.: 8-2 Ward) If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. Annie V. Pierce

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6 DATE OF BIRTH: Aug. (Month) 15 (Day), 1870 (Year)

7 AGE: 54 yrs. 9 mos. 22 ds. If LESS than 1 day .... hrs. or .... min.

8 OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed or (employer): ✓

9 BIRTHPLACE (State or country): Hanover - Pa.

PARENTS

10 NAME OF FATHER: Frederick Schweitzer,
11 BIRTHPLACE OF FATHER (State or country): Germany
12 MAIDEN NAME OF MOTHER: Julia Ann Esterline
13 BIRTHPLACE OF MOTHER (State or country): Hanover,

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Chas V. Pierce
(Address) 1744 N. Bond St

15 Filed JUN 10 1925 192 Robert H. KRAUTER, Registrar
Burial Permit Clerk.

If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 7th (Day), 1925 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from 1909 to June 7th, 1925
that I last saw h.. alive on June 7th, 1925
and that death occurred on the date stated above, at 3 P.M.

The CAUSE OF DEATH * was as follows:
Acute tonsillar infection, complicated by general arthritis - Endocarditis, chronic infectious

(Duration) .... yrs. 7 mos. .... da.

Contributory Secondary: Endocarditis - Purpose

pneumonia (Duration) .... yrs. .... mos. 3 da.

(Signed) Frederick V. Pierce M. D.
June 8 1925 (Address) Kelly - Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death 21 yrs. mos. da. In the State, 40 yrs. mos. da.
Where was disease contracted, if not at place of death? ✓
Former or usual residence Pa.

19 PLACE OF BURIAL, OR REMOVAL	DATE OF BURIAL
Parkwood Cem	6/10, 1925

20 UNDERTAKER: George Ruth ADDRESS 1735 Harford Ave

Spec.—1-10-21—M&T—1500 Bks.

99443

HEALTH DEPARTMENT—CITY OF BALTIMORE

99443

CERTIFICATE OF DEATH.

91-005

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1307 E. Bidle ST., 10 - 2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Giuseppe Colaiami

(a) RESIDENCE NO. 1307 E. Bidle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carmela Lomonaco

6 DATE OF BIRTH (month, day, and year) 1/1 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Carmelo Colaiami

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Felice Di Bella

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Carmelo Colaiami (Address) 1307 E. Bidle St.

15 Filed JUN 10 1925 JOHN H. KRAUTER, Burial Permit Clerk (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1925

17

I HEREBY CERTIFY, That I attended deceased from July 20th, 1925, to June 8th, 1925, that I last saw h. alive on June 6th, 1925, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Gangrene of foot & leg-left.

(duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys exam.

(Signed) Chas J Keller, M. D.

6/9/1925 (Address) 222 W Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem — DATE OF BURIAL: June 11 1925

20 UNDERTAKER: Geo J Ruth — ADDRESS: 733 Hanford Ave

TION is very important.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99444

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99444

CERTIFICATE OF DEATH.

18-129

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1207 W. Franklin St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannah Alice Spurrier

(a) Residence No. 1207 W. Franklin St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-~~Single~~, Married, ~~Widowed, or Divorced~~ (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph W. Spurrier

6-DATE OF BIRTH (month, day and year): 1853

7-AGE: 72 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto. Md

PARENTS.

10-NAME OF FATHER: William Hirsh

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Eliza McKelvey

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Penna.

14-
(Informant): Oliver W. Spurrier
(Address): 1207 W. Franklin St.

15-
NOV 10 1925 1925 Robert P. Harrison
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): June 8th 1925

17- I HEREBY CERTIFY, That I attended deceased from May 10, 1925, to June 8, 1925,
that I last saw h[illegible] alive on June 8, 1925,
and that death occurred, on the date stated above, at 9 P. m.
The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Interstitial Nephritis

(Duration) 5 yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinic Exam. Phys. Exam.

(Signed) G. W. Bellaps, M. D.

, 19 (Address) 2224 W. Fenth St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL.
Loudon Park Cemetery	June 11th, 1925.
20-UNDERTAKER,	ADDRESS
Leland Hoe	1723 W. Fayette St

instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks. Katherine W. Klingelhoefer ✓ D 99445

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99445

CERTIFICATE OF DEATH.

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE, (No. 2 Rockdale Ave St., 26 Ward) 1925

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katharine W. Klingelhoefer.

(a) Residence No. 2 Rockdale Ave St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of David Klingelhoefer

6-DATE OF BIRTH (month, day and year) Sept 18 1850

7-AGE, 74 yrs. 7 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country), Lumberton Maryland

PARENTS.

10-NAME OF FATHER, Unknown Deceased.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany.

12-MAIDEN NAME OF MOTHER, Not Known Abt 90 yrs

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), ?

14- (Informant) David Klingelhoefer

(Address) 2 Rockdale Ave

15- Filed 10 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) February 9th 1925

17- I HEREBY CERTIFY, That I attended deceased from February 5th 1925 to February 9th 1925.

that I last saw h... alive on February 9th 1925

and that death occurred, on the date stated above, at 12 01 P.M.

The CAUSE OF DEATH* was as follows:

Senility

.....

.....

.....(Duration) .....yrs. 1 mos. .....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

.....(Duration) .....yrs. 1 mos. .....ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? .....Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Wm. Klopp, M. D.

1925 (Address) 1501 Eagle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Emmanuel Cem DATE OF BURIAL, June 12, 1925

20-UNDERTAKER, A Heimm ADDRESS 82 S Broadway

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 99446

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

194 D 99446

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1020 Appleton ST. 16-11 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Flora Ross

(a) RESIDENCE. No. 1020 Appleton ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widow of Charles Ross

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....mn.
67	Exact date unknown		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer William Carmack

9 BIRTHPLACE (city or town) (State or country) Idaho, Ind

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant William Carmack

(Address) 1020 Appleton St

15 JUN 5 1925, 19

Robert F. Harrison, Registrar

THE MORGUE. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5. 1925

17

I HEREBY CERTIFY, That I attended deceased from June 4. 1925 to date of death, that I last saw h 4 alive on June 5th. 1925, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Death was due to Cerebral Hemorrhage, Cerebral Congestion (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Whitney Lee Ward M. D.

, 19 (Address) 827 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
UNIVERSITY OF MARYLAND	JUN 6 1925 19
20 UNDERTAKER Commissioner Health,	ADDRESS

For Wm. E. WOODALL

Cor.—1-12-23—M&T—100 Bks.

99447

HEALTH DEPARTMENT—CITY OF BALTIMORE

99447

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Jail ST., 10-1 WARD)

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Lee

(a) RESIDENCE NO. Jail ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	36	yrs	abt	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Police Dept.
(Address)

15 Filed ....., 192 .....
Registrar

JUN 10 1925 THE MORGUE.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Laceration of Liver

Shock & Hemorrhage (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Accidental Drowning

(duration) yrs. mos. ds.

(Signed) H. T. Riley, M. D.
(Coroner.)

June 7, 1925 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL

20 UNDERTAKER Commissioner of Health,
per Wm. S. Woodall

ADDRESS

JUN 10 1925

Cor.—1-12-23—M&T—100 Eks.

D 99448

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99448

CERTIFICATE OF DEATH.

98

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 N. Hugh ST., 5-1 WARD)

2-FULL NAME Ed. Devine

(a) RESIDENCE NO. Bayview ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	W Colo.	Divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

14 Informant Asher Irton
(Address) UNIVERSITY OF MARYLAND.

Filed ..... 192 ..... Registrar

Robert F. Harrison,
Commissioner Health.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 28 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. dis. heart

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. D. Kelly, M. D.
(Coroner.)

Jan 7, 1925 (Address) 1059 Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

JAN 10 1925

Burial Permit filed THE MORGUE.

Spec.—1-10-21—MAT—1500 Blks.

D 99449

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99449

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene Sts. 15 WARD 12

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Birch

(a) RESIDENCE No. 1803 Kavanaugh St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Caucasian	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labarer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Jno S Wicks

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Jordon Birch

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina.

12 MAIDEN NAME OF MOTHER Emma Dixon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina.

14 Informant University Hospital Record (Address) Lombard & Greene Sts.

15 Filed ....., 19 Burial Permit Issued

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1925

17

I HEREBY CERTIFY, That I attended deceased from March 11, 1925, to June 9, 1925, that I last saw h~~e~~ alive on June 8, 1925, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetic Gangrene both feet

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Signs: Lab tests

(Signed) W Wallace Walker M. D.

, 19 (Address) University Hospital Lombard & Greene Sts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health,

JAN 10 1925

JN 10 1925

TION is very important. See instruction

Spec.—1-10-21—M&T—1500 Blks.

D 99450

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99450

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1428 Light ST., 23-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George A F Reinhardt-

(a) RESIDENCE No. 1428 Light- ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 3 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline A C Reinhardt-

6 DATE OF BIRTH (month, day, and year) Feb. 23, 1863.

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
62	3	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Contractor

(b) General nature of industry, business, or establishment in which employed (or employer) Excavating

(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry Reinhardt-

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Belz-

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Daughter) Daisy Baker

(Address) 1428 Light St

15 Filed JUN 10 1925, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9th 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov, 1922, to June 9th, 1925.

that I last saw him alive on June 8th, 1925,

and that death occurred, on the date stated above, at 5- a. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

Gural anuresca

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) 4 yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Marshall C. Smith, M. D.

6-9, 1925 (Address) 11 E Calhoun St-

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. DATE OF BURIAL: June 11 1925

20 UNDERTAKER: A. Howard Evans ADDRESS: 38 E Fort Ave

TION is very important See instructions on

Spec.—1-10-21—M&T—1500 Blks.

D 99451

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99451

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No.) 1708-N. Calvert ST., 17-5 WARD.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William John Parran

(a) RESIDENCE No. 1708-N. Calvert ST., ... WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. ! mos. ! ds. How long in U. S., if of foreign birth? 65 yrs. 0 mos. 18 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of (none)

6 DATE OF BIRTH (month, day, and year) May-22-1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	0	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grain Merchant

(b) General nature of Industry, business, or establishment in which employed (or employer) Grain

(c) Name of employer Self. 045

9 BIRTHPLACE (city or town) Calvert Co.
(State or country) Maryland.

PARENTS

10 NAME OF FATHER Wm. John Parran

11 BIRTHPLACE OF FATHER (city or town) Calvert Co.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Bourne

13 BIRTHPLACE OF MOTHER (city or town) Calvert Co.
(State or country) Maryland

14 Informant Miss Sarah E. Parran (Sister)
(Address) 1704-N-Calvert St.

15 OCT 10 1925 Robert F. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9 1925

17

I HEREBY CERTIFY, That I attended deceased from May 24, 1925, to June 9, 1925, that I last saw him alive on June 8, 1925, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

Contributory ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Duration ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? -

(Signed) W. N. Ingram, M. D.

19 (Address) 739 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL June 11, 1925

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

CAUSE OF DEATH must be stated plainly. See instructions on back of certificates. TION is very important.

D 99452

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99452

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. St. Joseph Hospital St. 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leo C. Fallon

(Residence in Baltimore: No. 1419 Harford Ave St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	single

6-DATE OF BIRTH. Oct. 14 - 1894 (Month) (Day) (Year)

7-AGE. 30 yrs. 7 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cement Worker
(b) General nature of industry, business, or establishment in which employed (or employer): 085

9-BIRTHPLACE, (State or Country): Balto. Md

PARENTS.

10-NAME OF FATHER: Michael Fallon

11-BIRTHPLACE OF FATHER, (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Mary McKee

13-BIRTHPLACE OF MOTHER, (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Fallon

(Address) 1419 Harford Ave

15- Robert P. Harrison

Registrar.

10 1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. June 8-25 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ruptured Gastric Ulcer (Hemorrhage

(Operation at Hospital)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. S. H. Roche M. D. (Coroner.)

6-8-25 192.... (Address) 508 E. North Av

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: 6/11/1925

20-UNDERTAKER: George J. Ruth — ADDRESS: 1735 Harford Av

Is very important. See instructions.

D 99453

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99453

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1423 E.Lanvale St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augusta Rietmyer

(Residence in Baltimore: No. 1423 E. Lanvale St St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

6-DATE OF BIRTH: Jan 21 1854 (Month) (Day) (Year)

7-AGE: 71 yrs. 4 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto. Md

PARENTS.

10-NAME OF FATHER: John Zies

11-BIRTHPLACE OF FATHER, (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Mary Zebel

13-BIRTHPLACE OF MOTHER, (State or Country): Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant): Mr. Joseph Rietmyer
(Address): 1423 E. Lanvale St

15-
Filed 10 1925, 19.2.. Robert P. Harrison, Registrar.
Burial Permit Clerk

16 Very Important. See Instructions on...

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 7-25 (Month) (Day) (Year), 192..

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) /s/ H. Oates M. D. (Coroner.)

6-10-25, 192.. (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cem. DATE OF BURIAL: 6.11. 19.25

20-UNDERTAKER: George J. Ruth ADDRESS: 1735 Harford Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99454

D 99454

CERTIFICATE OF DEATH

1-PLACE OF DEATH

City of BALTIMORE: (No. 1 Fleetwood Ave. St. Beverly Ave. Ward 27-11) Registered No. 129

2-FULL NAME. Charles Gebhart

(a) Residence No. Fleetwood ave. St. 9 Beverly Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Theresa Gebhart

6-DATE OF BIRTH (month, day and year) Dec 5, 1863.

7-AGE. 61 yrs. 6 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Clerk

(b) General nature of industry, business, or establishment in which employed (or employer). Tailoring

(c) Name of employer. Hopkins Tailoring Co

9-BIRTHPLACE (city or town) (State or Country), Balt Md

PARENTS.

10-NAME OF FATHER, Ferdinand Gebhart

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), London

14- (Informant) Theresa Gebhart

(Address) Fleetwood ave

15- Filed 6-1925, 192. Robert P. Harrison, Registrar. ~~Burial Permit Clerk~~

INSTRUCTIONS ON BACK OF CERTIFICATE

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 6/9/25

17- I HEREBY CERTIFY, That I attended deceased from March 16th 1925 to June 8th 1925 that I last saw him alive on June 8th 1925 and that death occurred, on the date stated above, at 1100 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

acute Dilatation of Heart

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 3 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. J. Tauken M. D.

, 19 (Address) 1192 N. Milton ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer — DATE OF BURIAL, June 12, 1925.

20-UNDERTAKER. Leonard J. Ruck — ADDRESS Lafayette ave

Spec.—1-10-21—M&T—1500 Bks.

(Gooden)

99455

HEALTH DEPARTMENT—CITY OF BALTIMORE

99455

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2214 Pat. Ave. ST., 14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis H. Gooden

(a) RESIDENCE NO. 2214 Pat. Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Gooden

6 DATE OF BIRTH (month, day, and year) August 24, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78		15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer Geo. Boehringer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER George Gooden

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Florence Gooden
(Address) 2214 Pat. Ave.

15 Filed ....., 19.... Registrar Robert F. Harrison,

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8th 1920

17 I HEREBY CERTIFY, That I attended deceased from June 1920, 19.... to June 8th, 1920.

that I last saw h[illegible] alive on June 8th, 1920.

and that death occurred, on the date stated above at 5.30 p. m.

The CAUSE OF DEATH* was as follows:

Hurt - Pneumonia

(duration) yrs. mos. 1 da.

CONTRIBUTORY (Secondary) Asphyxiation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) H. Lee Ellis, M. D.

(Address) 2214 Pat. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem.	June 10, 1920
20 UNDERTAKER Samuel Downey	ADDRESS 578 McCulloh

CAUSE OF DEATH in plain terms, so that it may be properly classified. ATTENTION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99456

CERTIFICATE OF DEATH.

114 D 99456

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 Whatcoat ST., 16 WARD

2-FULL NAME Joseph C. Dorsey

(a) RESIDENCE NO. 1115 Whatcoat ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 24, 1920

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	4	8	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) 1115 Whatcoat St. Balto. md.

PARENTS

10 NAME OF FATHER Robert Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Anacondal Co

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Sister

(Address) 1115 Whatcoat St.

15 Filed 10 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9, 1925

17 I HEREBY CERTIFY, That I attended deceased from 6-9-, 1925, to 6-9-, 1925.

that I last saw him alive on 6-9-, 1925.

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Rickets (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Frank R. Laughlin M. D.

, 19 (Address) 113 Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL 6/12 1925

20 UNDERTAKER Wm S Lee & Dennis per J. E. Nelson — ADDRESS 1803 Presstman

TION is very important. See instructions

D 99457

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99457

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1521 Leslie St., 15-13 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Peter C. Cousin

(Residence in Baltimore: No. 1521 Leslie St. St.; yrs. 20 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	married

6-DATE OF BIRTH. about 1873
(Month) (Day) (Year)

7-AGE. 52 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Charlin Cousin

11-BIRTHPLACE OF FATHER, (State or Country), Va

12-MAIDEN NAME OF MOTHER, Patsy Hemsley

13-BIRTHPLACE OF MOTHER, (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rebecca Cousin

(Address) 1521 Leslie St.

15-

Filed ..... 192 Robert P. Harrison, Registrar.

10 1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 8, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) no other Contrib

(Duration) yrs. mos. ds.

(Signed) J. J. T. Hennessy M. D.
(Coroner.)

June 9 1925 (Address) 2802 Eastern Ave

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cemetery	6/11/25

20-UNDERTAKER Mrs Jno H Dennis ADDRESS 1363 Pleasant St

Pro. of E Keen

IS VERY IMPORTANT. See instructions on back of

U.S.A.

Spec.—1-10 21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99458

CERTIFICATE OF DEATH.

100-08' D 99458

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4505 Liberty Heights Ave. ST., 28-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice F. Clark.

(a) RESIDENCE NO. 4505 Liberty Heights Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stephes S. Clark

6 DATE OF BIRTH (month, day, and year) Sept. 28th. 1867.

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
57	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 03

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Andrew McCaddin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Elizabeth A. Story

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Elizabeth A. Moran.

(Address) 4505 Liberty Heights Ave.

15 Filed JUN 10 1925, 19 Robert J. Garrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8th. 1925

17

I HEREBY CERTIFY, That I attended deceased from May 10, 1925, to June 8, 1925.

that I last saw her alive on June 8, 1925

and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

Pleurisy

(duration) yrs. mos 28 ds.

CONTRIBUTORY (Secondary) Erlandina

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) Anthony L. Kellam M. D.

June 9 19 25 (Address) 103 W Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery.	6/11/25
UNDERTAKER Chas H. Crane	ADDRESS 1180 W Royal Place

TION is very important. See Instructions on Back of Certificate

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99459

CERTIFICATE OF DEATH.

38 D 99459

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Bay View Hospital St., 11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Carpenter

(a) RESIDENCE No. 915 Herbert St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Francis Allen

6 DATE OF BIRTH (month, day, and year): Jan 29-1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	4	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Long Island

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Long Island

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Long Island

14 Informant (Address): Sarah F. Patton 915 Herbert Street

JUN 11 1925 ROBERT R. KRAUTER, Burial Permit Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 10 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Cerebro-Spinal Syphilis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis Uraemic Coma

(duration) yrs. mos. ds.

(Signed) James H. Taylor, M. D. (Coroner.)

June 11, 1925 (Address) York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — DATE OF BURIAL: 6/12 1925

20 UNDERTAKER: William Cook — ADDRESS: 502 E. N. St.

D 99460

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99460

CERTIFICATE OF DEATH.

8-24-001

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 1615 Darley Ave St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph H. Bezait

(Residence in Baltimore: No. 1615 Darley Ave St.; yrs. 70 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	widower

6-DATE OF BIRTH. August 26 1853
(Month) (Day) (Year)

7-AGE. 72 yrs. 9 mos. 14 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION.
(a) Trade, profession, or particular kind of work: Adv. Man
(b) General nature of industry, business, or establishment in which employed (or employer): C & P Telephone

9-BIRTHPLACE, (State or Country). Phila. Pa.

PARENTS.

10-NAME OF FATHER. John M. Bezait

11-BIRTHPLACE OF FATHER, (State or Country). Balto. Md

12-MAIDEN NAME OF MOTHER. Josephine Gousha

13-BIRTHPLACE OF MOTHER, (State or Country). Phila. Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Josephine A. Amelang

(Address) 1615 Darley Ave

15- JUN 11 1925 ROBT. R. KRAUTER, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 10-25, 192.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (Duration) ....yrs. ....mos. ....ds.

(Signed) Jos. H. Bezait M. D.
(Coroner.)

6-11-25 192. (Address) 508E. North Ave

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal**, or **Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Druid Ridge DATE OF BURIAL. June 12 192 25.

20-UNDERTAKER. Geo. H. Little ADDRESS 1525 Edmondson Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. It is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99461

CERTIFICATE OF DEATH.

D 99461

57

17 - 4

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 Harwood Ave. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Abey.

(a) RESIDENCE No. 307 Harwood Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female,	White.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Abey Sr.

6 DATE OF BIRTH (month, day, and year) April, 12, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	1	29.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Andy Butz.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Dont know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Albert Abey. (Address) 307 Harwood Ave.

15 Filed JUN 11 1925 Robert R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10 1925

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1924 to June 10, 1925.

that I last saw h alive on June 9, 1925

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Diabetes

Indigestion (duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Diabetic Coma

(duration) yrs. mos. 3 da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) R. K. Campbell, M. D.

June 10, 1925 (Address) 1644 Harwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	June 13 1925
20 UNDERTAKER	ADDRESS
A. Howard Evans	38 E Fort Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-25—M&T—600 Blks.

D 99462

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 D 99462

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 422 S. Wolfe st ST., 2-1 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Kwiatkowski

(a) RESIDENCE No. 422 S. Wolfe st ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Kwiatkowski

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER John Kwiatkowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant A. Kwiatkowski

(Address) 422 S. Wolfe st

15 Filed JUN 11 1925 Joseph R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1925, to June 8, 1925, that I last saw h in live on June 8, 1925 and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows: Myocardial insufficiency

(duration) yrs. mos 3 da.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) 6 yrs. mos. da.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P. S. & S.

(Signed) John F. Szczubich, M. D.

, 19 (Address) 735 N. Linwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL June 12 1925

20 UNDERTAKER F. A. Ozazewski

ADDRESS 1990 Eastern

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99463

CERTIFICATE OF DEATH.

D 99463

1-PLACE OF DEATH Md. Genl. Hosp. 11 - 29 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME William F. Jacobi

(a) RESIDENCE NO. 315 W. Monument ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 56 yrs. ... mos. ... ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS PERMANENT RECORD. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPA- CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Lillian Louise Jacobi

6 DATE OF BIRTH (month, day, and year) Feb. 7, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Silversmith

(b) General nature of industry, business, or establishment in which employed (or employer) 238

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER August Jacobi

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Emma Haeseler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant William F. Jacobi
(Address) 315 W. Monument St.

15 ROBERT R. KRAUTER, Registrar
JUN 11 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/9/25 19

17

I HEREBY CERTIFY, That I attended deceased from June 3, 1925, to June 9, 1925, that I last saw him alive on June 9, 1925, and that death occurred, on the date stated above, at 11.50 a. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia
(Chronic diffuse Nephritis.
Influenza)

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) acute dilatation heart
fatty deg. myocarditis. Ibn.
(duration) yrs. mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical & Laboratory

(Signed) Jno A Quinn M. D.

, 19 (Address) Md Genl Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood	6/11 1925
20 UNDERTAKER Philip Herwig	ADDRESS 2046 Orleans

Spec—12-23-21—E.N.R.S.—400 Blks.

D 99464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 ✓

D 99464

1-PLACE OF DEATH

City of BALTIMORE: (No. 1840 Wilhelm St., 19-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. George H. Shaw

(a) Residence No. 1840 Wilhelm St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced, (Write the word) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara E. Shaw

6-DATE OF BIRTH (month, day and year) Oct 4/1872

7-AGE, 52 yrs. 8 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) G. E. Co.

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Md

PARENTS.

10-NAME OF FATHER, — Shaw

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Anderson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Barbara E. Shaw

(Address) 1840 Wilhelm St

15- 19 ROBERT R. KRAUTER, Registrar.

JUN 11 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 10 - 1925

17- I HEREBY CERTIFY, That I attended deceased from April 2 1925, to June 10 1925, that I last saw living on June 10 1925 and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nefleritis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Unusual

(Signed) Edgar E. Travers, M. D.

, 19 (Address) 1500 Hollins St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. National Cemetery DATE OF BURIAL. June 13, 1925

20-UNDERTAKER. George L. Schwartz ADDRESS Wash. Blvd. & Fulton Ave.

Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99465 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ D 99465

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

City of BALTIMORE: (No. 2242 W Lexington St., 20 3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Madeline B Hittel

(a) Residence No. 2242 W. Lexington St., ... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female | 4-COLOR OR RACE, White | 5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec 26, 1899

7-AGE 25 yrs. 5 mos. 15 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer) Own home
(c) Name of employer C Bruns

9-BIRTHPLACE (city or town) (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, Frank A. Hittel

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Balto Md

12-MAIDEN NAME OF MOTHER, Margaret Miller

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Balto Md

11- (Informant) Frank A. Hittel

(Address) 2242 W. Lexington St.

JUN 11 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 10/25

17- I HEREBY CERTIFY, That I attended deceased from Feby 17, 1925, to June 10, 1925, that I last saw h[er] alive on June 10, 1925, and that death occurred, on the date stated above, at 5.50 P m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Pul. Tuberculosis

(Duration) yrs. 4 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. Buell, M. D.

6/11, 1925 (Address) 108 N Bullitt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, New Cathedral | DATE OF BURIAL, June 15, 1925

UNDERTAKER, George J. Schmat | ADDRESS Frankfurt Ave.

Time of burial ext. 6/15/25 10 a m

instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99466

CERTIFICATE OF DEATH.

89 ✓

D 99466

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Park ave Richmond ST., 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joshua Harner 3rd

(a) RESIDENCE NO. Richmond B. M. & Co. Park ave ST., No number WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 23 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Atty at Law

(b) General nature of industry, business, or establishment in which employed (or employer) 042

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Joshua Horner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Jennie Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant Mrs. Dorothy N. Howard

(Address) 1726 N. Calvert St

15 Filed JUN 11 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-9 1925

17 I HEREBY CERTIFY, That I attended deceased from —, 1923, to 6-9, 1925

that I last saw h/7 alive on 6-9, 1925

and that death occurred, on the date stated above, at 6.15 P m.

The CAUSE OF DEATH* was as follows:

ANGINA PECTORIS

(duration) 3 yrs. — mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John A. Dorsey, M. D.

, 19 (Address) 1129 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount	June 11 1925

20 UNDERTAKER	ADDRESS
John O. Mitchell	124 W. Fayette

CAUSE OF DEATH in plain terms. See instructions on back of certificates. TION is very important.

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99467 — 24 D 99467

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hosp ST.: 14-1 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Viney Bowers

(a) RESIDENCE. No. 2015 Brunt St ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a If ~~married, widowed, or divorced~~ (or) WIFE of Richard Bowers

6 DATE OF BIRTH (month, day, and year) May 28, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	0	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER David Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Annie Bowen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Viney Bowers

(Address) 2015 Brunt St

Filed JUN 11 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10 1925

17 I HEREBY CERTIFY, That I attended deceased from June 4, 1925, to June 10, 1925, that I last saw her alive on June 10, 1925, and that death occurred, on the date stated above, at 8 45 p. m.

The CAUSE OF DEATH* was as follows:

Meningococcic Meningitis

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lumbar puncture

(Signed) Myron S. Tull, M. D.

, 19 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem.	June 14 25
20 UNDERTAKER Samuel D. Busley	ADDRESS 578 W Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupations may be necessary. See instructions on back of certificates. TION is very important.

Cor.—1-12-23—M&T—100 Blks.

D 99468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1925 D 99468

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mud Hospital ST., 9-6 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jos. Sidley

(a) RESIDENCE NO. 1829 Aisquith ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Sidley

6 DATE OF BIRTH (month, day, and year) 12/25/1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) B & O
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Joseph Sidley.

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England.

14 Informant Mrs Elizabeth Sidley
(Address) 1829. Aisquith st.

15 Filed JUN 11 1925, 192 ... WILLIAM R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun Shot

(duration) yrs. mos. 1/2 hr.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

(Signed) C. E. Blake, M. D.
(Coroner.)

June 11, 192 (Address) 436 E. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Jun 11 1925

20 UNDERTAKER George J. Ruth. ADDRESS 1735 Harford ave

TION is very important. See instructions on back of certificate.

D 99469 HEALTH DEPARTMENT—CITY OF BALTIMORE 99469

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., Ward) 7-1-18-007

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Unknown .....

(Residence in Baltimore: No. unknown .....St.; yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	unknown

6-DATE OF BIRTH, ... Unknown (Month) ..... (Day) ....., 1..... (Year)

7-AGE, About 35 yrs.....mos.....ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... unknown .....
(b) General nature of industry, business, or establishment in which employed (or employer)..... 0 87

9-BIRTHPLACE, (State or Country), unknown

PARENTS.

10-NAME OF FATHER, "

11-BIRTHPLACE OF FATHER, (State or Country), "

12-MAIDEN NAME OF MOTHER, "

13-BIRTHPLACE OF MOTHER, (State or Country). "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).... Police M.E. Dist .....

(Address).....

15-

FILED JUN 11 1925 WM. H. KNAUER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June 7-25 ....., 192..... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Frac. Skull struck by street car

accidental

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

.....(Duration).....yrs.....mos.....ds.

(Signed) J. S. H. Cole M. D. (Coroner.)

6-11-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Mount Carmel Cemetery DATE OF BURIAL. June 10 1925

20-UNDERTAKER. Geo. J. Ruth ADDRESS 1735 Harford Ave.

is very important. See instructions on back of certificate.

D. 99469 Duplicate for certificate issued for unknown. OVER ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

1880-00 D. 99469

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Louis Bender

(Residence in Baltimore: No. 225 S. Ann St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	single

6-DATE OF BIRTH.

..... unknown ....., 1.....
(Month) (Day) (Year)

7-AGE, about 60 to 65 yrs. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer). M.L.Himmel & Son

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER. (State or Country), "

12-MAIDEN NAME OF MOTHER, "

13-BIRTHPLACE OF MOTHER, (State or Country). "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed..... 192.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June 7-25 ....., 192.....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an.... Inquest .....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
inquest .....(Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull- struck by street car- accidental

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

.....(Duration).....yrs.....mos.....ds.

(Signed) J. S. H. Patten M. D.
(Coroner.)

June 17-25 (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ... 19....
20-UNDERTAKER,	ADDRESS

is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

1818 27 D 99470

HEALTH DEPARTMENT—CITY OF BALTIMORE. D 99470

CERTIFICATE OF DEATH.

37-001

8-2

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Johns Hopkins Hosp ST., ( ) WARD)

2-FULL NAME Joseph Hetzel

(a) RESIDENCE No. 1504 E Lafayette Ave WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Elmer S Hetzel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Del

12 MAIDEN NAME OF MOTHER: Catherine Jindon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Regards J. H. H.

15 Filed ..... 19 ..... Registrar

JUN 11 1925 ROBERT R. KRAMER Clerk Baltimore County

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1925

17

I HEREBY CERTIFY, That I attended deceased from June 3, 1925, to June 11, 1925, that I last saw him alive on June 11, 1925, and that death occurred, on the date stated above, at 6 12 9 m.

The CAUSE OF DEATH* was as follows:

Acute General Miliary Tuberculosis

(duration) yrs. mos. 45 ds.

CONTRIBUTORY (Secondary) Tuberculous Meningitis

(duration) yrs. mos. 16 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes.

What test confirmed diagnosis? None

(Signed) C. J. Scott, M. D.

6-11, 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Jun 12 1925

20 UNDERTAKER: George J. Ruth — ADDRESS: 1735 Harford Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99471

CERTIFICATE OF DEATH.

100-001

100 D 99471

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 Woodlea Place ST., 27-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth E. Morgan

(a) RESIDENCE NO. 4 Woodlea Place ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 81 yrs. 3 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David W. Morgan

6 DATE OF BIRTH (month, day, and year) Feb. 28th 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	81	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Wm. Sommers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Catharine Kirk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Mrs. Susan K. Sears

(Address) 4 Woodlea Place

15 Filed JUN 11 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6th 10th 1925

17

I HEREBY CERTIFY, That I attended deceased from June 1st, 1925, to June 10th, 1925, that I last saw her alive on June 10th, 1925, and that death occurred, on the date stated above, at 7-25 p.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Age 81 Rheumatism 6 yrs.

(duration) 81 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? The usual tests

(Signed) D A Waldron, M. D.

. 19 (Address) 210 East Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL June 13 1925

20 UNDERTAKER Zirkler & Zirkler

ADDRESS 1739 E. Eager

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

D 99472

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99472

CERTIFICATE OF DEATH.

REGISTERED NO. 76-645

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) BALTIMORE CITY HOSPITALS ST., (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate Miller

(a) RESIDENCE NO. 430 S 5th St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 7 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

3a If married, widowed, or divorced, HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Nov. 8. 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61 yr.	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Roder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Katherine Roder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Baltimore City Hospitals Records (Address)

15 Filed JUN 11 1925 ROBERT R. KRAUER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10 1925

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1925, to June 10, 1925.

that I last saw her alive on June 10, 1925

and that death occurred, on the date stated above, at 2:30 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of rectum

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Metastasis to viscera and brain (duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Clinical & autopsy

(Signed) W. Lindsay Miller, M. D.

6/10, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery — DATE OF BURIAL June 13 1925

20 UNDERTAKER Zirkler & Zirkler — ADDRESS 1739 E. Eager St.

CAUTION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 99473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

51 D 99473

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 9-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Aurelia Mantz

(a) RESIDENCE NO. 2135 Homewood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1922

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None. 00

(c) Name of employer

9 BIRTHPLACE (city or town) Md Baltimore (State or country)

PARENTS

10 NAME OF FATHER George L Mantz.

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Mary V. Mester

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Leola Mantz

(Address) 2135 Homewood Ave

Filed JUN 11 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/9/25

17

I HEREBY CERTIFY, That I attended deceased from 5/28/25 to 6/9/25, 19..., that I last saw h alive on 6/9/25, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Empyema)

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) K. W. Hurley, M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer. DATE OF BURIAL: June 12 19

20 UNDERTAKER: E. A. Windfeld Jr ADDRESS: 501 E 22 St

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.-1-10-21—M&T—1500 Bks.

D 99474

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99474

CERTIFICATE OF DEATH.

27-4 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Old Pimlico Road. Mt. Washington. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas A. Kearns.

(a) RESIDENCE NO. Mt. Washington. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella M. Kearns.

6 DATE OF BIRTH (month, day, and year) Mar. 20th. 1856.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Patrick Kearns

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Ella M. Kearns

(Address) Old Pimlico Rd. Mt. Washington.

15 Filed JUN 11 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9th. 1925.

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1922, to June 9, 1925.

that I last saw him alive on June 9, 1925.

and that death occurred, on the date stated above, at 4.15 P. m.

THE CAUSE OF DEATH* was as follows:

Chronic Valvular disease of the heart

(duration) 2 yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. Flandrau, M. D.

, 19 (Address) 814 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery.

DATE OF BURIAL 6/12 '25.

20 UNDERTAKER Chas. F. Traut & Son

ADDRESS 1118 West Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 99475

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99475

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Colonial Hospital 5-1 40

CITY OF BALTIMORE: (No. 1122 N. Mount ST., 5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Coretta Gibson

(a) RESIDENCE No. 1424 E. Fairmount Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. 2 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 1, 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	18	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housemaid, Pd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Gibson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Cutchmbes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Mary's Co Md

14 Informant Mary Gibson (Address) 1424 E. Fairmount

15 Filed JUN 11 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9 1925

17

I HEREBY CERTIFY, That I attended deceased from June 7, 1925, to June 9, 1925, that I last saw her alive on June 9, 1925, and that death occurred, on the date stated above, at 7.40 P m.

The CAUSE OF DEATH* was as follows:

Generalized peritonitis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Acute salpingitis

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of June 8, 1925

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) A. G. Ritchie, M. D.

, 19 (Address) Colonial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cem.	June 13 19 25

20 UNDERTAKER Mrs J. G. Locks ADDRESS 1302 Jefferson

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.

Spec.—1-20-21—M&T—1500 Blks.

D 99476

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

D 99476

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 Brooks Lane. ST., 13-6 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Haas.

(a) RESIDENCE NO. 927 Brooks Lane. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leopold Haas

6 DATE OF BIRTH (month, day, and year) Feby. 13, 1856.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Asher Grief.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Levi

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Leopold ~~Stevens~~ HAAS

(Address) 927 Brooks Lane.

15 Filed ..... 19 Robert F. Garrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/9/25 19

17

I HEREBY CERTIFY, That I attended deceased from May 1st, 19 25 to June 9th, 19 25,

that I last saw her alive on June 9, 19 25,

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interst. Nephritis

(duration) yrs. 1 mos. 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 927 Brooks Lane

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Mic. & Chem.,

(Signed) Margaret Storm, M. D.

, 19 (Address) 2308 Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Cemetery	6/12/25

20 UNDERTAKER David Sondheim ADDRESS 115-20 20. Md. Royal Ave.

JUN 1 1925

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 99477

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99477

CERTIFICATE OF DEATH.

129

REGISTERED NO. 13-3

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3900 Falls Road ST. (13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Bozarth

(a) RESIDENCE NO. 3900 Falls Rd ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Bozarth

6 DATE OF BIRTH (month, day, and year) Sept 14 1

7 AGE: Years 65 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): New Jersey

PARENTS

10 NAME OF FATHER: Brazilla Puckett

11 BIRTHPLACE OF FATHER (city or town) (State or country): New Jersey

12 MAIDEN NAME OF MOTHER: Sarah Lippincott

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New Jersey

14 Informant: Gertrude Wagner (Address) 3900 Falls Road

15 1925 Robert P. Harrison, ... 19 ..... Registrar

Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10 1925

17 I HEREBY CERTIFY, That I attended deceased from May ..., 1925, to date of death that I last saw h[illegible] alive on June 10, 1925 and that death occurred, on the date stated above, at 11:20 a.m.

The CAUSE OF DEATH* was as follows:

Death due to an Interstitial Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ashley Lee Woods, M. D.

, 19 (Address) 824 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Medford New Jersey | DATE OF BURIAL: June 13 1925

20 UNDERTAKER: Pinkney Davis | ADDRESS: 824 Fulton Ave.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should sign CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 99478

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99478

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 35 E Hill St., 27 Ward) Registered No. 26

2-FULL NAME. Michl. David Stanton

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 35 E. Hill St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) May 7-1879

7-AGE. 46 yrs. 1 mos. 2 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Marine Engr
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer. Interocean Oil Co

9-BIRTHPLACE (city or town) (State or Country). Balto

PARENTS.

10-NAME OF FATHER. Michl Stanton

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto

12-MAIDEN NAME OF MOTHER. Margt E Thompson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto

14-Informant. Margt E Stanton

(Address). 35 E Hill St

15-Filed JUN 11 1925, 192.. Robert F. Harrison, Registrar. Special Permit Clerk

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Follow instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 9 1925

17-I HEREBY CERTIFY, That I attended deceased from June 15 1924 to June 7 1925

that I last saw him alive on June 7 1925

and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

General Paresis -

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Laboratory -

(Signed) Andrew G. Gillis M. D.

, 19 (Address) 1033 N. Calvert St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cathedral Cemetery | DATE OF BURIAL. June 12 1925

20-UNDERTAKER. F. A. Wause & Son | ADDRESS 783 Hanover st

Spec.—1-10-21—M&T—1500 Bks.

D 99479

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99479

CERTIFICATE OF DEATH.

101-

1-PLACE OF DEATH West Baltimore General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore ST., 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Louis Newman.

(a) RESIDENCE NO. 2237 Madison ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widower

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

045

9 BIRTHPLACE (city or town) Balto Md, (State or country)

PARENTS

10 NAME OF FATHER Joseph Newman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Harmat

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Newman (Address) 2237 Madison ave

15 Filed ... 19 ... Registrar

Robert P. Harlow, Burial Permit Clerk

N 11 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/10 1925

17 I HEREBY CERTIFY, That I attended deceased from 6/5/25 to 6/10/25

that I last saw him alive on 6/10/25

and that death occurred, on the date stated above, at 5-45 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Acute cardiac Dilatation

(duration) yrs. mos 12 hrs

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Labratory

(Signed) Clement B Manna, M. D.

, 19 (Address) West Baltimore General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chebt Shalom — DATE OF BURIAL 6/11/25 19

20 UNDERTAKER J. Ahrens & Co — ADDRESS 3314 Penna ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 99480

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-08 B 99480

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 19 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Thomas

(a) RESIDENCE NO. 1611 W. Franklin ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emmy Thomas

6 DATE OF BIRTH (month, day, and year) 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER B. Venerable

11 BIRTHPLACE OF FATHER (city or town) (State or country) ~~Va~~ Va

12 MAIDEN NAME OF MOTHER Martha Jeffus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Emmy Thomas

(Address) 1611 W. Franklin St.

15 Filed JUN 17 1925, 19 Robert P. Harrison, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/10/25

17

I HEREBY CERTIFY, That I attended deceased from 6/2/25, 19 to 6/10/25, 19

that I last saw h alive on 6/10/25, 19

and that death occurred, on the date stated above, at 1.40 a. m.

The CAUSE OF DEATH* was as follows:

Bilateral Lobar Pneumonia

Paralysis Heart (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home of Pneumonia

Did an operation precede death? No Date of 6/9/25

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) J. W. Golley, M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Atlantic City, N.J.

DATE OF BURIAL 6-12 1925

20 UNDERTAKER John H. Toadvine

ADDRESS 1021 Pennsylvania Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 99481

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99481

1-PLACE OF DEATH

City of BALTIMORE: (No. 1009 Myrtle Ave St., 17 Ward) 14006

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Race Coates

(Residence in Baltimore: No. 1009 Myrtle Ave St.; yrs. 75 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

6-DATE OF BIRTH. Unknown (Month) (Day) 1859 (Year)

7-AGE. 66 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Coal Dealer
(b) General nature of industry, business, or establishment in which employed (or employer). 1045

9-BIRTHPLACE, (State or Country). St Marys Co Md

PARENTS.

10-NAME OF FATHER. Abraham Coates

11-BIRTHPLACE OF FATHER. (State or Country) Md

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Newman

(Address) C/o N Bethel Ave

15-

Filed. 1925 192.....

Robert J. Harrison, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 9 (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) no other history.

(Duration) yrs. mos. ds.

(Signed) J. J. Hennessy M. D. (Coroner.)

June 10, 1925 (Address) 4 E. Lanvale

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Conv DATE OF BURIAL, June 11, 1925

20-UNDERTAKER, Samuel J Beasley ADDRESS 758 N Eddle

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 99482

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99482

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1917 West Baltimore St. Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sadie Reater Dorsey

(Residence in Baltimore: No. 566 Greenmount Ave St.; yrs. 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

6-DATE OF BIRTH: Unknown (Month) (Day) 1888 (Year)

7-AGE: 37 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Alfred Reater

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Maria Washington

13-BIRTHPLACE OF MOTHER, (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sadie Dorsey

(Address) 531 N Bradder St

15-

Filed JUN 11 1925 192.. Robert F. Harrison, Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 9th (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia due to Fat wounds in Chest Thorax.

(Duration) Razor wounds yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Homicide

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D. (Coroner.)

June 10 1925 (Address) 2 E Fayette St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem DATE OF BURIAL: June 11, 1925

20-UNDERTAKER: Samuel V Hensley ADDRESS 577 N Bradder

IMPORTANT: Before filling out this certificate, read carefully the instructions printed on the back hereof. Use typewriter or write with pen and ink. Fill in all blanks with the information required. If any item is unknown, state "unknown." Be sure that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. state CAUSE OF DEATH in plain terms, so that it

Cor.—1-12-23—M&T—100 Bks.

D 99483

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99483

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital ST., 11 - 185 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward A Hatwood

(a) RESIDENCE No. 1217 Madison. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colred	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1915

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
10	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School Boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) N. C.
(State or country)

PARENTS

10 NAME OF FATHER Andrew Hatwood

11 BIRTHPLACE OF FATHER (city or town) N C
(State or country)

12 MAIDEN NAME OF MOTHER Sophia Bady

13 BIRTHPLACE OF MOTHER (city or town) N. C.
(State or country)

14 Informant Andrew Hatwood
(Address) 1217 Madison Ave

15 Filed JUN 11 1925 Robert P. Harrigan, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 192[illegible]

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Yes death on the day stated above.

The CAUSE OF DEATH* was as follows: Fall accidental.

Fracture of Skull.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock.

(duration) yrs. mos. ds.

(Signed) [illegible], M. D.
(Coroner.)
, 192 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion

DATE OF BURIAL 6-12 192 5

20 UNDERTAKER John H. Toadvine

ADDRESS 1027 Hull

...ION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of DISEASE OR CONDITION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 99484

HEALTH DEPARTMENT—CITY OF BALTIMORE 99484

CERTIFICATE OF DEATH.

REGISTERED NO. 16

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 N Ashland Ave ST., 7-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Cropsey

(a) RESIDENCE NO. 20 N Ashland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 10/25.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 000

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Jos. Henry Cropsey

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER Helen Knapp

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md
(State or country)

14 Informant Jos. H. Cropsey
(Address) 2022 Ashland Ave

15 Filed ..... 19.. Burial Permit Issued by Registrar

JUN 12 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1925.

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1925, to June 11, 1925.

that I last saw h alive on June 11, 1925.

and that death occurred, on the date stated above, at 9.30 A. m.

The CAUSE OF DEATH* was as follows:

Asphyxia (Menatorum)

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Ruptured Uterus

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) C W Meyer Dr, M. D.

6/11, 1925 (Address) 1530 E. 33rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cem.

DATE OF BURIAL June 12th 1925

20 UNDERTAKER A Jones

ADDRESS 111 S. Gilmor St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS BLANK MUST be stated EXACTLY. PHYSICIAN'S mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D899485 E22

CERTIFICATE OF DEATH

D 99485

1-PLACE OF DEATH Johns Hopkins Hospital

REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ..... ST., 21-3 WARD

2-FULL NAME Hilda Gross

(a) RESIDENCE No. 441 W. Henrietta ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. Life mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1922

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer ....

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Robert Gross

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Louise Gross

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Records John Hopkins Hospital

15 Filed JUN 12 1925 16 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10 1925

17 I HEREBY CERTIFY, That I attended deceased from June 3, 1925, to June 10, 1925 that I last saw her alive on June 10, 1925 and that death occurred, on the date stated above, at 2 45 p. m.

The CAUSE OF DEATH* was as follows:

Phthisis florida

(duration) about 1 month yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic otitis media

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Walter B. Stewart, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Ct — DATE OF BURIAL June 13 1925

20 UNDERTAKER J. W. Bloom & Son — ADDRESS Lafayette Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99486 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99486

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 529 W. Hamburg St., 21-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ellen Woerner

(a) Residence No. 529 W. Hamburg St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. — mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: John Woerner

6-DATE OF BIRTH (month, day and year): May 20, 1871

7-AGE: 54 yrs. 8 mos. 21 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Richard J. Somers

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Balto Md

12-MAIDEN NAME OF MOTHER: Margaret Essington

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto Md

11- (Informant): Mrs. John Woerner

(Address): 529 W. Hamburg St

13- Filed, 192 ROBERT R. KRAUTER, Registrar.

Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Jan 10. 1928

17- I HEREBY CERTIFY, That I attended deceased from May 16, 1925, to Jan 10, 1925 that I last saw her alive on Jan 9, 1928 and that death occurred, on the date stated above, at 5:40 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Whitridge Hoag M. D.

192 (Address) 724 Washington Blvd

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Cedar Hill Cem	June 13, 1928
20-UNDERTAKER,	ADDRESS
Jos Gordon's Son	217 S. Paca St

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D99487

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6-3 90 D 99487

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 123 N. Port St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Feldman

(Residence in Baltimore: No. 2507 E. Fairmount Ave St.; yrs. 40 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	mar

6-DATE OF BIRTH. ..... 1862 ....., 1.....
(Month) (Day) (Year)

7-AGE. 63 yrs. mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of Industry, business, or establishment in which employed (or employer): 015

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. John Feldman

11-BIRTHPLACE OF FATHER, (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Feldman (wife)

(Address) 2507 E. Fairmount Ave

15-

Filed JUN 12 192[illegible] HENRY R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. June 9-25, 192.....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said his (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Thermic conditions & age

.....(Duration).....yrs.....mos.....ds.

(Signed) J. S. V. Boiler M. D.
(Coroner)

6-12-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Sacred Heart	June 12, 19 25

20-UNDERTAKER. Lilly & Zeiler ADDRESS 403 S. Wolfe St.

D 99488

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15-24-001

D 99488

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1441 N. Monroe St., 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Fresco

(Residence in Baltimore: No. 1441 N. Monroe St. St.; yrs. 35 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: colored

5-Single, Married, Widowed, or Divorced, (Write the word.): married

6-DATE OF BIRTH: Sept. (Month) 30 (Day) 1874 (Year)

7-AGE: 50 yrs. 8 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Edward Adams

11-BIRTHPLACE OF FATHER, (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Georgianna Gough

13-BIRTHPLACE OF MOTHER, (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Agnesta Smith

(Address) 1441 N. Monroe St

15-

JUN 12 1925

CHARLES R. KRAUTER, Chief Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 10 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) no other history

(Duration) yrs. mos. ds.

(Signed) D. J. Hennessy M. D. (Coroner.)

June 11, 1925 (Address) 2 E. Madison Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: 6/13 1925

20-UNDERTAKER: Mrs Jas. H. Dennis per T. E. Kelson

ADDRESS: 1303 Presstman St

Spec. 1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99489

CERTIFICATE OF DEATH

46

D 99489

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 540 or Cleveland Ave. (or WARD) 27-7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jannie Jefferson

(a) RESIDENCE No. 540 N Cleveland Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) about 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	about 49	✓	✓	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. Ord

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Noah Jefferson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mary E Gardner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Mary E. Danehey

(Address) 540 N Cleveland Ave

15 JUN 12 1925 Robert R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 16, 1924, to June 10, 1925, that I last saw her alive on June 9, 1925, and that death occurred, on the date stated above, at 7:30 P m.

The CAUSE OF DEATH* was as follows:

Adeno Carcinoma of Ovary

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) General Metastasis

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12/18/24

Was there an autopsy? No

What test confirmed diagnosis? Operation & Section of Tumor

(Signed) Edw. H. Dean M. D.

6/12, 1925 (Address) 1203 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL June 13 1925

20 UNDERTAKER H E Hughes.

ADDRESS 434 N Eden

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99490

CERTIFICATE OF DEATH.

129

D 99490

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 659 George ST., 17 WARD) 3

2-FULL NAME Benj W Hutton

(a) RESIDENCE NO. 659 George ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Hutton

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	60	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer) Labor

(c) Name of employer unknown

9 BIRTHPLACE (city or town) (State or country) Balto —

PARENTS

10 NAME OF FATHER Rev. Henry Hutton

11 BIRTHPLACE OF FATHER (city or town) Md —
(State or country)

12 MAIDEN NAME OF MOTHER Rachael Garner

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Elizabeth Hutton (wife)
(Address) 659 George

JUN 12 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10 1925

17

I HEREBY CERTIFY, That I attended deceased from May 11, 1925, to June 10, 1925, that I last saw him alive on June 10, 1925, and that death occurred, on the date stated above, at 5:30P m.

The CAUSE OF DEATH* was as follows:

Chronic Brights

(duration) 0 yrs. 6 mos 10 ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no —

What test confirmed diagnosis? Clinical

(Signed) R B Kenyon, M. D.

June 11, 1925 (Address) 807 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	June 13 1925
20 UNDERTAKER	ADDRESS
John H Chase & Son	1400 Mosher

N. B. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—1500 Blks.

D 99491

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99491

CERTIFICATE OF DEATH.

146

1-PLACE OF DEATH Maryland Gen. Hosp. REGISTERED NO. 27-12

CITY OF BALTIMORE: (No. Madison Ave Emma ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Irene Morris

(a) RESIDENCE No. 3705 Main Ave, Mt Washington WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ralph Morris

6 DATE OF BIRTH (month, day, and year) June 26 1901

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	4	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Chesapeake City Md

PARENTS

10 NAME OF FATHER Irving Griffith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Chesapeake Md

12 MAIDEN NAME OF MOTHER Laura Boulden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Chesapeake Md

14 Informant Mrs Irene Morris

(Address) 3708 Main Ave

15 Filed JUN 17 1925 ROBERT R. KNAUER, Registrar Vital Statistics

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1925

17

I HEREBY CERTIFY, That I attended deceased from May 25 1925 to June 12 1925

that I last saw her alive on June 12 1925

and that death occurred, on the date stated above, at 12:45 P.m.

The CAUSE OF DEATH* was as follows:

Placenta Previa

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Hemorrhage Puerperal Septicaemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of June 2 1925

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Hopkins Turner, M. D.

(Address) 706 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bethel Md — DATE OF BURIAL June 13 1925

20 UNDERTAKER Wm J Tickner Sons — ADDRESS North St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Sonia Yeakel

Spec.—1-10-21—M&T—1500 Bks.

99492

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 | D 99492

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 951 Forrest ST., 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sonia Yeakel

(a) RESIDENCE NO. 951 Forrest ST., WARD

(Usual place of abode) abnd.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. — mos. — ds. How long in U. S., if of foreign birth? 5yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Sngl

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE: Years about 45 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework (abd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Donard Yeakel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Bauer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Theresa Beck

(Address) 941 Forrest St

15 Filed JUN 12 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1925

17

I HEREBY CERTIFY, That I attended deceased from June 11, 1925, to June 11, 1925.

that I last saw alive on June 11 (a) 1925.

and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(was treated at Phipps)

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Acute Congestion of Lung Pulm Edema (duration) yrs. mos. 96 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Fowler M. D.

6 11 1925 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: June 13 1925

20 UNDERTAKER: Henry Hoch Son — ADDRESS: 1301 E Eager St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99493

CERTIFICATE OF DEATH.

D 99493

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5614 Pratt Ave ST., Gorsuch WARD) 24-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry C. Barnes

(a) RESIDENCE NO. 5614 Pratt ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Clara. Barnes

6 DATE OF BIRTH (month, day, and year) April 23-1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Dry. 013

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mayd.

PARENTS

10 NAME OF FATHER James H. Barnes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mayd.

12 MAIDEN NAME OF MOTHER E.A. Fizzell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Clara Barnes

(Address) 5614 Pratt ave

15 Filed JUN 12 1925, 19 ROBERT B. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-10-1925

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1925, to June 10, 1925, that I last saw him alive on June 10, 1925, and that death occurred, on the date stated above, at 1:30 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chr. Int. Nephritis

Chronic Myokarditis

(duration) 2 yrs. + mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) G. W. Bishop, M. D.

1925 (Address) 001 Shenandoah Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 6/13 1925

20 UNDERTAKER W. M. Cook

ADDRESS 502 E. Ave

N. B.—WRITE PLAINLY. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99494

CERTIFICATE OF DEATH.

31 D 99494

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 429 N. Pulaski ST., 20 WARD 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James T Gray

(a) RESIDENCE NO. 429 N Pulaski ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 16. 1898.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26	8	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mackie Co

9 BIRTHPLACE (city or town) (State or country) Scotland

PARENTS

10 NAME OF FATHER George Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Dorothy Turner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Dorothea Gray

(Address) 429 N Pulaski St.

15 Filed JUN 12 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1925

17 I HEREBY CERTIFY, That I attended deceased from 4/5/25, 19..., to 6/12/25, 19..., that I last saw h.z. alive on 6/11/25, 19..., and that death occurred, on the date stated above, at 12.45 A. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) ... yrs. ... mos. 15 ds.

CONTRIBUTORY (Secondary) Pul TB

(duration) 1 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) W. H. Cook, M. D.

19 (Address) 3755 Harford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine — DATE OF BURIAL June 15 1925

20 UNDERTAKER Wm. Cook — ADDRESS 502 E Northwood

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should state EXACTLY. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 99495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74 001 D 99495

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 N. Monroe ST., 15-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie E. Israel

(a) RESIDENCE No. 1824 N. Monroe ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a ~~Married~~, widowed, or ~~Divorced~~

~~HUSBAND~~ (or) WIFE of Ira F. Israel

6 DATE OF BIRTH (month, day, and year) Oct 27, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Woodbine (State or country) Carroll Co Md

PARENTS

10 NAME OF FATHER Jerie G. Harp

11 BIRTHPLACE OF FATHER (city or town) Carroll Co Md

12 MAIDEN NAME OF MOTHER Charlotte A. Jenkins

13 BIRTHPLACE OF MOTHER (city or town) Carroll Co Md

14 Informant Miss Ada Israel

(Address) 1824 N. Monroe

15 JUN 12 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11, 1925

17 I HEREBY CERTIFY, That I attended deceased from April 3, 1925, to June 11, 1925.

That I last saw her alive on June 11, 1925

and that death occurred, on the date stated above, at 6.44 a. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) 2 yrs. 2 mos. 8 ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. L. Reginald, M. D.

(Address) 3100 Abell Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL June 18 1925

20 UNDERTAKER George J. Smith — ADDRESS 1532 Hollins st

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99496

CERTIFICATE OF DEATH.

D 99496

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1644 Millimaw ST., 7-1 WARD)

2-FULL NAME Robert Ellis

(a) RESIDENCE No. 1644 Millimaw ST., WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Lillie Ellis

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 140

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Martha Reed

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Lillie Ellis wife. (Address) 1245 Edward st

15 Date JUN 12 1925 Registrar ROBERT R. KRAUTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10 1925

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1925, to June 10, 1925, that I last saw him alive on June 8, 1925, and that death occurred, on the date stated above, at 7 A.m.

The CAUSE OF DEATH* was as follows:

Chirrosis of Liver (infectious type) 6 wks
(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Cholecystitis 6 wks
(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? uncertain

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R.J. [illegible], M. D.

6/11 1925 (Address) 1429 Mt Clare

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Arlington Cemetary	June 12 1925
20 UNDERTAKER	ADDRESS
Jos. T. H. Rochester	1413 Jefferson st

Spec—12-23-21—E.B.R.S.—400 Eks.

D 99497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 1 D 99497

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., 2-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Frank Kammert

(a) Residence No. 612 S. Broadway St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? Unknown mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1860

7-AGE.	If LESS than 1 day.
65 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer

(b) General nature of industry, business, or establishment in which employed (or employer). Unknown 040

(c) Name of employer. Unknown

9-BIRTHPLACE (city or town) (State or Country). Holland

PARENTS.

10-NAME OF FATHER. Cobus ? Kammert

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Holland

12-MAIDEN NAME OF MOTHER. Sophia Holland

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Holland

14- (Informant). Hospital Records

(Address). M.T.H.

15- Filed JUN 12 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 11, 1925

17- I HEREBY CERTIFY, That I attended deceased from March 19, 1925 to June 11, 1925

that I last saw him alive on June 11 1925

and that death occurred, on the date stated above, at 8 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) J. D. White, M. D.

6-12-25 (Address) Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
1st Evangelical Cem.	June 12, 1925
20-UNDERTAKER.	ADDRESS
Henry Sander Sons Inc	1710 Eiland Av

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 99498

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99498

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1813 S. Charles St ST., 23-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles H. Wagner.

(a) RESIDENCE NO. 1813 S. Charles St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 3 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Wagner.

6 DATE OF BIRTH (month, day, and year) March, 9, 1851.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74.	3.	4.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day laborer. 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Dont know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont know.

12 MAIDEN NAME OF MOTHER Dont know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont know.

14 Informant Elizabeth Wagner.

(Address) 1813 S. Charles ST.

15 Filed JUN 12 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1 . 1925. to June 11. 1925.

that I last saw h alive on June 11. 1925

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Duration Indefinate yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R.R. Campbell M. D.

June 12 1925 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	June 13 1925
20 UNDERTAKER	ADDRESS
A. Howard Evans	358 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK. AGE should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. Exact statement of OCCUPA- CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 99499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24-129

D 99499

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1501 Jackson St. ST., ... WARD .....

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary R. Clark.

(a) RESIDENCE NO. 1501 ~~Clarkson~~ Jackson St. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 90 yrs. 2 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female,	White,	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander Clark.

6 DATE OF BIRTH (month, day, and year) Feb. 21, 1835

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	90,	2,	21.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Queen Ann Co. Md.

PARENTS

10 NAME OF FATHER John Vansant.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Queen Ann Co. Md.

12 MAIDEN NAME OF MOTHER Sallie Palmetary.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Queen Ann Co. Md.

14 Informant Lucy Seymour.

(Address) 1501 Jackson St.

15 Filed JUN 12 1925 Wm. H. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1925

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1925, to June 11, 1925, that I last saw her alive on June 11, 1925, and that death occurred, on the date stated above, at 11.50 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Senility.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical signs.

(Signed) Sidney J. Strull, M. D.

6/12 19 25 (Address) 1401 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Guilford Md.	June 13, 1925
20 UNDERTAKER	ADDRESS
A. Howard Evans	388 Fort Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99500

CERTIFICATE OF DEATH.

70

D 99500

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. ST. 17 WARD 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Williams

(a) RESIDENCE. NO. 12 E. 20th St ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 1896

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
28	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Perry Maker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Fannie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Rosie Williams

(Address) 720 E 20th St.

15 Filed JUN 12 1925 Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10 1925

17

I HEREBY CERTIFY, That I attended deceased from June 9, 1925, to June 10, 1925, that I last saw h or alive on June 10, 1925, and that death occurred, on the date stated above, at 11 25 a. m.

The CAUSE OF DEATH* was as follows:

Acute Encephalitis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lumbar puncture

(Signed) Myron G. Fuller, M. D.

, 19 (Address) Sydenham Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oldpart Va	June 12 1925
20 UNDERTAKER Mrs P. G. Elliott	ADDRESS 1725 Madison Ave

Francis Blankner

D 99501

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99501

CERTIFICATE OF DEATH.

188-003

Registered No. C 20 1

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis Blenkner

(Residence in Baltimore: No. 84 Caton Avenue St.; yrs., life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. December 18th 1916
(Month) (Day) (Year)

7-AGE. 8 yrs. 5 mos. 23 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) School Boy

9-BIRTHPLACE, (State or Country). Baltimore Maryland

PARENTS.

10-NAME OF FATHER. John M. Blenkner

11-BIRTHPLACE OF FATHER, (State or Conutry). Baltimore Maryland

12-MAIDEN NAME OF MOTHER. Maud Simpson

13-BIRTHPLACE OF MOTHER, (State or Country). Baltimore Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Blenkner

(Address) 84 Caton Avenue

JUN 12 1925

Filed ... By ... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 10th 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

18-CAUSE OF DEATH* was as follows: Fractured Skull

(Duration) yrs. 45 days

CONTRIBUTORY Struck by Auto Truck
Owned by Stafford Bros.
(Duration) yrs. mos. ds.

(Signed) Thos. B. Horton M. D.
(Coroner.)

6-10 1925 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park Cem. DATE OF BURIAL. June 12" 1925

20-UNDERTAKER. Joseph B. Cook ADDRESS 1003 W. Balto St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

18140-8

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

65-002

D 99502

D 99502

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST., 15-12 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cecilia Levin

(a) RESIDENCE No. 1499 Monroe St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Robert Rado

11 BIRTHPLACE OF FATHER (city or town) Russia (State or country)

12 MAIDEN NAME OF MOTHER Anderson

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant ..... (Address) 1499 Monroe St

15 Filed JUN 12 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1925

17

I HEREBY CERTIFY, That I attended deceased from May 21 1925 to June 12 1925.

that I last saw her alive on June 12 1925

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Hodgkin's disease

..... (duration) 2½ yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....

Pulmonary Embolism (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Biopsy

(Signed) Howard A. Kelly M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rock Rd — DATE OF BURIAL 6/12 1925

20 UNDERTAKER Jack Levis 1439 — ADDRESS Eutaw

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ANY ERASURE OR ALTERATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

99503

HEALTH DEPARTMENT—CITY OF BALTIMORE

99503

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2208 E. Lombard St., 1-1 Ward) Registered No. 57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mary Rody

(a) Residence No. 2208 E. Lombard St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Hyman Rody

6-DATE OF BIRTH (month, day and year) unknown

7-AGE, 54 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Russia

12-MAIDEN NAME OF MOTHER, Irene Drown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Russia

14- (Informant) Benjamin Rody

(Address) 2208 E. Lombard St

15- Filed. JUN 12 1925 ROBERT R. KRAUER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 11, 1925

17- I HEREBY CERTIFY, That I attended deceased from June 8, 1925, to June 11, 1925,

that I last saw h. alive on June 11, 1925,

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Fehlings + Benedicts.

(Signed) Frank J. Ayd M. D.

June 11, 1925 (Address) 2065 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Herbert Mach Rd DATE OF BURIAL, 6/13, 19..25

20-UNDERTAKER, Jack Levis ADDRESS 1139 E Balt

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should use CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99504 — 1-PLACE OF DEATH

CERTIFICATE OF DEATH.

7-1 188-003

D 99504 — Registered No. C.....

City of BALTIMORE: (No. Johns Hopkins Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Elmer Ruff

(Residence in Baltimore: No. 1609 E. Madison St ..... St.; yrs., 6 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	col	single

6-DATE OF BIRTH. March 8 or 9 1919 (Month) (Day) (Year)

7-AGE. 6 yrs. 3 mos. 1 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... child
(b) General nature of Indnstry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto.Md

PARENTS.

10-NAME OF FATHER. Charles J Ruff

11-BIRTHPLACE OF FATHER, (State or Country). Balto.Co.Md

12-MAIDEN NAME OF MOTHER. Mary #ee

13-BIRTHPLACE OF MOTHER, (State or Country). Balto.City. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Charles J. Ruff

(Address)..... 1609 E. Madison St

15-

Filed JUN 12 1925 ROBERT R. KRAUTER Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 10-25 (Month) (Day) 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Abdominal & thoracic Hemorrhage (frac Skull-no hem) Autopsy at Hospital-Automobile Accident

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. H. Callen M. D. (Coroner.)

6-11-25 192.... (Address) 508 N Northave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Asbury Cem.	June 13 1925
20-UNDERTAKER. Thos. H. Locke	ADDRESS 1302 Jefferson

Spec—12-23-21—E.B.R.S.—400 lbs.

D 99505

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99505

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH Maryland Penitentiary Hospital

City of BALTIMORE: (No. 954 Forest St., Ward) 17

Registered No. 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Smith

(a) Residence No. 728 Pierce St., Ward

(Usual place of abode) Unknown (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE, 29 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Md Pen records

(Address) UNIVERSITY OF MARYLAND

15- Robert P. Harrison, Registrar.

Filed 192

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 2, 1925

17- I HEREBY CERTIFY, That I attended deceased from May 24, 1925 to June 2, 1925

that I last saw him alive on June 2 1925

and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) Asthma

(Duration) 10 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical finding

(Signed) J. M. Edmonds M. D.

, 19 (Address) 954 Forest St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL, 19

20-UNDERTAKER,

ADDRESS

Commissioner Health.

JUN 12 1925

N. B.—WRITE PLAINLY, WITH UNFADING INK. All questions should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 99506

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99506

CERTIFICATE OF DEATH.

9-7-194

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St., Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown

(Residence in Baltimore: No. St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	unknown

6-DATE OF BIRTH, unknown, 1..... (Month) (Day) (Year)

7-AGE. About 60 to 65 years. yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: unknown
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). unknown

PARENTS.

10-NAME OF FATHER, "

11-BIRTHPLACE OF FATHER, (State or Country), "

12-MAIDEN NAME OF MOTHER, "

13-BIRTHPLACE OF MOTHER, (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Police Dept & Hospotal

(Address)

15- Albert F. Harrison,

Filed ..... 192 Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 7-25, 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Thermic Fever

(Taken from Sparrows Point street-car)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. H. Walter M. D.
(Coroner.)

6-11-25 192.... (Address) 508 E. North Ave

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL. 19

20-UNDERTAKER. ADDRESS

THE MORGUE.

UNIVERSITY OF MARYLAND

Commissioner Health.

JUN 12 1925

D 99507 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99507

CERTIFICATE OF DEATH.

5-2 90

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 1141 McElderry St ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... John Madden .....

(Residence in Baltimore: No. 1141 McElderry St ..... St.; yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	col	unknown

6-DATE OF BIRTH.

..... unknown ....., 1.....
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
about41 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... laborer
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), unknown-prob Md

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER, (State or Country), "

12-MAIDEN NAME OF MOTHER, "

13-BIRTHPLACE OF MOTHER, (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) N.E. Police Dist

(Address).....

15- Robert P. Harrison,

Filed ..... 192.....

Burial Permit Clerk
Registrar.

THE MORGUE

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH,

..... June 7-25 ....., 192.....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... inquiry .....
(Inquest, autopsy or Inquiry.)
thereon and from the evidence obtained by said ..... Inquest, autopsy or inquiry.) find that said deceased came to ..... His ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prob. Valv. Cardiac Insufficiency

.....

.....

.....

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) History Rheumatism

.....(Duration).....yrs.....mos.....ds.

(Signed) [signature] M. D.
(Coroner.)

6-11-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
	..... 19..

20-UNDERTAKER,	ADDRESS
	JUN 12 1925

UNIVERSITY OF MARYLAND

Commissioner Health,

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99508 ✓ 129 D 99508

CERTIFICATE OF DEATH.

D 99508

REGISTERED NO. .....

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. U.S. Marine Hospital ST., 12-2 WARD)

2-FULL NAME Charles August Larson

(a) RESIDENCE NO. Love Point Light Station ST., WARD Maryland
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 1 mos. 10 ds. How long in U. S., if of foreign birth? Unknown ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	✓	✓	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Light House Keeper 086

(b) General nature of industry, business, or establishment in which employed (or employer) Light House Service

(c) Name of employer United States

9 BIRTHPLACE (city or town) (State or country) Norway

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Self (Address)

15 FILED JUN 12 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1925

17 I HEREBY CERTIFY, That I attended deceased from May 2, 1923, to June 12, 1925, that I last saw h. alive on June 12, 1925, and that death occurred, on the date stated above, at 130 a m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 4 yrs. ✓ mos ✓ ds.

CONTRIBUTORY (Secondary) Chronic Nephritis, parenchymatous (duration) 3 yrs. 6 mos. ✓ ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Laboratory & clinical

(Signed) pulmonary M. X. Foster, M. D.

6/12, 1925 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 6/13 1925

20 UNDERTAKER Albert L. Hiltz Jr

ADDRESS 1606 N Chest

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be careful in giving information. AGE should be stated EXACTLY. Exact statement of OCCUPATION should be given so that it may be properly classified. CAUSE OF DEATH in plain terms, so that the exact nature of disease may be understood. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99509

CERTIFICATE OF DEATH.

D 99509

1-PLACE OF DEATH

City of BALTIMORE: (No.) 218 Clinton St., N-5 Ward. Registered No. 1291

2-FULL NAME Elizabeth Metzger.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 218 S Clinton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~Single~~, ~~Married~~ Widow, Widowed, or ~~Divorced~~, (Write the word.)

5a-If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Andrew Zager

6-DATE OF BIRTH (month, day and year) 12-22-1852

7-AGE, 72 yrs. 5 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of Industry, business, or establishment in which employed (or employer). At Home

(c) Name of employer.

9-BIRTHPLACE (city or town)... (State or Country), Germany

PARENTS.

10-NAME OF FATHER. John Hiltner

11-BIRTHPLACE OF FATHER (city or town)... (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Dorothea Brown

13-BIRTHPLACE OF MOTHER (city or town)... (State or Country), Germany

14- (Informant) Mrs. Mary Mozumdar

(Address) 218 S. Clinton St.

15- Filed JUN 12 1925, 19 Burial Permit Given Robert F. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 6-11-25

17- I HEREBY CERTIFY, That I attended deceased from June 1, 1925, to June 11, 1925, that I last saw h.. alive on June 11, 1925 and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Albert D Kramer M. D.

, 19 (Address) 1217 Eastern Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Richmount Cem't | DATE OF BURIAL. June 15 1925

20-UNDERTAKER, William Carl Sr. | ADDRESS 1 E Natha

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS CERTIFICATE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 99510 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99510

31

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Mulligan

(a) RESIDENCE NO. Preston Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Grogan.

6 DATE OF BIRTH (month, day, and year) Dec 12-185[illegible]

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER John Mulligan.

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Anna Grumley

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant Sister Florence.
(Address) Preston & Valley

15 Filed , 19 Registrar

Robert P. Harrison
Burial Permit Clerk

UN 12 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/11 1925

17 I HEREBY CERTIFY, That I attended deceased from 6/11 1925 to 6/11 1925 that I last saw h[illegible] alive on 6/10 1925 and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Unknown (duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Dr Bernard Lyons, M. D.

6 Jun 1925 (Address) 914 E Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Vincents	June 13 1925

20 UNDERTAKER	ADDRESS
H. G. Wiedefeld	914 Gunnit

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of O TION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Bks.

D 99511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

D 99511

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1321 James ST. 21-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Sommers

(a) RESIDENCE NO. 1321 James ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara M. Sommers

6 DATE OF BIRTH (month, day, and year) Dec. 15, 1870,

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	5	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stable Man

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. City, (State or country) Md.

PARENTS

10 NAME OF FATHER Michael Sommers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Smith

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Clara M. Sommers, (Address) 1321 James St.

15 Filed ....., 19..... Robert P. Harrison, Registrar

JUN 12 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1924, to June 9, 1926, that I last saw him alive on June 9, 25, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) mos

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sputum Examination

(Signed) Medical Adv. M. D.

6/11, 1925 (Address) 2406 Garrison Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity Cemetery, DATE OF BURIAL: June 13, 1925

20 UNDERTAKER: Wm. C. Black, ADDRESS: 927 N. Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state TION is very important. See instructions on back of certificates. OF OCCUPA-

Spec.—0-24-14—M. & T.—2000 Bks.

D 99512

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

D 99512

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 164 W Lanvale St. ST.; 23-1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ferdinand L. Maurer

(Residence in Baltimore: No. 164 W Lanvale St. St.; 64 yrs. ..... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS IMPORTANT.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
male	white	widower

6-DATE OF BIRTH, aug 31st, 1843 (Month) (Day) (Year)

7-AGE, 81 yrs. 9 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cabinet
(b) General nature of industry, business, or establishment in which employed (or employer): maker

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, F Maurer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) F. Maurer

(Address) 164 W. Lanvale St

15-

Filed JUN 12 1925, 191... Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 11th, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from about 15, 1925, to June 11th, 1925, that I saw h[illegible] alive on June 10th, 1925, and that death occurred, on the date stated above, at 6.15 A m.

The CAUSE OF DEATH* was as follows:

Senility Exhaustion

(Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) F E Boulton M. D.

6/11/25, 191... (Address) 3909 Gamewell Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL, 6/13/25, 191...
London P K Cemetery	
20-UNDERTAKER Geo Leimbach & Son	ADDRESS 642 W Pratt St

Spec.—1-10-21—M&T—1500 Bks.

D 99513

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99513

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1934 N Fanvale ST., 16-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter A Getmate

(a) RESIDENCE NO. 1934 N Fanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Sept 15 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	31			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Geo A Getmate

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Martha A Gehman Gerwig

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Martha A Getmate

(Address) 1934 N Fanvale St

15 JUN 13 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-11 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1925, to June 4 1925

that I last saw him alive on June 4 1925

and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Assistant saw him June 10th 1925

Mitral Insufficiency

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Emphysema

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Myung, M. D.

June 12, 1925 (Address) 1517 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Hill Pk Crem	6-13 1925

20 UNDERTAKER	ADDRESS
Mrs Chas A G Robb	600 Arlington Ave

MARGIN—THIS IS A PERMANENT RECORD. Every ... must be ... fully ... CAUSE OF DEATH should be stated EXACTLY. PHYSICIAN'S ... should be ... so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 99514

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99514

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1410 E. Preston ST., 9-7 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Talbott Russell

(a) RESIDENCE NO. 1410 E. Preston ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. no mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hoover Russell

6 DATE OF BIRTH (month, day, and year) May 15- 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	36	no	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Knode Brothers.

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER John Russell

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER unknown.

13 BIRTHPLACE OF MOTHER (city or town) Steelton (State or country) Pa.

14 Informant Mrs Mary Russell (Address) 1410 E. Preston St.

15 Filed JUN 13 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10- 1925

17

I HEREBY CERTIFY, That I attended deceased from June 8- , 1925 , to June 10- , 1925 , that I last saw him alive on June 9- , 1925 , and that death occurred, on the date stated above, at 1.45 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(duration) no yrs. 3 mos — ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Symptoms + urinalysis

(Signed) Chester Riland, M. D.

6-10, 1925 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral cemetery

DATE OF BURIAL 6-13th 1925

20 UNDERTAKER Henry C. Browning

ADDRESS 517 N. Schroeder St

Cor.—1-12-23—M&T—100 lks.

D 99515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

D 99515

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 24-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Promenski

(a) RESIDENCE NO. 1410 Andre St. (Promenski) ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Promenski

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
48.	4		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Steward
(b) General nature of industry, business, or establishment in which employed (or employer) Club
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs Frances Promenski (Address) 1410 Andre

15 Filed ....., 192 Robert P. Harrison, Registrar
Burial Permit Clerk.

JUN 13 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

about 2 weeks (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) No (duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] (Coroner), M. D.

June 12, 1925 (Address) 1057 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) [illegible]
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	June 13 1925
20 UNDERTAKER	ADDRESS
John A. Weber	1803 Bank St

NOTICE.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.P.S.—400 Bks.

99516

HEALTH DEPARTMENT—CITY OF BALTIMORE

99516

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Christs Institution Hospital 10-27 Registered No. 129

City of BALTIMORE: (No. 704 Encor St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles F. Hundley

(a) Residence No. Richmond Va. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 15 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	Colored	married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Hundley

6-DATE OF BIRTH (month, day and year) Oct. 5, 1895

7-AGE. 30 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Richmond, (State or Country) Virginia

PARENTS.

10-NAME OF FATHER, Lorch T. Hundley

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia

12-MAIDEN NAME OF MOTHER. Martha Manning

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Virginia

14- (Informant) Benjamin Hundley

(Address) 905 N. Strickerd St.

15- Filed JUN 13 1925 19?? Robert J. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 12-25

17- I HEREBY CERTIFY, That I attended deceased from June 1 - 1925 to June 12 1925

that I last saw him alive on June 12 1925

and that death occurred, on the date stated above, at 12.10 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Chronic Interstitial Nephritis (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis +Complication Disease (Duration) 5 yrs. mos. ds.

18-Where was disease contracted if not at place of death? Richmond Va

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. H. W. Kennard M. D

6-12 1925 (Address) 708 Encor St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Richmond, Virginia	June 15 1925
20-UNDERTAKER, Mrs. Kate R. Williams	ADDRESS 322 N. Schroeder St.

IN B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 99517

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99517

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hosp St., 17-2 Ward.)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Wentzel

(Residence in Baltimore: No. 727 N Fremont Ave St.; 64 yrs., 3 mos., 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) single

6-DATE OF BIRTH, March 9th (Month) (Day) 1861 (Year)

7-AGE. 64 yrs. 3 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of Industry, business, or establishment in which employed (or employer): work

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frank Wentzel

11-BIRTHPLACE OF FATHER, (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs L Dearbeck

(Address) 727 N Fremont Ave

15- This 13 day of JUN 1925, 192.... Robert P. Harrison, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 11th (Month) (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxia

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Asphyxiation

(Duration) ....yrs. ....mos. 1 ds.

(Signed) June 12 1925 C. Blades M. D. (Coroner)

(Address) 1436 Bway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer, Balto

DATE OF BURIAL, June 15th 1925

UNDERTAKER Gorter & Cowan

ADDRESS 901 Hollins St

Gert F. Cowan

* WHITE PRINT. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 99518

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99518

CERTIFICATE OF DEATH.

24-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 ✱ Sterling ST., 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Lloyd

(a) RESIDENCE NO. 702 Sterling ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Luana Lloyd.

6 DATE OF BIRTH (month, day, and year) May 5, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bennettsville S.C.

PARENTS

10 NAME OF FATHER Vall Lloyd S.C.

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Luana Lloyd (wife) (Address) 702 Sterling St

15 Report Rec'd JUN 13 1925 .19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1925

17

I HEREBY CERTIFY, That I attended deceased from March, 1925, to June 12, 1925, that I last saw him alive on June 11, 1925, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage with facial Paralysis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R. J. Lloyd, M. D.

6/29/25 (Address) 1719 Edmonson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pembroke N. C.	6/13 1925
20 UNDERTAKER Byron Wright	ADDRESS 1218 McCulloh St

MARRIAGE RECORD—THIS IS A PERMANENT RECORD. Every mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D. 99519

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 99519

CERTIFICATE OF DEATH.

16-57

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 298 E. Franklin Ave. WARD)

2-FULL NAME Charles H. Schluter

(a) RESIDENCE NO. 298 E. Franklin Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Meta

6 DATE OF BIRTH (month, day, and year) June 6 1841

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	84	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gardener 086

(b) General nature of industry, business, or estsblishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Brunnschweig (State or country) Germany

PARENTS

10 NAME OF FATHER Christian Schluter

11 BIRTHPLACE OF FATHER (city or town) — (State or country) Germany

12 MAIDEN NAME OF MOTHER — Died 1?, 19 25

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Charles H. Schluter Jr. (Address) 220 N. Belnord Ave

15 Robert F. Harrison, 19 Registrar

JUN 13 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17th 1925

17

I HEREBY CERTIFY, That I attended deceased from June 10th 19 25 to June 17 19 25

that I last saw h[illegible] alive on June 10th 19 25

and that death occurred, on the date stated above, at 7:10 A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) H. W. Lower, M. D.

(Address) 1504 E. Eager St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL June 15th 1925

20 UNDERTAKER Zinkler & Zinkler — ADDRESS 1731 E Eager St.

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S sho CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99520 D 99520

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home Dept 57

CITY OF BALTIMORE: (No. 2034 Kennedy Ave ST.) WARD 9-5

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ignatius Prevost Alain Mr Prevost Alain

(a) RESIDENCE No. 2034 Kennedy Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

9a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Barrett

6 DATE OF BIRTH (month, day, and year) April 14, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	32	1	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Journalist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer A. S. Abell Co.

9 BIRTHPLACE (city or town) New York City

(State or country) N. Y.

PARENTS

10 NAME OF FATHER Henri Alain

11 BIRTHPLACE OF FATHER (city or town)

(State or country) France

12 MAIDEN NAME OF MOTHER Nadine Prevost

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Mrs. Albert C. Wahle

(Address) 2034 Kennedy Avenue

15 Filed ....., 19 ..... Registrar

JUN 13 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1925

17

I HEREBY CERTIFY, That I attended deceased from June 12, 19 25, to June 12, 19 25,

that I last saw h alive on June 12, 19 25,

and that death occurred, on the date stated above, at 8.30 p m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Contributory Coma)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Test

(Signed) Keith C. Rice, M. D.

, 19 (Address) Church Home • Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	6/15 1925

20 UNDERTAKER Henry W. Spears & Son ADDRESS 805 E. Calvert

WARNING—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

N. B.—WRITE PLAINLY, WITH UNFADING INK—TYPEWRITERS FOR ENTRIES

Spec—12-23-21—E.B.R.S.—400 Blks.

(Lunn)

D 99521

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99521

CERTIFICATE OF DEATH.

X 100-09

1-PLACE OF DEATH

City of BALTIMORE: (No. 921 Saratoga St., 18-1 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Celia Mary Lunn

(a) Residence No. 921 Saratoga St., Ward S. Carolina
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, col

5-Single, Married, Widowed, or Divorced, (Write the word.) ✓

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6-DATE OF BIRTH (month, day and year) Dec. 6 1923

7-AGE, 2 yrs. 2 mos. — ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work — 000

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), So. Carolina

PARENTS.

10-NAME OF FATHER, Jos. Lunn

11-BIRTHPLACE OF FATHER (city or town) (State or Country) S. Carolina

12-MAIDEN NAME OF MOTHER Edna Pauley

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) S. Carolina

14- (Informant) Lunn Jos. (Address) 921 Saratoga St

15- Filed JUN 13 1925 19.. Robert F. Garrison Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 10 '25

17- I HEREBY CERTIFY, That I attended deceased from June 7, 1925, to June 10, 1925, that I last saw her alive on June 9, 1925 and that death occurred, on the date stated above, at 3 A.M. p.m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

.....(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY..... (Secondary)

.....(Duration) .....yrs. .....mos. .....ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of.....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Exam

6/17/1925 (Signed) Frank E. Massa M. D. (Address) 1006 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt. Zion Cem. DATE OF BURIAL, June 12 1925

20-UNDERTAKER, Leonard Whalen ADDRESS 673 Saratoga

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 99522

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99522

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Howard

(a) RESIDENCE NO. Timonium Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine M Howard

6 DATE OF BIRTH (month, day, and year) June 13-1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Co

(State or country) Md

PARENTS

10 NAME OF FATHER William Howard

11 BIRTHPLACE OF FATHER (city or town) Balto Co.

(State or country)

12 MAIDEN NAME OF MOTHER Jessie Canapp

13 BIRTHPLACE OF MOTHER (city or town) Balto Co

(State or country) Md

14 Informant Mrs Catherine M Howard

(Address) Timonium Balto Co

15 Filed JUN 3 1925, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13 1925

17 I HEREBY CERTIFY, That I attended deceased from June 8, 1925, to June 13, 1925, that I last saw him alive on June 13 at 8 am, 1925, and that death occurred, on the date stated above, at 7 am m.

The CAUSE OF DEATH* was as follows:

Pancreatic Cyst

(duration) Unkd yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? University Hospital

Did an operation precede death? yes Date of June 8/25

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) R. S. Anderson, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pt Lookout Balto Co

DATE OF BURIAL: June 15, 1925

20 UNDERTAKER W E Brooks & Sons

ADDRESS

NOTICE.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should note that CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

WARNING—RESERVED FOR BINDING

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99523

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99523

CERTIFICATE OF DEATH.

20-122-4

1-PLACE OF DEATH 143 S Catherine St. Registered No.

City of BALTIMORE: (No. " " St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albrecht Schmidt

(a) Residence No. 143 S Catherine St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds How long in U. S., If of foreign birth? yrs. mos. ds.

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. WRITE PLAINLY, WITH UNFADING INK—THIS IS IMPERATIVE. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha (nee Yingling)

6-DATE OF BIRTH (month, day and year) July 2 1868

7-AGE, 56 yrs. 10 mos. 14 ds. Or LESS than 1 day. hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Butcher 013

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, — Schmidt

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Mrs Bertha Schmidt

(Address) 143 S Catherine St

15- Filed JUN 13 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 6/11-25

17- I HEREBY CERTIFY, That I attended deceased from December, 1924 to June 11, 1925 that I last saw him alive on June 11, 1925 and that death occurred, on the date stated above, at 10.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Lesion of the Liver with Peritoneal Effusion

(Duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas A Reaser, M. D.

June 13 1925 (Address) 2105 N Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, June 13, 1925

20-UNDERTAKER, Harry H Watzke ADDRESS 1531 W Lombard St

Spec.—1-10-21—M&T—1500 Bks.

1a 99524

HEALTH DEPARTMENT—CITY OF BALTIMORE

122 D 99524

CERTIFICATE OF DEATH

1-PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... ST., 2 WARD 3-3

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Abraham Giusti

(a) RESIDENCE NO. Eastern & President ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	-	-	

8 OCCUPATION OF DEGEASED

(a) Trade, profession or particular kind of work Moulder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Gabriel Giusti

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Ella Meccia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Records (Address) Johns Hopkins Hospital

15 Filed ....., 19 Robert F. Harrison Registrar

JUN 13 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1925

17 I HEREBY CERTIFY That I attended deceased from May 19, 1925 to June 6, 1925

that I last saw him alive on June 6, 1925

and that death occurred, on the date stated above, at 9 45 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the liver

Arteriosclerosis - Hypertension

(duration) Carcinoma yrs. 3 mos. ? ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Trevor Owen, M. D.

June 12th 1925 (Address) Johns Hopkins Hospital, Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
JOHNS HOPKINS HOSPITAL	JUN 12 1925

20 UNDERTAKER ..... ADDRESS .....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S certificate of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 99525

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99525

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 E Biddle ST., 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J. Dolan

(a) RESIDENCE NO. 917 E Biddle ST., WARD

(Usual place of abode)

(If non-resident give city or town und State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 28-1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work U. R. R & Elec Co.

(b) General nature of industry, business, or establishment in which employed (or employer) Electrician

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Phila.

PARENTS

10 NAME OF FATHER Edw. Dolan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Phila

12 MAIDEN NAME OF MOTHER Margt. Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Fannon

(Address) 917 E. Biddle St.

15 Filed JUN 13 1925, 19

Robert P. Harriben, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/11 1925

17

I HEREBY CERTIFY, That I attended deceased from 5/24/25, 19..., to 6/11, 19 25

that I last saw h alive on 6/11, 19 25

and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fracture of hip

(duration) yrs. 8 mos. 18 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Dr. Leonard Wolff, M. D.

6/12 1925 (Address) 914 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	June 15 1925

20 UNDERTAKER J. C. Wiedefeld ADDRESS 914 Gruman Pl

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

99526 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99526

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 525 N. Vincent St., 19-11 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. H. Murray

(Residence in Baltimore: No. 525 N. Vincent St. St.; yrs. 40 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	married

6-DATE OF BIRTH. about 1853
(Month) (Day) (Year)

7-AGE. 48 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country) Md.

PARENTS.

10-NAME OF FATHER, Alexander Murray

11-BIRTHPLACE OF FATHER, (State or Country) Va.

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Murray

(Address) 512 Parrish St.

15-

Filed ..... 192.....

Registrar.

JUN 13 1925 Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 10, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. F. Hennessy M. D.
(Coroner.)

June 11 1925 (Address) 4 E. Saratoga St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Auburn Cem	6/13/1925
20-UNDERTAKER.	ADDRESS
Daniel Easton	916 Pa ave

Spec.—1-10-21—M&T—1500 Blks.

99527

HEALTH DEPARTMENT—CITY OF BALTIMORE

99527

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 92 Rappleton ST., 18-29 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Johnson

(a) RESIDENCE No. 92 Rappleton ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Midwife 086

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Sept Co
(State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Sept Co
(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Dist Columbia
(State or country)

14 Informant Annie Hartford
(Address) 636 Fawcett St

15 Filed ..... 19 .....

Registrar

UN 13 1925

Robert P. Garrison,
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1925

17

I HEREBY CERTIFY, That I attended deceased from June 6 1925 to June 11 1925
that I last saw h[illegible] alive on June 11 1925
and that death occurred, on the date stated above, at 9.10 P. m.
The CAUSE OF DEATH* was as follows:

Endocarditis + Nephritis

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY
(Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) J. M. Casey, M. D.

, 19 (Address) 1515 George St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 6/13/1925

20 UNDERTAKER David Easton — ADDRESS 916 Pa ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S name and address CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99528

D 99528

CERTIFICATE OF DEATH.

4-100-601

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Vincents Infant Asylum ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephia Huffey

(a) RESIDENCE NO. St Vincents Infant Asylum

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Sr St Vincents Infant Asylum (Address) Lafayette & Linden

15 Filed JUN 13 1925 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1925, to June 11, 1925, that I last saw h[illegible] alive on June 11, 1925, and that death occurred, on the date stated above, at 12 10 m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas. P. Goldsborough, M. D.

, 19 (Address) 1920 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem.	June 13 1925

20 UNDERTAKER Quarton Valley & Son ADDRESS 1121 North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99529

D 99529

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 648 Law St. (ST.,) 27-1 (WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John S Shorter

(a) RESIDENCE No. 648 Law St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Shorter.

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	54.			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) O.W.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charles County Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Eliza Shorter (Address) 1126 E. Lombard St

15 Filed JUN 13 1925 192 Robert F. Harrison, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) ..... yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) ..... yrs. mos. ds.

(Signed) J. E. Blake, M. D.

(Coroner.)

June 13 192 (Address) 1216 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	June 15 1925
20 UNDERTAKER Fred D. Steele	ADDRESS 933 Pierce St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 99530

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99530

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Hilton ST. 16-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edgar A Jones Jr

(a) RESIDENCE NO. 1615 Hilton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 25 1916

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
8	10	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md. (State or country)

PARENTS

10 NAME OF FATHER Edgar A Jones

11 BIRTHPLACE OF FATHER (city or town) Howard Co Md. (State or country)

12 MAIDEN NAME OF MOTHER Mary E Kelly

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md (State or country)

14 Informant Edgar A Jones (Address) 1615 Hilton St.

15 Filed ....., 19..... Robert P. Harrison, Registrar

JUN 13 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1925

17

I HEREBY CERTIFY, That I attended deceased from June 8, 1925, to June 12, 1925, that I last saw him alive on June 12, 1925 and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Laryngeal diphtheria

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? intubation in progress

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory Health Dept.

(Signed) Julia C. Lods, M. D.

6/13/1925 (Address) 1713 Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem. — DATE OF BURIAL June 13 1925

20 UNDERTAKER Margaret F. Flynn — ADDRESS 1422 Light St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every question should be carefully answered. AGE should be stated EXACTLY. PHYSICIAN should state it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—7-10-21—MAT—1500 Blks.

Dr Fraser Wilson

D 99531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 74-001 D 99531

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST., WARD) 9-7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr. Fraser Wilson

(a) RESIDENCE No. 12 S.W. 17th Court WARD Miami, Florida

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anne Preston Wilson

6 DATE OF BIRTH (month, day, and year) May 11-1880

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
45.	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician 054

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER George Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Charlestown S.C.

12 MAIDEN NAME OF MOTHER Esther Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant Anne Preston Wilson

(Address) Charleston South Carolina

JUN 16 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1925

17 I HEREBY CERTIFY, That I attended deceased from June 12, 1925 to June 12, 1925

that I last saw h. alive on June 12, 1925

and that death occurred, on the date stated above, at 11.15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Arterio - Sclerosis.

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Miami Fla.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam.

(Signed) Frank C. Marino, M. D.

June 15-1925 (Address) 1300 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Charleston South Carolina	June 14 1925
20 UNDERTAKER George J. Smith	ADDRESS 1537 Hollins St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

D 99532

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99532

CERTIFICATE OF DEATH.

X 31

1-PLACE OF DEATH Bon Secours Hosp. REGISTERED NO. 20 - 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Charles Henn.

(a) RESIDENCE No. 1118 Bushwick Ave ST., WARD Brooklyn, N.Y.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Geo. R. Morris

(Address) Catonsville Md.

15 JUN 14 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/13 1925

17

I HEREBY CERTIFY, That I attended deceased from 4/28, 1925, to 6/13, 1925,

that I last saw him alive on 6/13, 1925,

and that death occurred, on the date stated above, at 10:30 P.m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) ..... yrs. ..... mos 2 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) ..... yrs. 3 mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Ernest P. Faulkner, M. D.

, 19 (Address) #126 Eager St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brooklyn N.Y. DATE OF BURIAL June 14 1925

20 UNDERTAKER Geo. F. Smith ADDRESS 1532 Hollins

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

9pco.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99533

CERTIFICATE OF DEATH.

90 D 99533

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1730 E. Preston ST., 8-3 WARD)

2-FULL NAME Harriet Elizabeth Dauneth

(a) RESIDENCE No. 1730 E. Preston ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James A. Dauneth

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about	75	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Thurmont
(State or country) Md

PARENTS

10 NAME OF FATHER William Shetzer Woodard

11 BIRTHPLACE OF FATHER (city or town) Thurmont
(State or country) Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown
(State or country)

14 Informant Mrs Melvin Merritt
(Address) 1730 E. Preston St

15 JUN 14 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Feby 10, 1925, to June 11, 1925, that I last saw her alive on June 4, 1925, and that death occurred, on the date stated above, at 5:10 P. m.

The CAUSE OF DEATH* was as follows:

Rheumatism - Chronic Arthritis

(duration) yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) Valvular Heart Trouble

(duration) ..... yrs. 4 mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) D. H. Coffenberg, M. D.

June 13, 1925 (Address) 1810 E Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Thurmont Md.	June 15 1925

20 UNDERTAKER ADDRESS

Chas. G. Black 742 W. Northern

THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

D 99534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 D 99534

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1330 N. Caroline ST., 9-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Louis Hillegeist

(a) RESIDENCE No. 1330 N. Caroline ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of Caroline J. V.C. Conley Hillegeist

6 DATE OF BIRTH (month, day, and year) Feby 12th 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	4	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engraver 086

(b) General nature of industry, business, or establishment in which employed (or employer) Button + Buckle Manufacturer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D. C.

PARENTS

10 NAME OF FATHER George Hillegeist

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Hermine Seitz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant W. M. Hillegeist (Address) 1638 N. Calvert St.

15 Filed JUN 14 1925 19 ... CARL R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12-1925

17 I HEREBY CERTIFY, That I attended deceased from June 12-1925 to June 12-1925.

that I last saw him alive on June 12-1925,

and that death occurred, on the date stated above, at 10-A. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

1 hour

(duration) — yrs. — mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fenby, M. D.

6/13/1925 (Address) 1223 N. Caroline st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	June 17th 1925
20 UNDERTAKER	ADDRESS
Chas. G. Black	742 W. North ave

AGE should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99535

CERTIFICATE OF DEATH.

129 D 99535

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1503 N. Calhoun ST., 15-10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wesley Hall

(a) RESIDENCE No. 1503 N Calhoun ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Nov 6 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Granite Baltimore County Md.

PARENTS

10 NAME OF FATHER Henry Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore County

12 MAIDEN NAME OF MOTHER Martha Flynn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Henry Hall Brother 1508 Calhoun st.

15 JUN 14 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1925

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1925, to June 12, 1925, that I last saw him alive on June 12, 1925 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Chronic Nephritis 1 day

(duration) yrs. 6 mos 20 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis + Complication Disease

(duration) yrs. 6 mos. 20 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Dr. J. W. Kennard, M. D.

6-13 1925 (Address) 708 Ensor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cherry Hill Cemetery	June 14 1925

20 UNDERTAKER Mrs Robert G. Ellicott ADDRESS 2225 Ensor St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

Spec. 6-9-19—H.P. Co.—1000 Bks.

99536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 194 D 99536

1-PLACE OF DEATH Homewood Hospital

CITY OF BALTIMORE: (No. 2724 N Chas. St. Bulty ST.; 67-T WARD.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul J Cushing

(a) RESIDENCE. No. 6101 Bellona ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5yr. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catharine Friedwig

6 DATE OF BIRTH (month, day, and year) Sept 21-1874

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
51	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer) Envelopes

(c) Name of employer Connecticut Envelope Co

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry Cushing

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Margret E. Tolson

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Mrs. Paul J. Cushing (Address) 6101 Bellona Ave Govans

15 Filed JUN 14 1925 Registrar C. C. KENNARD

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6 - 11 - 1925

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1925, to June 11, 1925, that I last saw h— alive on June 11, 1925, and that death occurred, on the date stated above, at 5-15 P. m.

The CAUSE OF DEATH* was as follows:

Heat Prostration

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At his Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Hess - M. D.

6-11-1925 (Address) 5600 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Louden Park Cemetery	June 15 1925

20 UNDERTAKER Wm. P. Walker ADDRESS 228 W Lafayette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99537

CERTIFICATE OF DEATH.

78 D 99537

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1628 McElderry ST., 7-1 WARD)

2-FULL NAME Minnie L. Kaiser

(a) RESIDENCE NO. 1628 McElderry ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 6 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) Dec 8/72

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Louis Eigenbrod

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

12 MAIDEN NAME OF MOTHER Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger.

14 Informant Mrs Amelia L. Plotz
(Address) 1628 McElderry

15 Filed ....., 19.. ROBERT R. KNOTTER, Registrar

JUN 14 1925 Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1st, 1925, to June 12, 1925, that I last saw her alive on June 12, 1925, and that death occurred, on the date stated above, at 10, m.

The CAUSE OF DEATH* was as follows:

Epilepsy

(duration) 4 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Epileptic Convulsions
Due to (duration) suddenly yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Epileptic Attacks

(Signed) E. J. Seibold, M. D.

, 19 (Address) 1001 Aisquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western — DATE OF BURIAL 6/15 1925

20 UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99538

CERTIFICATE OF DEATH.

129 D 99538

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 N. Preston ST., 11 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John C Hawkins

(a) RESIDENCE No. 306 N Preston ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie Hawkins

6 DATE OF BIRTH (month, day, and year) June 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer P&B Price

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Henry Hawkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Bean

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Lillie Hawkins

(Address) 306 N Preston St

15 Filed JUN 14 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11- 1925

17 I HEREBY CERTIFY, That I attended deceased from for many years, to June 11th, 1925.

that I last saw him alive on June 10th, 1925

and that death occurred, on the date stated above, at 5:10 a. m.

The CAUSE OF DEATH* was as follows:

Parenchymatous Nephritis of indefinite duration

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral insufficiency, also of indefinite (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No. Date of X

Was there an autopsy? No.

What test confirmed diagnosis? Microscopical Test.

(Signed) Elaine C. Price, M. D.

6-13. 1925 (Address) 1705 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL June 16 1925

20 UNDERTAKER Samuel Wensley ADDRESS 78 Mosher

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99539

CERTIFICATE OF DEATH.

100-001 D 99539

1-PLACE OF DEATH

City of BALTIMORE: (No. 1018 W. Lombard St., 18-3 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Joseph Valentine

(Residence in Baltimore: No. 1018 W. Lombard St.; yrs., life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. August 8th 1923
(Month) (Day) (Year)

7-AGE. 1 yrs. 10 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Baltimore, Maryland

PARENTS.

10-NAME OF FATHER, James H. Valentine

11-BIRTHPLACE OF FATHER, (State or Country). Steelton Pennsylvania

12-MAIDEN NAME OF MOTHER, Katie C. Pfeiffer

13-BIRTHPLACE OF MOTHER, (State or Country). Baltimore Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James H. Valentine

(Address) 1018 W. Lombard Street

15- FILED JUN 14 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 11th 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) 1 yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thos. B. Norton M. D.
(Coroner.)

6-12 1925 (Address) Curtis Bay, Md.

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Olivet Cem	June 15 1925
20-UNDERTAKER.	ADDRESS
Wm P. B. Cook	1003 N. Bals St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99540

CERTIFICATE OF DEATH.

15-129

D 99540

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 N Monroe ST. 15-12 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Edelson.

(Residence in Baltimore: No. (23 Jan) 1606 N Monroe St St.; 23 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White Hebrew Russian.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Don't Know ....., 19.. (Month) (Day) (Year)

7-AGE, 69 yrs. mos. ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Peddler (Junk)
(b) General nature of industry, business, or establishment in which employed (or employer) 043

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Abraham Edelson.

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Eva ~~Katz~~ (Don't know)

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Morris Edelson

(Address) 2338 Penna. Ave.

15-

JUN 14 1925

ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 14th, 1925 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 10 1925, to June 14 1925, that I saw him alive on June 14 1925, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Pneumonia

(Duration) ....yrs. 7 mos. ....ds.

CONTRIBUTORY (Secondary) Prostatic Enlargement & Cystitis

Uremia (Duration) ....yrs. mos. 1 ds.

(Signed) [illegible] M. D.

6/17/25, 191... (Address) 1541 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Northern Ave

DATE OF BURIAL, June 14, 1925

20-UNDERTAKER S Lemmon Bro

ADDRESS 1121 E Balto St

Spec—12-23-21—E.B.R.S.—400 Blks.

D99541

HEALTH DEPARTMENT—CITY OF BALTIMORE

D99541

CERTIFICATE OF DEATH.

161-001

D 99541

Registered No.....

1-PLACE OF DEATH Hospital for the Women of Maryland.

City of BALTIMORE: (No. Lafayette Ave. & John St., 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.....Infant Carter.....

(a) Residence No.....5430 Park Heights Ave. St.,.....Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, ~~Widowed~~, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 13, 1925

7-AGE, ...yrs.....mos.....ds.

If LESS than 1 day, 3 hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town). Baltimore, Md.
(State or Country),

PARENTS.

10-NAME OF FATHER, Milton S. Carter

11-BIRTHPLACE OF FATHER (city or town). Baltimore
(State or Country), Md.

12-MAIDEN NAME OF MOTHER, Lucile Benson

13-BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or Country),

14-

(Informant)..Milton S. Carter.....

(Address)..5430 Park Hts. Ave.....

15-

JUN 14 1925 ..... Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 13 1925

17- I HEREBY CERTIFY, That I attended deceased from June 13, 1925, to June 13, 1925,

that I last saw him alive on June 13, 1925,

and that death occurred, on the date stated above, at. 3.50 P. M.

The CAUSE OF DEATH* was as follows:

.....Prematurity.....

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) same

.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam.

(Signed) J. Englewinfield Jr, M. D.

, 19 (Address) Women's Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Druid Ridge — DATE OF BURIAL, June 15, 1925

20-UNDERTAKER, Martin Tahey & Son — ADDRESS 1327 North Ave

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99542 | 101-01 | D 99542

CERTIFICATE OF DEATH.

6-3

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 232 Rose ST., WARD)

2-FULL NAME Vernon L. Lindsey

(a) RESIDENCE NO. 232 Rose ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed, or Divorced,~~ (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 11 1922

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
3	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Frederick L. Lindsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Cornelia Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Frederick L. Lindsey

(Address) 232 N. Rose St

15 Filed JUN 15 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1925

17 I HEREBY CERTIFY, That I attended deceased from June 7— 1925, to June 12 1925; that I last saw h[illegible] alive on June 12 1925 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Enterocolitis

(duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) — yrs. — mos. 6 ds.

18 Where was disease contracted if not at place of death? at his home

Did an operation precede death? No Date of —

Was there an autopsy? X

What test confirmed diagnosis? Symptoms

(Signed) Chas Uffelt M. D.

6/13 1925 (Address) 1001 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dulaney Valley Co. Wilson Cem Unionville — DATE OF BURIAL June 15 1925

20 UNDERTAKER Wm C. Miller & Son ADDRESS 2334 Jefferson St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

(Frances Augusty powicz)

HEALTH DEPARTMENT—CITY OF BALTIMORE

001 ✓

100 D 99543

D 99543

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John's Hopkin Hospital ST., 11-2 WARD)

2-FULL NAME Frances Augustynowicz

(a) RESIDENCE NO. 2400 Hudson St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 10 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none, obv

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Chester Augustynowicz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Julia Wasowicz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant John Hopkins Hosp Reg

(Address)

15 JUN 15 1925 [redacted] R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/14/25

17

I HEREBY CERTIFY, That I attended deceased from June 11, 1925, to June 14, 1925, that I last saw h alive on June 14, 1925, and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic broncho-pneumonia

(duration) almost yrs. 2½ mos. ds.

CONTRIBUTORY (Secondary) malnutrition

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? clinical

(Signed) Chewell Howell, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	June 16 1925

20 UNDERTAKER ADDRESS

John M Weber 1803 Bank St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 99544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3/V D 99544

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 403 S. Ann Street St., V-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine . Czajkowski

(Residence in Baltimore: No. 403 S. Ann Street St.; 16 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, May (Month) 10 (Day) 1875 (Year)

7-AGE,	If LESS than 1 day,
50 yrs. 1 mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Poland

PARENTS.

10-NAME OF FATHER, Anthony. Sliwinski

11-BIRTHPLACE OF FATHER, (State or Country). Poland

12-MAIDEN NAME OF MOTHER, Petonela. Slominski

13-BIRTHPLACE OF MOTHER, (State or Country). Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Andrew. Czajkowski

(Address) 403 S. Ann Street

15- JUN 15 1925 [illegible] R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 11 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemmorhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cirrhosis

(Duration) yrs. mos. ds.

(Signed) F. H. Blades M. D.

June 21st 1925 (Coroner) (Address) 1736 Bway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Stanislaus Cem.	June 15, 1925

20-UNDERTAKER,	ADDRESS
John M Weber	1803 Bank St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-25—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99545

D 99545

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Falls Road & Coldspring Lane ST., WARD)

REGISTERED NO. 196

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas. H. Swartz

(a) RESIDENCE No. 2515 W. Fairmount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 8-94

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	11		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lineman 629
(b) General nature of industry, business, or establishment in which employed (or employer) Consolidated Gas & Elect. Co
(c) Name of employer

9 BIRTHPLACE (city or town) Pa.
(State or country)

PARENTS

10 NAME OF FATHER J. C. Swartz

11 BIRTHPLACE OF FATHER (city or town) Pa.
(State or country)

12 MAIDEN NAME OF MOTHER Rebecca Crowl.

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant John S. Swartz
(Address) 2515 W Fairmount Ave

15 JUN 15 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12. 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h... death on the day stated above.

The CAUSE OF DEATH* was as follows:
Electric Shock
Accidental

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Morrissey, M. D.
(Coroner.)
June 12 1925 (Address) 1632 Pleasant

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	6-15 1925
20 UNDERTAKER	ADDRESS
Robert Brooks & Son	Calhoun Hollins Sts

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99546

CERTIFICATE OF DEATH.

D 99546

REGISTERED NO.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene ST., 4-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Dreilein (Driesbrin)

(a) RESIDENCE No. Halethrope Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. mos. 5 ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced (or) WIFE of Leonard Dreilein

6 DATE OF BIRTH (month, day, and year) Feb 28 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Leonard Buckel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Habenicht

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Lena Dreilein

(Address) Halethrope Md

15 Filed JUN 15 1925 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6 - 11 - 1925

17

I HEREBY CERTIFY, That I attended deceased from June 6, 1925, to June 11, 1925, that I last saw her alive on June 11, 1925, and that death occurred, on the date stated above, at 4.45 P m.

The CAUSE OF DEATH* was as follows:

Diabetes. Generalized Asteatosis - (Diabetic Coma 6 hrs)
Cellulitis of Left Hand.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 6-6-25

Was there an autopsy? No

What test confirmed diagnosis? Physical Sign, Clinical

(Signed) R. S. Anderson M. D.

6/12 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: 6-16 1925

20 UNDERTAKER: Robert. Brooks & Son — ADDRESS: Calhoun & Hollins sts

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 99547 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99547

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2039 Madison Ave ST., 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Stanley

(a) RESIDENCE NO. 2039 Madison Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widowed

5a If married, widowed, or divorced (or) WIFE of ~~HUSBAND of~~ Josiah Stanley

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	about 80	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant William H. Stanley
(Address) 2039 Madison Ave

15 Filed ....19.... H. KEATLEY, Registrar.
Burial Permit No.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13 1925

17

I HEREBY CERTIFY, That I attended deceased from June 6, 1925, to June 13, 1925, that I last saw h. alive on June 12, 1925, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis
Hypertension
(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis and Myocarditis (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. J. Gosling M. D.

6/14 19 25 (Address) 142 W Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Gem — DATE OF BURIAL 6/16 1925

20 UNDERTAKER Jos. Sr. Skinner — ADDRESS 1625 E. Lead

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 99548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-061

100 D 99548

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hyland av ST., Mount Park WARD) 25-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Blanca M. Stanaway

(a) RESIDENCE NO. Hyland av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 1st 1925

7 AGE Years	Months	Days	If LESS than 1 day hrs. or min.
—	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER William Stanaway

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Gertrude Furbush

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Gertrude Stanaway

(Address) Hyland av Mount Park

15 Filed JUN 15 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/13/ 1925

17 I HEREBY CERTIFY, That I attended deceased from 5/31/ 1925, to 6/13/ 1925.

that I last saw h— alive on 6/13/25, 19

and that death occurred, on the date stated above, at 5-30 p. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Bernard Stern, M. D.

(Address) 910 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL June 17 1925

20 UNDERTAKER John J. Fields — ADDRESS 1200 W Fayette

N.B.—WHITE PAPER, WITH PINK BORDERS. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

D 99549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 D 99549

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 21-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles E. Sullivan

(a) RESIDENCE NO. 827 W Barre ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) ~~1873~~ 9/27/52

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	~~#39~~ 72	8	15	Wednesday Wife

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER William Sullivan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ruth Lenox

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospitals Records (Address)

15 JUN 15 1925 [redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13 1925

17 I HEREBY CERTIFY, That I attended deceased from June 2, 1925, to June 13, 1925, that I last saw him alive on June 12, 1925 and that death occurred, on the date stated above, at 12:20 p m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, chronic
Nephritis, chronic
Myocarditis
Auricular fibrillation

(duration) yrs. 4 (History) mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W Lindsay Miller, M. D.

6/13, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL June 15 1925

20 UNDERTAKER John J Fields — ADDRESS 1200 W Lombard

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 99550

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D. 99550

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2318 Boston ST., 1-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary B. Miller

(a) RESIDENCE NO. 2318 Boston ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. 8 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Female~~

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emelius Miller

6 DATE OF BIRTH (month, day, and year): Aug. 13 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife. 37

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto md.

PARENTS

10 NAME OF FATHER: Herman Meyer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Christine Eck

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Emilius Miller.

(Address): 2318 Boston St

JUN 15 1925

ROBERT R. KRAUTER, Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 13 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1925, to June 13, 1925, that I last saw him alive on June 13, 1925, and that death occurred, on the date stated above, at 2.30 a.m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Hans A. Jamagin, M. D.

6/13, 1925 (Address) 2431 Fait Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: June 15 19

20 UNDERTAKER: Henry Sander Sons Inc. — ADDRESS: 1711 Flat

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

99551 HEALTH DEPARTMENT—CITY OF BALTIMORE 9 D 99551

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 3511 Calloway ave Eshbuton REGISTERED NO. 15-4

CITY OF BALTIMORE: (No. 3511 " ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Warfield

(a) RESIDENCE NO. 3511 Calloway ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth C B. Warfield

6 DATE OF BIRTH (month, day, and year): May 18 1877

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	6	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Com. Merchant

(b) General nature of industry, business, or establishment in which employed (or employer): 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: David Hiram Warfield

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Mary Smithson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Mrs. H Warfield (Address) 3511 Calloway ave

15 JUN 15 1925 ROBT. R. KRAETER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 12 1925

17 I HEREBY CERTIFY, That I attended deceased from June 7th 1925 to June 12 1925

that I last saw him alive on June 12 1925

and that death occurred, on the date stated above, at 5.52 a m.

The CAUSE OF DEATH* was as follows:

Heat Prostration

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Cardio-Vascular Renal (duration) Do yrs. 4 or 5 mos days ds.

18 Where was disease contracted if not at place of death? At place of business

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Dr Stein in consultation

(Signed) Chas. E. Parker M. D.

19 (Address) 3123 W North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn DATE OF BURIAL: June 16 1925

20 UNDERTAKER: Wm Fletcher Sons ADDRESS North Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE D 99552

D 99552

CERTIFICATE OF DEATH.

10-24-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 Fusac ST., 10-2 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ann Pinkerton

(a) RESIDENCE NO. 1110 Fusac ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. — mos. — ds. How long in U. S., if of foreign birth? 65 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 15/1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER William Pinkerton

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Margaret Orr

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant Sarah E. Pinkerton
(Address) 1110 Fusac St.

15 Filed JUN 5 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1925

17 I HEREBY CERTIFY, That I attended deceased from June 2 1925 to June 12 1925.
that I last saw him alive on June 12 1925.
and that death occurred, on the date stated above, at 5. A. m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

About one hour ds.
(duration)

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) N. L. Sudwell M. D.

, 19 (Address) 2927 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL June 15 1925

20 UNDERTAKER John A. Mudd ADDRESS 1701 W Fayette

MATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99553 HEALTH DEPARTMENT—CITY OF BALTIMORE 49 D 99553

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital 17-3 Registered No.....

City of BALTIMORE: (No.....St.,.....Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Angie Clarence Dixon

(a) Residence No. Homewood Apts, N. Chas + 31st St.,.....Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Cadwell

6-DATE OF BIRTH (month, day and year) July 6 1854

7-AGE, 70 yrs. 11 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) Minister 918

(c) Name of employer.....

9-BIRTHPLACE (city or town).....
(State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Thomas Dixon

11-BIRTHPLACE OF FATHER (city or town) N. C.
(State or Country),

12-MAIDEN NAME OF MOTHER Elizabeth McAffee

13-BIRTHPLACE OF MOTHER (city or town) N. C.
(State or Country),

14- (Informant) Abner F. Dixon
(Address) Pelham Sta.

15-
Filed..... 192.. ROBERT P. KRAMER
JUN 15 1925 Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 14/25

17- I HEREBY CERTIFY, That I attended deceased from May 4, 1925 to June 14, 1925

that I last saw h.. alive on June 14 m, 1925

and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis
Primary focus not found
possibly pancreas
(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) cerebral embolus
(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) Edwin B. Cary M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Druid Ridge — DATE OF BURIAL, June 16, 1925

20-UNDERTAKER, John Oursler Sr & W. Fayette — ADDRESS

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99554

D 99554

CERTIFICATE OF DEATH.

161-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 S Exeter ST., 3-1 WARD)

2-FULL NAME Anna Baccala

(a) RESIDENCE NO. 306 S Exeter ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant.

6 DATE OF BIRTH (month, day, and year) May 30 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			2 Weeks	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Nick Baccala

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Mary Valentine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Nick Baccala (Address) 306 S Exeter St City

15 Filed ..... 1925 ..... Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14/ 1925

17

I HEREBY CERTIFY, That I attended deceased from May 31, 1925, to June 14, 1925, that I last saw h.. alive on June 14, 1925, and that death occurred, on the date stated above, at 9.30 a m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Dbs. Colitis

(duration) ..... yrs. ..... mos. 2 ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. Artigiani, M. D.

, 19 (Address) 294 N Eden St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Vincents	6/15/25
20 UNDERTAKER Wendell Hoppe & Son	ADDRESS 37 Lloyd

BEFORE SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 99555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8-3 129 D 99555

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2408 E. Hoffman ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George H Frey

(a) RESIDENCE. No. 2408 E. Hoffman ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) ~~HUSBAND~~ Mary J. Frey

6 DATE OF BIRTH (month, day, and year) June 5th 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78		9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Frey

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Dorothea Kraus

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant John B. Frey
(Address) 2408 E Hoffman st

15 JUN 15 1925 [illegible] Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1925

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1924, to June 14, 1925, that I last saw h[illegible] alive on June 14, 1926, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John A. Arey, M. D.

, 19 (Address) 1603 E Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	June 16 1925
20 UNDERTAKER	ADDRESS
Henry Lutz	1203 E Broadway

mation should be carefully supplied. AGE should be stated EXACTLY. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99556

CERTIFICATE OF DEATH.

D 99556

REGISTERED NO. 135

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Genl. Hosp. WARD 26-5)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Schmiot

(a) RESIDENCE NO. 114 S. Clinton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
MALE	WHITE	MARRIED

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherina Schmidt

6 DATE OF BIRTH (month, day, and year) March 9, 1849.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Teamster

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer 0

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Frederick Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Minnie Griffner (Address) 114 S. Clinton St.

15 Filed ....., 19.... Burial Permit ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13, 1925.

17 I HEREBY CERTIFY, That I attended deceased from May 1st, 1925, to June 13, 1925, that I last saw him alive on June 13, 1925, and that death occurred, on the date stated above, at 10 20 P. m.

The CAUSE OF DEATH* was as follows:

Benign Prostatic Hypertrophy

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of June 11, 1925

Was there an autopsy? No —

What test confirmed diagnosis? Signs & Symptoms

(Signed) J. E. Peterman, M. D.

, 19 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Emmanuel Cemet.	June 15 1925
20 UNDERTAKER	ADDRESS
Louis Heemann	925 Broadway

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 99557. HEALTH DEPARTMENT—CITY OF BALTIMORE. 1902

CERTIFICATE OF DEATH. D 99557.

1-PLACE OF DEATH S/S Rhode Island

City of BALTIMORE: (No.) Pier #6 Locust Point. St., 24-3 Ward

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jermiah Mack.

(Residence in Baltimore: No.) London, England. St.; yrs.....mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE. White.

5-Single, Married, Widowed, or Divorced. (Write the word.) Do not Know.

6-DATE OF BIRTH. Do not know. (Month) (Day) (Year)

7-AGE. 30 yrs. ---- mos. ---- ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Fireman. 086
(b) General nature of industry, business, or establishment in which employed (or employer). S/S Rhode Island.

9-BIRTHPLACE, (State or Country). England.

PARENTS.

10-NAME OF FATHER. Do not know.

11-BIRTHPLACE OF FATHER, (State or Country). Do not know.

12-MAIDEN NAME OF MOTHER. Do not know.

13-BIRTHPLACE OF MOTHER, (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Capt. James T. Yeoman.

(Address) S/S Rhode Island. Pier 6 Locust Point.

15- Filed ..... 192.....

ROBERT R. KRAETER, Burial Permit Registrar.

JUN 15 1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 13, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suffocation.

Due to being buried under sliding coal

Accidental Death.

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

June 15, 1925 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence. London, England.

19-PLACE OF BURIAL OR REMOVAL. St Mary's Hampton — DATE OF BURIAL. June 15th 1925

20-UNDERTAKER. Wm. Coote, — ADDRESS 502 E Northan.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Blks.

D 99558 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 99558

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 15-1 ST. ..... WARD)

BALTIMORE CITY HOSPITALS

2-FULL NAME ~~Theodore Degan~~ Herwin L. De Gaa

2 Lindsay Miller.

(a) RESIDENCE NO. 4016 Brookline Ave WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 16 1882(?)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42(?)		11	27	

8 OCCUPATION OF DEECASED

(a) Trade, profession or particular kind of work Polishers

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Baltimore City Hospitals Records (Address)

15 JUN 15 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13 1925

17

I HEREBY CERTIFY, That I attended deceased from June 9, 1925, to June 13, 1925, that I last saw him alive on June 13, 1925, and that death occurred, on the date stated above, at 11:50 P m.

The CAUSE OF DEATH* was as follows:

Syphilis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Left hemiplegia (cerebral thrombosis) (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller M. D.

6/14. 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL June 16 1925

20 UNDERTAKER Wm Cook — ADDRESS 502 E York Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99559

CERTIFICATE OF DEATH.

D 99559

1-PLACE OF DEATH 1507 Myrtle Ave — 14 — 13

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... ST., ... WARD)

2-FULL NAME Etta Willey

(a) RESIDENCE NO. 1507 Myrtle Ave ST., ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 7 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Captain Harry Willey

6 DATE OF BIRTH (month, day, and year) Nov. 1, 1899

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
25	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Frank Meyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto, Md.

12 MAIDEN NAME OF MOTHER Teny Kane

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Co., Md.

14 Informant Husband (Address) 507 Myrtle Ave

15 Filed JUN 15 1925 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct. ..., 1924, to June 14, 1925, that I last saw h[illegible] alive on June 13, 1925, and that death occurred, on the date stated above, at 6 45 9 m.

The CAUSE OF DEATH* was as follows:

Pyelitis + acute nephritis
(pyelo-nephritis)

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) chronic pyelitis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L. E. Sobilad, M. D.

19 (Address) 447 N. Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL June 17 1925

20 UNDERTAKER Wm. Cook — ADDRESS 922 E. Fairmount

IMPORTANT—Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99560

CERTIFICATE OF DEATH

March 29

D 99560

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 8th James Street ST., 23rd WARD

2-FULL NAME Eliza A. Twyford

(a) RESIDENCE NO. 1005 - 7th ST., Druid Park WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm J. Twyford

6 DATE OF BIRTH (month, day, and year) May 26-1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	0	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Henson Pennington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER E. Tice

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wm J. Twyford

(Address) 1005 - 7th Street

JUN 15 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Filed

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 18, 1925, to June 13, 1925, that I last saw her alive on June 12, 1925, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Nephritis (Acute)

(duration) yrs. 3 mos. 26 ds.

CONTRIBUTORY (Secondary) Uraemia.

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Home, 1005 7th St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinalysis.

(Signed) A Lawrence Wechsler, M. D.

6/13, 1925 (Address) Lakeland Lansdowne P.O. Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Park

DATE OF BURIAL 6/15 1925

20 UNDERTAKER W S Cook

ADDRESS 502 E Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Name should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99561

CERTIFICATE OF DEATH.

D 99561

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5133 Park Heights Ave. (Ward) 27

REGISTERED NO. 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Emma Metzbower

(a) RESIDENCE NO. 5133 Park Hts Ave. ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Metzbower 1840 Germany

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years: about 85 Months: Days: If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Joseph Kalb

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Florence E. Schmid

(Address): 5133 Park Heights Ave.

15 JUN 15 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 12, 1925

17 I HEREBY CERTIFY, That I attended deceased from April 18, 1925 to June 12, 1925, that I last saw h[illegible] alive on June 11, 1925, and that death occurred, on the date stated above, at 4.50 P m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) 8 yrs. mos ds.

CONTRIBUTORY (Secondary): Weak exhaustion

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Personal Observation

(Signed) C. L. Emmons, M. D.

6-12-1925 (Address) 5706 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore — DATE OF BURIAL: June 15 1925

20 UNDERTAKER: Wm. Cook — ADDRESS: 502 E. Northern

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 99562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99562

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2220 Rupp St. ST., 18-2 WARD)

2-FULL NAME George W. Nicholson,

(a) RESIDENCE NO. 19 N. Carey St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stone Cutter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Arthur T. Nicholson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Amanda Sprucbank

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs John W. Stiffler, (Address) 100 W. 25th St.

15 Filed JUN 16 1925 19 [illegible] Registrar

Burial Permit Work.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15 1925

17 I HEREBY CERTIFY, that I attended deceased from May 27 1925 to June 15 1925 that I last saw him alive on June 14 1925 and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Calcosis

Chalcosis

(duration) yrs. 9 mos. [illegible] ds.

CONTRIBUTORY (Secondary) Pleurisy

(duration) yrs. 7 mos. 5 ds.

18 Where was disease contracted if not at place of death? Employment

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) W. B. Eyres M. D.

6/15 1925 (Address) 1405 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL June 17 1925

20 UNDERTAKER E. Leroy Stiffler

ADDRESS 125 N. Eutaw Av

AGE should be stated EXACTLY. PHYSICIANS should see that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 99563 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99563

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 403 Millington Lane St., 20 Ward) 7

Registered No. C. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Steugle

(Residence in Baltimore: No. 403 Millington Lane St.; yrs. 66 mos. ds.)

Write that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widower

6-DATE OF BIRTH: ..... (Month) ..... (Day) 1859 (Year)

7-AGE: 66 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer): 013

9-BIRTHPLACE, (State or Country): Balto. Md

PARENTS.

10-NAME OF FATHER: Fred Steugle

11-BIRTHPLACE OF FATHER, (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Philipp Steugle

(Address) 403 Millington Lane

15- JUN 15 1925 ROBERT R. KNOUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 13th (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, found that said deceased came to death (Inquest, autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Bright's Disease

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jno. A. B. Norton M. D.

Coroner.

June 12th 1925 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

Accidental

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery DATE OF BURIAL: June 15th 1925

20-UNDERTAKER: F. B. Keppler ADDRESS 850 W. Baltimore

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99564

CERTIFICATE OF DEATH.

Go D 99564

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 2830 Frederick Ave 20 - 4 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm F. Schultheis

(Residence in Baltimore: No. 2830 Frederick Ave St.; yrs. 45 mos. 7 ds. 6)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

6-DATE OF BIRTH: Nov (Month) 7th (Day) 188 (Year)

7-AGE: 43 yrs. 7 mos. 6 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of Industry, business, or establishment in which employed (or employer): 003

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: John Schultheis

11-BIRTHPLACE OF FATHER, (State or Country): Balto -

12-MAIDEN NAME OF MOTHER: Catherine Schwartz

13-BIRTHPLACE OF MOTHER, (State or Country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Elsie Schultheis

(Address) 2830 Frederick Ave

15- JUN 15 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Issued ..... 192 ..... Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 13th (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

At once

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas. A. Baxter M. D.
Coroner.

June 13th 1925 (Address) Curtis Bay

*State the Disease Causing Death, Or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Balto Md

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery DATE OF BURIAL: June 15 1925

20-UNDERTAKER: H.B. Hilpert ADDRESS 1850 W Balto St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99565

CERTIFICATE OF DEATH.

1002

1-PLACE OF DEATH

D 99565

Registered No. C.....

City of BALTIMORE: (No. Md. Gen. Hosp. St., 1-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME... Dorothy May Lee

(Residence in Baltimore: No. 3169 Ravenwood av St.; yrs., 4 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	white	single

6-DATE OF BIRTH. March 25, 1921
(Month) (Day) (Year)

7-AGE, 4 yrs. 2 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, William O. Lee

11-BIRTHPLACE OF FATHER, (State or Country). Md.

12-MAIDEN NAME OF MOTHER, Helen E. Hall

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. O. Lee

(Address) 3169 Ravenwood av

15- JUN 15 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 13, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Tonsillectomy 1 hr.

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

June 14, 1925 (Address) 2802 Edmondson Av.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Olivet Cemetery	June 16 1925

20-UNDERTAKER.	ADDRESS
Fredk. Grossmann Son	Fullerton

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 99566

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99566

CERTIFICATE OF DEATH.

REGISTERED NO. 57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2923 Overland ave ST., 27-12 WARD)

2-FULL NAME Frank C Scott

(a) RESIDENCE NO. 2923 Overland ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sally T Scott

6 DATE OF BIRTH (month, day, and year) Feb 5. 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Policeman 06

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Co Virginia

PARENTS

10 NAME OF FATHER Henry B Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Rebecca C Travers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs Sally T. Scott

(Address) 2923 Overland ave

15 Filed JUN 15 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13 19 25

17

I HEREBY CERTIFY, That I attended deceased from May 1, 19 25, to June 13, 19 25

that I last saw h alive on June 12, 19 25

and that death occurred, on the date stated above, at 11.15 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Pneumonia (duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. F. Grunow, M. D.

June 14 19 25 (Address) 2155 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	June 16 1925

20 UNDERTAKER Robt F Turner Son ADDRESS 1492 N Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

99567.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 100-001 D 99567

1-PLACE OF DEATH President Hospital

CITY OF BALTIMORE: (No. ..... ST., 11-7 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herbert Jones

(a) RESIDENCE NO. Spurrows Point ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 25 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	24	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Paul Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Minnie Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Paul Jones

(Address) Sparrows Pt Hotel

JUN 15 1925 [illegible] R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-14-25 19

17

I HEREBY CERTIFY, That I attended deceased from 6-7-25, 19 ..., to 6-14-25, 19 ...,

that I last saw h... alive on 6-13-25, 19 ...,

and that death occurred, on the date stated above, at 6 29 p. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. B. Butler, M. D.

, 19 (Address) 425 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Petersburg Va via Penn RR	June 15 19 25
20 UNDERTAKER	ADDRESS
John F. Denny	715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 99568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 99568

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 300 S. Bel Air Road ST., 27-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Leher

(a) RESIDENCE NO. 300 S. Bel Air Road ST., 27 WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 5, 1843.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	81	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cooper (retired)

(b) General nature of Industry, business, or establishment in which employed (or employer) 615

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Peter Leher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Leher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Lillian Brooks

(Address) 300 S Bel Air Road.

15 JUN 15 1925 [illegible] R. KAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12, 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 26, 1924, to June 12, 1925,

that I last saw h[illegible] alive on June 11, 1925,

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation;

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. L. Wilkinson, M. D.

6/12 1925 (Address) Roseburg, Balt., Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: 6/15 1925

20 UNDERTAKER George J. Ruth 1735 — ADDRESS Harford

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99569

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

17-001

D 99569

Registered No. C.....

City of BALTIMORE: (No. 411 N Forrest St. St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo Murray

(Residence in Baltimore: No. 411 N Forrest St St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed or Divorced, (Write the word.): Widower

6-DATE OF BIRTH: Don't Know ....., 1..... (Month) (Day) (Year)

7-AGE: 48 about yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lumberjack
(b) General nature of industry, business, or establishment in which employed (or employer): 075

9-BIRTHPLACE, (State or Country): USA

PARENTS.

10-NAME OF FATHER: Don't Know

11-BIRTHPLACE OF FATHER, (State or Country): " "

12-MAIDEN NAME OF MOTHER: " "

13-BIRTHPLACE OF MOTHER, (State or Country): " "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Riley

(Address) 411 N Johnson St

JUN 15 1925 ROBERT R. KNUTER, Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 6 (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(Duration) a few hrs. yrs. mos. ds.

CONTRIBUTORY (Secondary) Don't Know

(Duration) yrs. mos. ds.

(Signed) W R Gorsuch M. D. (Coroner.)

6-10 1925 (Address) 117 W Saratoga St

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cem	June 15 1925
20-UNDERTAKER.	ADDRESS
W M Routson	2235 Harth.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 N Grove ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Murray

(a) RESIDENCE NO. 411 N Grove ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W.	Not Known

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) —
(State or country) —

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) —
(State or country) —

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) —
(State or country) —

14
Informant
(Address)

15
Filed ....., 192 .....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Mitral Stenosis

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. 1 ds.

(Signed) J. C. Blades, M. D.
(Coroner.)
June 14/25 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 192
20 UNDERTAKER	ADDRESS

THE MORGUE.

Spec.—1-12-23—M&T—500 Blks.

D 99570 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99570

CERTIFICATE OF DEATH. 1 26-2 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] ST., BALTIMORE CITY HOSPITALS WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Campbell

(a) RESIDENCE NO. ? Pike St. Edwin R. Sta 1 Hamilton WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer O+O

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Jimmie Campbell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Huhsman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Huhsman

14 Informant Baltimore City Hospitals Records (Address)

JUN 15 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924, to June 7, 1925, that I last saw him alive on June 7, 1925 and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, chronic
myocarditis (degenerative)
myocardial failure

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W Lindsay Miller, M. D.

6/8, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Hill Cem

UNDERTAKER J. F. Pelsey Sons

DATE OF BURIAL 6/9 1925

ADDRESS 1315 Eutaw

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99571

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., 16-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Edwards

(a) Residence No. 2019 Oakley st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

3a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1882

7-AGE.	If LESS than 1 day.
43 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Murphy R. Edwards

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Annabelle Whalen

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Virginia

14- (Informant) Hospital Records

(Address) M. T. H.

15- Filed JUN 15 1925 192 HENRY R. KNEE, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 10, 1925

17- I HEREBY CERTIFY, That I attended deceased from May 16, 1924 to June 10, 1925

that I last saw him alive on June 10, 1925

and that death occurred, on the date stated above, at 9.45 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Pott's disease

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) J. F. White, M. D.

6-10-1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Sacred Heart Cem	6-14, 1925
20-UNDERTAKER, J. J. Talbert Sons	ADDRESS 1315 E. Baltimore

Please write plainly, so that it may be properly examined. Exact statement of occupation is very important. See instructions on back of certificates.

Devries

99572

HEALTH DEPARTMENT—CITY OF BALTIMORE

99572

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1106 Madison Ave. St., 11 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Jane DeVries

(Residence in Baltimore: No. 1106 Madison Ave. St.; yrs., 12 years. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widow(er), or Divorced, (Write the word.) Widow

6-DATE OF BIRTH June (Month) 19 (Day) 1840 (Year)

7-AGE. 84 yrs. 11 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... none

9-BIRTHPLACE, (State or Country). Derry - N. H.

PARENTS.

10-NAME OF FATHER Robt Rogers

11-BIRTHPLACE OF FATHER, (State or Country) Concord N. H.

12-MAIDEN NAME OF MOTHER Sarah Lane

13-BIRTHPLACE OF MOTHER, (State or Country) Lanesville - Mass.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Mary Rogers (niece)

(Address) 611-W-111th St. N. Y. City

15- JUN 15 1925 [illegible] R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 12 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) no other history

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. J. Hemmeter M. D. (Coroner.)

June 13, 1925 (Address) 50 E. Eden Street

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park Cemetery DATE OF BURIAL, June 15 1925

20-UNDERTAKER. STEWART & TROWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS 108 W. NORTH AVE.

CAUSE OF DEATH must be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99573

CERTIFICATE OF DEATH.

118-002

D 99573

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home-Infirmary ST., 29-4 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ISAIAH KAUFFMAN BRENNER

(a) RESIDENCE No. 4411-Walnut-Av., ST., WARD (Resident)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 65 yrs. 5 mos. 3 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ellen Brenner

6 DATE OF BIRTH (month, day, and year) Jan-10-1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Lancaster (State or country) Penna.

PARENTS

10 NAME OF FATHER Jacob Brenner

11 BIRTHPLACE OF FATHER (city or town) Lancaster (State or country) Penna

12 MAIDEN NAME OF MOTHER Anna Kauffman

13 BIRTHPLACE OF MOTHER (city or town) Lancaster (State or country) Penna.

14 Informant Miss Gertrude E. Brenner (daughter)

(Address) 4411-Walnut-Av., City.

15 JUN 15 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June-13-1925

17 I HEREBY CERTIFY, That I attended deceased from June 12, 1925, to June 13, 1925, that I last saw him alive on June 13, 1925, and that death occurred, on the date stated above, at 4.20 A. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? yes Date of June 13 1925

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Keith C. Rice, M. D.

, 19 (Address) Church Home & Inf

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL June-13-1925.

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor)

ADDRESS 108 W. NORTH AVE.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(1) 99574 99574

CERTIFICATE OF DEATH.

24-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 S Bond ST., 2 WARD 2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Dombrowski

(a) RESIDENCE NO. 605 S. Bond ST., 2 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John —

6 DATE OF BIRTH (month, day, and year) Unknown 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Joseph Rychwalski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Helen Dombrowski

(Address) 605 S Bond St.

15 FILED ....., 19.....

Robert P. Herrick

Burial Permit Clerk

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1925

17

I HEREBY CERTIFY, That I attended deceased from June 10, 1925, to June 12 1925.

that I last saw her alive on June 12, 1925,

and that death occurred, on the date stated above, at 9.30 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Geo Heller, M. D.

6/15 1925 (Address) 1937 Gough St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	June 16 1925
20 UNDERTAKER	ADDRESS
F. W. Ozazewski	1350 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99575

CERTIFICATE OF DEATH.

D 99575

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 N. Carey ST.; 18-1 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Audrey E. Gettemann

(Residence in Baltimore: No. 403 N. Carey St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, June (Month) 13 (Day), 1925 (Year)

7-AGE, ...yrs. ...mos. 1 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ...Infant...
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Albert J. Gettmann

11-BIRTHPLACE OF FATHER (State or Country), Pittsburg

12-MAIDEN NAME OF MOTHER, Rosie A. Bluste

13-BIRTHPLACE OF MOTHER (State or Country), W. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Albert Gettmann

(Address) 403 N. Carey St.

15- JUN 15 1925, 191.... Robert F. Harrison
Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 17 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 13 1925, to June 14 1925, that I saw her alive on June 14 1925, and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:

Spina Bifida

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Meningitis

(Duration) ...yrs. ...mos. ...ds.

(Signed) E. E. Starr M. D.

6-17, 1925 (Address) 516 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery — DATE OF BURIAL, June 18, 1925

20-UNDERTAKER Nelson E. Stiles — ADDRESS 320 Md. Ave Westport

Important. See instructions on back of certificate.

D 99576

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1925

D 99576

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 329 E. 24th St. ST. 12th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jenny Agnes O'Donnell

(Residence in Baltimore: No. 329 E. 24th St. St.; 60 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: F.

4-COLOR OR RACE: W.

5-SINGLE ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the Word): Single

6-DATE OF BIRTH: 7 (Month) ..... (Day), 1844 (Year)

7-AGE: 81 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Child Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): .....

086

9-BIRTHPLACE (State or country): Ireland.

PARENTS

10-NAME OF FATHER: ?

11-BIRTHPLACE OF FATHER (State or country): Ireland.

12-MAIDEN NAME OF MOTHER: ?

13-BIRTHPLACE OF MOTHER (State or country): Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jane Meers

(Address) 329 E. 24th St.

15- ~~Robert P. Harrison~~ Burial Permit (REGISTRAR)

6 15 1925 191

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 14 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from From ....., 1918, to June 14 1925, that I saw h.er alive on June 12 1925, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Heat prostration

(Duration) ..... yrs. ..... mos. 10 ds.

Contributory (SECONDARY) Senility

(Duration) 3 yrs. ..... mos. ..... ds.

(Signed), E. J. Bouchelle M. D.

6/16 1925 [Address] 210 St. Paul St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: New Cathedral DATE OF BURIAL: June 16, 1925

20-UNDERTAKER: Richard F. Curley ADDRESS: 162 N. Washington St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 99577.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99577.

162

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1721 Washington ST., 8-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jas. Jos. Wisnder

(a) RESIDENCE NO. 1721 Washington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 14, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				21 hrs.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Jas. J. Wisnder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Anna Merker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Jas. J. Wisnder

(Address) 1721 N. Washington St.

15 Filed 6/15, 1925. Roberts J. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15 1925

17 I HEREBY CERTIFY, That I attended deceased from June 14, 1925, to June 15, 1925, that I last saw him alive on June 14, 1925, and that death occurred, on the date stated above, at 5.30 A. m.

The CAUSE OF DEATH* was as follows:

Acute Sepsis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wallace W. White Jr., M. D.

6/15, 1925 (Address) 2800 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	6/15/1925
20 UNDERTAKER	**ADDRESS**
E. D. Fanning & Son	1938 E. Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

D 99578

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99578

CERTIFICATE OF DEATH.

6-3 91-001

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 11 N. Glover St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minna Irons

(a) Residence No. 11 N. Glover St., Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 0 mos. 11 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Horatio Irons

6-DATE OF BIRTH (month, day and year) June 3, 1850

7-AGE.			If LESS than 1 day,
75 yrs.	0 mos.	11 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore
(State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Holtzman

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Sophia Fiorillo

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Mrs. Dora S. Blair

(Address) 23 Merrymount Road, R.P.

15- Filed JUN 15 1925, 192.. Robert J. Parrish Registrar.

Robert J. Parrish Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 14,1925

17- I HEREBY CERTIFY, That I attended deceased from May 10, 1922 to June 13, 1925.

that I last saw her alive on June 13, 1925.

and that death occurred, on the date stated above, at 2.30P m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis.

(Duration) 3 yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ----------

Did an operation precede death? No Date of -- -- ----

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) George L. Duane M. D.

6/15. 1925 (Address) 1610 Mt. Royal Ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cemetery	6/16, 1925

20-UNDERTAKER.	ADDRESS
Henry W. Myers & Son	805 N. Calvert

instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99579 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99579

CERTIFICATE OF DEATH. 24-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 406 E. 25th. St., 12-24 Ward.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Warren McCaffrey

(a) Residence No. 406 E. 25th St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Peronne Mullan

6-DATE OF BIRTH (month, day and year) Feb. 22, 1854

7-AGE, 71 yrs. 3 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9-BIRTHPLACE (city or town) Cambridge (State or Country), Ohio

PARENTS.

10-NAME OF FATHER, Jesse T. McCaffrey

11-BIRTHPLACE OF FATHER (city or town) Carlisle (State or Country), Pa.

12-MAIDEN NAME OF MOTHER, Mary Downer

13-BIRTHPLACE OF MOTHER (city or town) Cambridge (State or Country), Ohio

14- (Informant) Mrs. Elizabeth H. McCaffrey (Address) 405 E. 25th. St.

15- Filed ..... 192.... Registrar.

JUN 15 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 6/13/25

17- I HEREBY CERTIFY, That I attended deceased from May 29, 1925, to June 13, 1925, that I last saw h-- alive on June 13, 1925, and that death occurred, on the date stated above, at 6 20 P. m.

The CAUSE OF DEATH* was as follows:

General Arteriosclerosis

Cardiac Hypertrophy

Chronic Interstitial Nephritis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

Pulmonary Edema, (Duration) yrs. mos. 10 ds.

18-Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Examination

(Signed) J. T. O'Hara, M. D.

6/14/1925 (Address) 804 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cathedral Cemetery — DATE OF BURIAL, 6/16, 1925

20-UNDERTAKER. Henry U. Mears and Son — ADDRESS 805 N. Calvert

Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99580

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99580

CERTIFICATE OF DEATH.

14-129

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1429 Mount Royal Avenue St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John T. Buckley

(a) Residence No. 1429 Mount Royal Avenue St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. 9 mos. 1 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Ella V. Lee

6-DATE OF BIRTH (month, day and year) Sept. 12, 1858

7-AGE, 66 yrs. 9 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired Contractor

(b) General nature of Industry, business, or establishment in which employed (or employer). and Builder

(c) Name of employer.....

9-BIRTHPLACE (city or town). Baltimore

(State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Buckley

11-BIRTHPLACE OF FATHER (city or town), (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Ellen O'Mara

13-BIRTHPLACE OF MOTHER (city or town). (State or Country), Ireland

14- (Informant) Mrs. Ella V. Buckley

(Address) 1429 Mt. Royal Avenue

15- Filed 6/17/1925 Robert F. Harrison Registrar.

Burial Permit Clerk.

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 6/14/25

17- I HEREBY CERTIFY, That I attended deceased from May 7th, 1925 to 6/14, 1925

that I last saw h-- alive on 6/14, 1925

and that death occurred, on the date stated above, at 11.40 a.m.

The CAUSE OF DEATH* was as follows:

General Arteriosclerosis

Chronic Nephritis

Chronic Interstitial Myocarditis, with Hypertrophy

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema (Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) J. O'Meara M. D.

6/14/25 19 (Address) 804 Cathedral St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, 6/17, 1925

20-UNDERTAKER, Henry W. Mears & Son

ADDRESS 805 N. Calvert

Spec.—1-10-21—M&T—1500 Blks.

Dr Norris 119 N Caroy St

D 99581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99581

74-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Leibig Sanatorium ST. 16-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Virginia A Reardon

(a) RESIDENCE NO. 2875 W Lafayette Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank L. Reardon

6 DATE OF BIRTH (month, day, and year) Sept 9. 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	2	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Joseph A Abbott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary E Newton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Jas E Abbott

(Address) 2875 W Lafayette Ave

15 JUN 15 1925 19 Burial Permit Clerk Registrar

Via Hearse

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1925

17 I HEREBY CERTIFY, That I attended deceased from 6/1, 19 25, to 6/12, 19 25,

that I last saw h[illegible] alive on 6/12, 19 25

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. 1 mos. 16 ds.

CONTRIBUTORY (Secondary) Hardening of Arteries

(duration) yrs. mos.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. A. Norris M. D.

19 (Address) 700 N. Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Leesburg Va

DATE OF BURIAL June 16 1925

20 UNDERTAKER Wm Cook

ADDRESS 502 E Madison

CAUSE OF DEATH to be plainly written, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 99582

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99582

CERTIFICATE OF DEATH.

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 S. Wolfe St. ST., 7-3 WARD)

2-FULL NAME William J. Back

(a) RESIDENCE No. 17 S. Wolfe St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 6 - 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	11	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer) 009
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Adam J. Back

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth M. Schmidt

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md

14 Informant Elizabeth M. Back (Address) 17 S. Wolfe St.

15 6 15 1925 Robert J. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1925

17 I HEREBY CERTIFY, That I attended deceased from June 19, 1922 to June 12, 1925.
that I last saw h[illegible] alive on June 12, 1925,
and that death occurred, on the date stated above, at 11.50 A. m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

3
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ✓
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted ✓
if not at place of death? .....
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis? Physical signs

(Signed) Geo Heller, M. D.
6/15/25 (Address) 1937 Gough St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL June 16 1925

20 UNDERTAKER Lilly & Zirkin 403 S. Wolfe St. ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

(Weinbaugh)

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99583

CERTIFICATE OF DEATH.

X 91-0 D 99583

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital. ST., 25-L WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Hunbaugh.

(a) RESIDENCE No. Confluence, Pa. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Widowed.

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Alice Heinbaugh.

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Samuel Heinbaugh ~~Do not know~~

11 BIRTHPLACE OF FATHER (city or town) Pa. (State or country) " "

12 MAIDEN NAME OF MOTHER Rachael Pinkerton.

13 BIRTHPLACE OF MOTHER (city or town) Pa. (State or country) " "

14 Informant Mrs Harry Meese

(Address) Relay - Md

15 Filed JUN 15 1925, 19 Robert P. Harrison, Registrar

(Burial Permit Clerk)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1925

17 I HEREBY CERTIFY, That I attended deceased from May 15 1925, to June 14, 1925, that I last saw h in alive on June 14, 1925 and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

General arterio sclerosis c gangrene of R foot

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Amputation Lower 3 thigh right Senile Stock (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? No.

Did an operation precede death? Yes Date of June 12 - 25

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Frederick V. Deuter, M. D.

, 19 (Address) Reese Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Confluence Pa. DATE OF BURIAL June 15 1925

20 UNDERTAKER Wm J. Hartwell. ADDRESS 2236 W. Baltimore St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 99584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

D 99584

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 312 E 20th St. 12-5 Ward.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Dehlhorst

(a) RESIDENCE NO. 312 E 20th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, ~~Widowed, or Divorced, (write the word)~~: Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Katherine Dehlhorst

6 DATE OF BIRTH (month, day, and year): Sept-1849

7 AGE: Years 75 | Months 9 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Casper A Dehlhorst

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bavaria

12 MAIDEN NAME OF MOTHER: Charlotte Flagle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hanover Germany

14 Informant: Catherine Dehlhorst (Address) 312 E 20th St

15 Filed ... 19 ... Robert P. Harrison Registrar

JUN 15 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 25 1924, to June 15 1925, that I last saw him alive on June 14 1925, and that death occurred, on the date stated above, at noon m.

The CAUSE OF DEATH* was as follows:

General and Cerebral arterio Sclerosis - Chronic Nephritis and Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 312 E 20th

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual ones

(Signed) F J Kirby M. D.

June 15 1925 (Address) 110 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudenslager

DATE OF BURIAL: 6/18 1925

UNDERTAKER: F J Kirby Sons

ADDRESS: 318 E Lexington

TION is very important. See instructions on back of certificates.

Property Examined. Exact statement of OCCUPA-

Spec.—1-12-23—M&T—500 Blks.

D 99585

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99585

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 4717 Fyndale Rd (WARD) 47-28-2

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis L. Rose Sr.

(a) RESIDENCE No. 4717 Fyndale Rd WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W	M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kate R. F. Rose

6 DATE OF BIRTH (month, day, and year) — 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Real Dealer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Francis Rose

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Virginia Romney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Kate R. Rose

(Address) 4717 Fyndale Rd

15 Filed JUN 15 1925, Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13 1925

17

I HEREBY CERTIFY, That I attended deceased from Apr 14, 1924, to June 12, 1925.

that I last saw h. alive on June 12, 1925.

and that death occurred, on the date stated above, at 1.20 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) abt. 2 yrs. mos ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Wilbur Mack, M. D.

, 19 (Address) 1412 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodland Cem

DATE OF BURIAL 6/16 1925

20 UNDERTAKER J. J. Talmage Sons

ADDRESS 131 Light St

Spec.—1-10-21—M&T—1500 Blks.

D 99586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-901

D 99586

1-PLACE OF DEATH Church Home & Infirmary REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 17-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Smith

(a) RESIDENCE NO. 337 E. 21 St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col. to	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laurence J. Smith

6 DATE OF BIRTH (month, day, and year) Feb 22 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Philadelphia Pa.
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Mrs J E Burbage

(Address) 2814 Maryland Ave

15 Filed JUN 5 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1925

17 I HEREBY CERTIFY, That I attended deceased from June 8, 1925, to June 14, 1925, that I last saw h alive on June 14, 1925, and that death occurred, on the date stated above, at 11 55 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Keith C Rice, M. D.

, 19 (Address) Church Home

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
BALTIMORE CEMETERY	June 16 1925

20 UNDERTAKER H. E. Hughes ADDRESS 4 & 6 N Broadway

Registrar

Burial Permit Clerk

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 99587 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99587

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Md. Gen. Hosp. CITY OF BALTIMORE, (No. 101 ST. 12-4 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rex Martin

(a) RESIDENCE NO. 428 Calvin pl. ST., WARD Monkton Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or WIFE) Alice Virginia Martin

6 DATE OF BIRTH (month, day, and year) Oct. 30, 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Glencoe, Md.

PARENTS

10 NAME OF FATHER Harvey M. Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Glencoe, Md.

12 MAIDEN NAME OF MOTHER Sarah Jane Stiffler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Co. Md.

14 Informant Rex Martin

(Address) 428 Calvin pl.

FILED JUN 15 1925, 19 Robert F. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/13/25

17 I HEREBY CERTIFY, That I attended deceased from June 11, 1925, to June 13, 1925, that I last saw him alive on June 13, 1925, and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Bilateral Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Asphyxiation + Myocardial Insufficiency

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Laboratory

(Signed) H. A. Saunderson, M. D.

, 19 (Address) Md. Gen. Hospt.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel cem — DATE OF BURIAL June 16 1925

20 UNDERTAKER E. LeRoy Stiffler — ADDRESS 1256 E. North Ave

TION is very important. See instructions on back of certificates.

Dr Knipp 1002 W Lanvale St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99588

CERTIFICATE OF DEATH.

8-27-1901 D 99588

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE; (No. 1734 E Lanvale ST., 8-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis A Hennick

(a) RESIDENCE NO. 1734 E Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L Hennick

6 DATE OF BIRTH (month, day, and year) Dec 5. 1849.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired custodian

(b) General nature of industry, business, or establishment in which employed (or employer) of city college

(c) Name of employer Balto City.

9 BIRTHPLACE (City or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER John Hennick

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Eliza Hunt

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Louis A Hennick Jr. (Address) Wellesley Mass

15 JUN 16 1925 Burial Permit Issued. Rachel K. KEELTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15 1925

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1917, to June 15, 1925, that I last saw him alive on June 13, 1925, and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows:

Arteria sclerosis + age

about 8 yrs. mos. ds.
(duration)

CONTRIBUTORY (Secondary) Cerebral hemorrhage two minutes
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual tests

(Signed) H. E. Knipp M. D.

June 16, 1925 (Address) 1002 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL June 17 1925

20 UNDERTAKER Wm. Cook — ADDRESS 502 E Northern

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99589

CERTIFICATE OF DEATH.

101-001

D 99589

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) 1611 N. Carey ST., 15-13 WARD

2-FULL NAME Mason E. Brown

(a) RESIDENCE NO. 1611 N. Carey ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Wht	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE Susan Brown

6 DATE OF BIRTH (month, day, and year) Apr. 30th 1843

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	82	1	16	

8 OCCUPATION OF DECEASED

078

(a) Trade, profession or particular kind of work Ret. Motorman

(b) General nature of industry, business, or establishment in which employed (or employer) Steel Car Mot.

(c) Name of employer U. R. T. El Co

9 BIRTHPLACE (city or town) Anne Arundel Co (State or country) Md.

PARENTS

10 NAME OF FATHER Mason Brown

11 BIRTHPLACE OF FATHER (city or town) An. Co (State or country) Md.

12 MAIDEN NAME OF MOTHER Ellen Davis

13 BIRTHPLACE OF MOTHER (city or town) Kent Co. (State or country) Md.

14 Informant Daughter Mrs DuVal

(Address) 609 Cumb St

15 Filed JUN 15 1925 12 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15 1925

17

I HEREBY CERTIFY, That I attended deceased from June 8th 1925, to June 15th 1925, that I last saw him alive on June 14th 1925 and that death occurred, on the date stated above, at 12:15 P. m.

The CAUSE OF DEATH* was as follows:

Double Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Heart Dis. Arteriosclerosis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical evidence

(Signed) E. L. Smith, M. D.

6/15. 1925 (Address) 1605 Druid Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Stone Chapel

DATE OF BURIAL June 17 1925

20 UNDERTAKER W. W. Cook

ADDRESS 502 E Northern

TION is very important. See instructions on back of certificates. ...may be properly classified. Exact statement of OCCUPA-

Spec—12-23-21—E.B.R.S.—400 Blks.

D 99590

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99590

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 806 Whitelock St., 13-6 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. SARA FRANA LOWENSTEIN

(a) Residence No. 806 Whitelock St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Lowenstein

6-DATE OF BIRTH (month, day and year) — 1883

7-AGE, 92 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) old age home

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Austria

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Austria

14- (Informant) Mrs. S. Berg (daughter)

(Address) 806 Whitelock St.

15- JUN 16 1925 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 6/15/25.

17- I HEREBY CERTIFY, That I attended deceased from May, 1922, to June 15th, 1925, that I last saw h[illegible] alive on June 15, 1925, and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

cirhosis of liver (portal)

(Duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) myocardial insufficiency

(Duration) 1 yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jane Blackford M. D.

, 19 (Address) 1810 Eutaw Place.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Pikesville Cemetery	June 16, 19 25

20-UNDERTAKER, Jac Levi ADDRESS, 1417 E Baltimore

Instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

159-002

D 99591

CERTIFICATE OF DEATH.

D 99591

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 North Payson ST., 20 - 5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Gunter

(a) RESIDENCE NO. 403 North Payson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 14- 1925

7 AGE Years	Months	Days	If LESS than 1 day 20 hrs. or min.
0	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of empioyer none

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Shirer W. Gunter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Elizabeth White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Shirer W. Gunter

(Address) 403 North Payson st

15 Filed JUN 16 1925 [illegible] H. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15- 1925

17 I HEREBY CERTIFY, That I attended deceased from June 14 , 1925 , to June 15 , 1925 ,

that I last saw him alive on June 14 , 1925 ,

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Patent Foramen Ovale

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Dld an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Benj O M Cleary, M. D.

N. 1925 (Address) 400 N Payson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 6/16/1925

20 UNDERTAKER Geo. Weber & Son

ADDRESS 2503 Edmondson

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 99592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 D 99592

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3205 Strickland ST., 22 - 2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Floyd Barmore.

(a) RESIDENCE NO. 3205 Strickland ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Goldstraw

6 DATE OF BIRTH (month, day, and year) Jan-8-1889.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35	6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chief Gunner's Mate 080

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer U.S.N.

9 BIRTHPLACE (city or town) — (State or country) Texas

PARENTS

10 NAME OF FATHER David Barmore

11 BIRTHPLACE OF FATHER (city or town) — (State or country) Texas

12 MAIDEN NAME OF MOTHER Mattie Horer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Texas

14 Informant Mrs H. B. Graff.

(Address) 3205 Strickland St.

15 JUN 16 1925 [illegible] R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1925

17 I HEREBY CERTIFY, That I attended deceased from June 12 1925, to June 15 1925, that I last saw him alive on June 14 1925, and that death occurred, on the date stated above, at 6:50 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? unknown.

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Chester Riland, M. D.

6-14-1925 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill.	June 17 1925
20 UNDERTAKER	ADDRESS
Chas. J. Ehrine.	1.0. Fort Ave.

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99593

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

12-002

D 99593

REGISTERED NO.

CITY OF BALTIMORE: (No. 12 W. Fremont Ave. ST., 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Penry L. L. Haney

(a) RESIDENCE No. 12 W. Fremont Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C.	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Charlotte Haney

6 DATE OF BIRTH (month, day, and year) May 25 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Himself.

9 BIRTHPLACE (city or town) Easton

(State or country) Md.

PARENTS

10 NAME OF FATHER Lutheran

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Henry

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Chas Lotte Haney

(Address) 12 W. Fremont Ave

15 JUN 16 1925 [illegible] R. K[illegible]UTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June - 13. 1925

17

I HEREBY CERTIFY, That I attended deceased from 5/14, 1925, to 6/13, 1925, that I last saw h[illegible] alive on 6/13, 1925, and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis +

Chr. Hypertrophic cirrhosis

(duration) [illegible] da

CONTRIBUTORY (Secondary) Acute arthritis

(duration) - yrs. - mos. 16 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no -

What test confirmed diagnosis? none -

(Signed) Dan Frauchi, M. D.

6/16, 1925 (Address) 122 W. Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	June 1925
20 UNDERTAKER	ADDRESS
Mac R. G. Ellis	745 Carlton

D 99594 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 99594

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 E. Madison ST.; 10-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Estella Baines

(Residence in Baltimore: No. 1114 E Madison st St.; life yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX. Female

4-COLOR OR RACE, C.

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (write the word.) married

6-DATE OF BIRTH, Dec. 7, 1875
(Month) (Day) (Year)

7-AGE, 50 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Gaines

(Address) 1114 E. Madison st.

15- JUN 16 1925 21 ROBT. R. KRAUTER, Registrar.
Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 12, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27 1925, to June 12 1925, that I saw h alive on June 12 1925, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

(a) Myocarditis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. L. Hommaton M. D.

6/16/25, 1925. (Address) 2225 Eutaw pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, June 16 1925

20-UNDERTAKER Mrs R. G. Elliott — ADDRESS 1225 Eastland ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 99595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. Roland Park D 99595

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 105 Greenwood Ave (St.) (Ward) 27-6

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank A. Linder

(Residence in Baltimore: No.) 105 Greenwood Ave St.; 50 yrs.. — mos..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (*Write* the word.) Widow

6-DATE OF BIRTH, June (Month) 8 (Day), 1849 (Year)

7-AGE, 76 yrs. — mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Queen Annes Co Md

PARENTS.

10-NAME OF FATHER, Jonathan Shipley

11-BIRTHPLACE OF FATHER (State or Country), Queens Anne Co Md

12-MAIDEN NAME OF MOTHER Mary E. Hynson

13-BIRTHPLACE OF MOTHER (State or Country) Queen Annes Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs E. Higgins

(Address) 105 Greenwood Ave

15- JUN 16 1925 ROBT R. KRAUTER, Local Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 15 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1925, to June 15 1925, that I saw h.. alive on June 15 1925, and that death occurred, on the date stated above, at 12-50 p.m.

The CAUSE OF DEATH* was as follows:

Asthenia Senility
Contr Stenosis
Ao Valve Insuff

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. D.

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Haydens, Queen Anne Co Md — DATE OF BURIAL, June 18 1925

20-UNDERTAKER Geo W Little — ADDRESS 2700 EDMONDSON AVE.

U.S.A.

DAK

Spec.—1-10-21—M&T—1500 Blks.

D 99596

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99596

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 100-001

CITY OF BALTIMORE (No. BALTIMORE CITY HOSPITALS 3-4 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Walton

(a) RESIDENCE No. 3225 Bond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1862 Sept 2

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Unknown (State or country) Baltimore

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country) Md

14 Informant Baltimore City Hospitals Records (Address)

JUN 16 1925 Registered ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1925

17

I HEREBY CERTIFY, That I attended deceased from June 12, 1925, to June 14, 1925, that I last saw him alive on June 14, 1925, and that death occurred, on the date stated above, at 12:30 p.m.

The CAUSE OF DEATH* was as follows:

Heat exhaustion

Bronchopneumonia (History) 6 ds.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Laboratory

(Signed) H. Lindsay Miller, M. D.

6/15, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel

DATE OF BURIAL June 16 1925

20 UNDERTAKER Wendell Dippel & Son

ADDRESS 373 Lenox

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Rks.

D 99597.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

84 D 99597.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1124 Washington Blvd ST., 21-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick J. Carey

(a) RESIDENCE No. 1124 Washington Blvd ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? Life yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma F Carey

6 DATE OF BIRTH (month, day, and year) May 29 - 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shut Paver

(b) General nature of industry, business, or establishment in which employed (or employer) City

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Thos E Carey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Emma F Carey

(Address) 1124 Washington Blvd

15 Filed JUN 16 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15-1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 1 , 19 24 to June 15 , 19 25 ,

that I last saw h[illegible] alive on June 13 , 19 25 ,

and that death occurred, on the date stated above, at 3-30 a m.

The CAUSE OF DEATH* was as follows:

Tumor of the Brain

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) General paralysis

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jos H McGeffen, M. D.

June 15, 1925 (Address) 2325 Druid Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL June 18 1925

20 UNDERTAKER John J Fields — ADDRESS 1200 N Lombard

(1) ATTENTION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1819 D 99598

CERTIFICATE OF DEATH.

1315 D 99598

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. John's Hopkins Hospital ST., 18-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles P. Bond.

(a) RESIDENCE No. 941 W. Lexington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah K. Bond

6 DATE OF BIRTH (month, day, and year) Dec. 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72 years	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Frederick Co. Md.
(State or country)

PARENTS

10 NAME OF FATHER Cornelius Bond

11 BIRTHPLACE OF FATHER (city or town) Frederick Co.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Thompsey Hammond

13 BIRTHPLACE OF MOTHER (city or town) Frederick County
(State or country) Maryland

14 Informant Records John's Hopkins Hosp
(Address)

JUN 16 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1925

17

I HEREBY CERTIFY, That I attended deceased from May 27, 1925, to June 14, 1925.

that I last saw him alive on June 14, 1925

and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Benign Prostatic Hypertrophy

(duration) 2 yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) Pyelonephritis

(duration) yrs. 4 mos. — ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Eugene C. Shaw, M. D.

6-15-1925 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	June 17 '25
20 UNDERTAKER Joseph B. Cook	ADDRESS 1003 W. Balto St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99599

CERTIFICATE OF DEATH.

45 D 99599

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 428 East Lanvale Street ST., 12-6 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles S. S. Krebs

(a) RESIDENCE NO. 428 East Lanvale ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? 64 yrs. 7 mos. 25 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christiana Krebs

6 DATE OF BIRTH (month, day, and year) Oct. 21, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Exchange Bank

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER George M. Krebs

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Norris

13 BIRTHPLACE OF MOTHER (city or town) Frederick (State or country) Maryland

14 Informant Mrs. Christiana Krebs (Address) 428 East Lanvale St.

15 Filed JUN 16 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June, 15th. 1925

17 I HEREBY CERTIFY, That I attended deceased from May 11, 1925, to June 15, 1925, that I last saw him alive on June 15, 1925, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder & Prostate

Standing 7 Years

(duration) about 7 years mos ds.

CONTRIBUTORY (Secondary) Hemorrhage, prostatic & Uremia (duration) about one year mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Cystoscopic & Microscopic

(Signed) Carlton McCook, M. D.

6/16, 1925 (Address) 2219 St. Paul Street.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem.	June 18, 1925
20 UNDERTAKER	ADDRESS
Joseph P. Cook	1002 Madison

Spec.—1-10-21—M&T—1500 Bks.

D 99600

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99600

CERTIFICATE OF DEATH.

156

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 2230 W. North Ave. St., 15-11 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaretta E. Hall.

(a) RESIDENCE NO. 2230 W. North Ave St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard H. Hall.

6 DATE OF BIRTH (month, day, and year) Nov. 21-1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	6	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Henry James

11 BIRTHPLACE OF FATHER (city or town) (State or country) City

12 MAIDEN NAME OF MOTHER Gough

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Richard H. Hall (Address) 2230 W. North Ave

15 Filed JUN 16 1925 ROBERT R. KNOUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1925

17

I HEREBY CERTIFY, That I attended deceased from July 6, 1924, to June 14, 1925, that I last saw h.. alive on June 14, 1925, and that death occurred, on the date stated above, at 7.E° A. m.

The CAUSE OF DEATH* was as follows:

Osteitis Deformans

(duration) yrs. 11 mos. 8 ds.

CONTRIBUTORY (Secondary) Osteitis Deformans

(duration) yrs. 11 mos. 8 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam. Xray.

(Signed) Geo Billups, M. D.

, 19 (Address) 2224 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL June 16 1925

20 UNDERTAKER Wm. J. Tickner & Sons — ADDRESS North Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 99601

HEALTH DEPARTMENT—CITY OF BALTIMORE

111-001

D 99601

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 Dorchauna ST., 18-1 WARD)

2-FULL NAME Alverta E. Anderson,

(a) RESIDENCE No. 817 Dorchauna ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 4 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Blk	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single.

6 DATE OF BIRTH (month, day, and year) Jan 26 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44	4	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook. 021

(b) General nature of industry, business, or establishment in which employed (or employer) Restaurant,

(c) Name of employer Wm. J. Harper,

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Sophia E. Thelen,
(Address) 720 Cider Alley.

Filed JUN 16 1925 [illegible] R. KRAUTER, Registrar

Board of Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14, 1925.

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1925 to June 14, 1925,
that I last saw h[illegible] alive on June 14, 1925,
and that death occurred, on the date stated above, at 4 P. m.
The CAUSE OF DEATH* was as follows:

Acute Peritonitis.

(duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) Gastric Ulcer.

(duration) — yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Thos. Worthington, M. D.

6/15/25 (Address) 888 N. Lombard St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn DATE OF [illegible] 6/17 19

20 UNDERTAKER Leonard Whalen ADDRESS 623 Hazel

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

D 99602

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1924 D 99602

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 22 - 1 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin J. Carroll.

(a) RESIDENCE No. 602 Broadway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ellen Carroll

6 DATE OF BIRTH (month, day, and year) Sept. 25 1873

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
51	8	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Roofer
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Prince J. Carroll

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary J. Malgrat

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Miss Josephine Carroll
(Address) 9- W Lee St

15 Filed JUN 10 1924 192 [illegible] R. KRAUTH, Burial Permit Clerk. Registrar.

FOR MORGUE.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9 1924

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun Shot

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible], M. D.
(Coroner.)

June 9 192 (Address) 1538 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Century	June 13 1924
20 UNDERTAKER	ADDRESS
F. A. Wanse & Son	703 Hanover

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99603

D 99603 CERTIFICATE OF DEATH. × 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 4-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Carroll

(a) RESIDENCE NO. Patapsco Park - Baltimore Co Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1901

7 AGE: Years 24. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Frank Carroll

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER: Ann Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address)

JUN 16 1925 ROBERT R. KRAUTER, Registrar

Cremated by Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/13/25

17 I HEREBY CERTIFY, That I attended deceased from 5/23/25 to 6/13/25, that I last saw h— alive on 6/13/25 and that death occurred, on the date stated above, at 12.25 P m.

The CAUSE OF DEATH* was as follows:

Chronic Tuberculosis Peritonitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. W. Kelly, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND.

DATE OF BURIAL 19 JUN 1925

20 UNDERTAKER: Commissioner Health.

ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—8-2414—M. & Y.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99604

CERTIFICATE OF DEATH.

16-11-001

D 99604 REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 N Parish ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theodore R. Butler

(Residence in Baltimore: No. 814 Parish St. St.; 20 yrs., 8 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col	S

6-DATE OF BIRTH, Oct (Month) 9 (Day), 1904 (Year)

7-AGE, 20 yrs. 8 mos. 6 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter 370
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Charles E Butler

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Butler

(Address) 814 N. Parish

15- JUN 16 1925 Robert R. Kramer, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 6 (Month) 15 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20th 1925 to June 15th 1925, that I saw him alive on June 14th 1925, and that death occurred, on the date stated above, at 1.20 P.M.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Congestion

(Duration) yrs. mos. 4 ds.

(Signed) Jas L Kemp M. D.

6-15-1925. (Address) 1613 Mt Hope

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, W Lawrence | DATE OF BURIAL, June 17, 1925

20-UNDERTAKER Wm H Gaudin | ADDRESS 1400 Mosher

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99605

CERTIFICATE OF DEATH.

43 D 99605

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 S. Rose ST., 1-2 WARD)

2-FULL NAME Henry Oesterlein

(a) RESIDENCE NO. 701 S. Rose ST., 1 WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late annie Oesterlein

6 DATE OF BIRTH (month, day, and year) Jan. 19th 1867

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
58	4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " "

14 Informant Lillian Oesterlein (Daughter)

(Address) 701 S. Rose St.

JUN 16 1925

ROBERT R. KAPUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14th 1925

17 I HEREBY CERTIFY, That I attended deceased from June 9 - 1925, to June 14 - 25.

that I last saw ~~him~~ alive on June 9 - 1925,

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Jaw & face

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of June 1924

Was there an autopsy? no

What test confirmed diagnosis? Microscope

(Signed) Chas. A. Reese, M. D.

6/15/25 (Address) 4085 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL June 17 1925

20 UNDERTAKER Lilly & Zeiler — ADDRESS 4230 Wash St

ATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 99606

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99606

CERTIFICATE OF DEATH.

30-3 129

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2000 W Baltimore St ST., ... WARD)

2-FULL NAME Sister St Emerientienne

(a) RESIDENCE No. 2000 W Baltimore St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of -

6 DATE OF BIRTH (month, day, and year) Mar. 7, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bonne Cour 065

(b) General nature of Industry, business, or establishment in which employed (or employer) Sister

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Rogers Ryon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mother St Benedict

(Address) 2000 W Baltimore St

JUN 16 1925 ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15 1925

17

I HEREBY CERTIFY, That I attended deceased from May 12, 19 25, to June 15, 19 25, that I last saw her alive on June 15, 19 25, and that death occurred, on the date stated above, at 9.30 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis 5 years

Chronic Nephritis 5 years

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edward McGoldrick, M. D.

, 19 (Address) 211 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL 6/17/25

20 UNDERTAKER Engel & Finley

ADDRESS Fulton & Fayette

SECTION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99607

CERTIFICATE OF DEATH.

10-2 90 D 99607

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 Anthony ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wenceslaus Benda

(a) RESIDENCE NO. 10 Anthony ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary B Benda

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor 08

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Benda

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Anna Hoffman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant (Address) Jos Benda 10 Anthony St

Filed JUN 16 1925 [illegible] Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 19 25, to June 14, 19 25

that I last saw him alive on June 13, 19 25

and that death occurred, on the date stated above, at 5 15 p. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) 4 yrs. mns. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (duration) 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical

(Signed) [illegible] M. D.

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL June 18 1925

20 UNDERTAKER Frank Carnbon Son — ADDRESS 1906 E Balto

TION is very important. See instructions on back of certificates.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99608 D 99608

CERTIFICATE OF DEATH.

REGISTERED NO. C 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 Yale Ave ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Anna Reneham

(Residence in Baltimore: No. 407 Yale Ave St.; 7 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED,~~ (Write the word.): Married

6-DATE OF BIRTH, June 14, 1864 (Month) (Day) (Year)

7-AGE, 59 yrs. mos. 11 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Charles Lehman

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosalie Lanhart

(Address) 407 Yale Ave

15- JUN 16 1925, 191 Robert P. Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 14 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 23 1925, to June 14 1925, that I saw her alive on June 13 1925, and that death occurred, on the date stated above, at 7A m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

Heart Prostration & Pneumonia

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cystic Tumor of the Abdomen

(Duration) 4 yrs. mos. ds.

(Signed) H. L. Lapham M. D.

June 15, 1925 (Address) 2303 N. Calvert

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, June 17, 1925

20-UNDERTAKER Harry H. Witzke ADDRESS 1531 W. Lombard

D 99609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90D 99609

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1021 S Bouldin St ST. No-4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph E. Hamman

(Residence in Baltimore: No. 1031 S Bouldin St.; 38 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married.

6-DATE OF BIRTH: Feb. 21, 1887 (Month) (Day) (Year)

7-AGE: 38 yrs. 3 mos. 23 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: George Hamman

11-BIRTHPLACE OF FATHER (State or country): Ger

12-MAIDEN NAME OF MOTHER: Madeline Hartman

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth Hamman

(Address) 1031 S. Bouldin

15.

Filed ..., 191...

Robert F. Harrison,
Burial Permit Clerk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June 14, 14, 1925 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 14, 1924 to June 16 1925 that I saw h[illegible] alive on June 14, 1925 and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) 1 yrs. mos. ds

Contributory (SECONDARY) Acute Dilatation of Heart

(Duration) yrs. mos. 5 ds.

(Signed) W E Burke M. D.

June 16, 1925 (Address) 3042 Hudson Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Carmel Cem. DATE OF BURIAL: June 17, 1925

20-UNDERTAKER: Lilly and Zeiler ADDRESS: 403 S. Wolfe St

is very important. See instructions on back of certificate. ... may be properly examined. Exact statement of OCCUPATION

Spec.—1-10-21—MAT—1900 Blks.

(Nobel)

D 99610

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99610

CERTIFICATE OF DEATH.

148

1-PLACE OF DEATH Baltimore City Hospital - 6

CITY OF BALTIMORE: (No. City View Asylum ST.) (6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannah Nobel

(a) RESIDENCE NO. 100 S. Fourth ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore.
(State or country) Maryland.

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore.

12 MAIDEN NAME OF MOTHER McGowan

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore.

14 Informant Records — Balto City Hosp.
(Address)

15 Filed JUN 16 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14. 1925

17

I HEREBY CERTIFY, That I attended deceased from June 10. 1925, to June 14. 1925.

that I last saw h[illegible] alive on June 14. 1925.

and that death occurred, on the date stated above, at 10 a- m.

The CAUSE OF DEATH* was as follows:

Pregnancy. -

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Post Partum Eclampsia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? 1005 4th St.

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis Clinical Lab Tests

(Signed) Dr. P. C. Kemp Jr., M. D.

(Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. DATE OF BURIAL June 17 1925

20 UNDERTAKER Lilly and Zile ADDRESS 403 S. Wolfe St.

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—MAT—1500 Nbs.

D 99611

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99611

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 935 Dorsuch Ave. 9-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest Rudolph Hirschmann

(a) RESIDENCE NO. 935 Dorsuch Ave ST.; WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed or divorced HUSBAND of (or) WIFE of Catherine J. Hirschmann

6 DATE OF BIRTH (month, day, and year) Feb. 16 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Ernest Hirschmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unkenofer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr Albert Hirschmann

(Address) 4023 Fremont Ave

15 Filed 6-16 1925, 19

Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1925

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to June 17, 1925, that I last saw him alive on June 17, 1925 and that death occurred, on the date stated above, at 8.45 a m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Sidney H. Smith, M. D.

6/16 1925 (Address) 445 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem DATE OF BURIAL June 17, 25

20 UNDERTAKER Wm J. Tucker Sons ADDRESS North Ave

FOR is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 99612

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99612

CERTIFICATE OF DEATH.

24-257

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 Battery ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte Frey

(a) RESIDENCE No. 1502 Battery ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Frey

6 DATE OF BIRTH (month, day, and year) Feb. 22. 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	3	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Edwin Humphries

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Co. Md.

12 MAIDEN NAME OF MOTHER Mary A. Kerr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Co. Md.

14 Informant John C. Frey

(Address) 1502 Battery Ave.

15 6 1925 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6. 14. 1925.

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to June 14, 1925, that I last saw h[illegible] alive on June 14, 1925, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

dont Know. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Gangrene left great toe. Gangrene left foot (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 6. 6. 25.

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J Edward Norris, M. D.

6/15/25 1925 (Address) 104 E. west st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL 6/17 1925

20 UNDERTAKER E. J. Fanning & Son

ADDRESS 1460 Battery Ave

FROM is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99613

CERTIFICATE OF DEATH. X 129

D 99613

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sq. Balto Gen'l Hosp ST., 24-1 WARD)

2-FULL NAME CATHERINE SADLER. BROOKLYN, MD.

(a) RESIDENCE No. 311 Bell Group Ave. ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edw. A. SADLER.

6 DATE OF BIRTH (month, day, and year) July 15. 1874

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
50	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) BALTO. MD.

PARENTS

10 NAME OF FATHER John Auer

11 BIRTHPLACE OF FATHER (city or town) (State or country) BALTO MD

12 MAIDEN NAME OF MOTHER UNKNOWN

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Hospital Record.
(Address)

15 6 1925, 19 Robert F. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15 1925

17

I HEREBY CERTIFY, That I attended deceased from June 11, 1925, to June 15, 1925.

that I last saw h.. alive on June 15, 1925.

and that death occurred, on the date stated above, at 4 50 m.

The CAUSE OF DEATH* was as follows:

Bronchus - Pneumonia

(duration) 3 days - — —

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 12 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of None

Was there an autopsy? None

What test confirmed diagnosis?

(Signed) L. C. Schibal M. D.

. 19 (Address) 447 N. Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross A. A. Co.	June 18 1925
20 UNDERTAKER	ADDRESS
Margaret G. Flynn	1422 Light St.

Spec.—1-10-21—M&T—1500 Blks.

D 99614

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99614

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hosp. ST., 9-7 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Katherine Wells.

(a) RESIDENCE NO. ....., Crisfield Md. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Howard B Wells

6 DATE OF BIRTH (month, day, and year) Jan 15 1900

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
25	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George S Copperman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary E Collins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Howard B Wells (Address) Crisfield, Md

15 Filed ..... Robert P. Harrison, Registrar

16 7 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13 1925

17

I HEREBY CERTIFY, That I attended deceased from June 11, 1925, to June 13, 1925, that I last saw h[illegible] alive on June 13, 1925, and that death occurred, on the date stated above, at 9 45 P. m.

The CAUSE OF DEATH* was as follows:

Pelvic Peritonitis.

(duration) ... yrs. ... mos 3 ds.

CONTRIBUTORY (Secondary) Pelvic abscess, bil. Salpingitis

(duration) ... yrs. 5 mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of June 11, 1925

Was there an autopsy? no

What test confirmed diagnosis? Clin & Path Lab

(Signed) Geo B Lockhart, M. D.

, 19 (Address) St. Josephs Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn	6/17 1925
20 UNDERTAKER J. A. Inman	ADDRESS 3000 E Baltimore

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99615

D 99615

CERTIFICATE OF DEATH.

4-1-46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 N. Saratoga St., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katie Johnson.

(a) RESIDENCE No. 619 N. Saratoga St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. 3 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Feb. 21-1888

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	37	3	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Thomas E. Chew

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary Jackson

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Jamie Dickerson
(Address) 619 Saratoga

15 Filed ..., 192.. Robert P. Harrison
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Sarcoma Uteri

(duration) yrs, mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. L. Wades, M. D.
(Coroner)

June 6th, 1925 (Address) 1732 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..yrs., ..mos., ..ds. In the State ..yrs., ..mos., ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel County. DATE OF BURIAL 6/17/1925

20 UNDERTAKER Mrs. Geo. H. Holland ADDRESS 1631 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99616 | CERTIFICATE OF DEATH. | 129 ✓ | D 99616

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2629 Edmondson Ave. (St.) 20-3 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Myers

(a) RESIDENCE No. 2629 Edmondson Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 1 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of: Louis A. Myers

6 DATE OF BIRTH (month, day, and year): June 25, 1840

7 AGE: Years 85 — Months — Days 11 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Penna.

PARENTS

10 NAME OF FATHER: Jesse Bair

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna

12 MAIDEN NAME OF MOTHER: Mary Unger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna.

14 Informant (Address): Mrs. Wm. Beard 2629 Edmondson Ave

15 JUN 17 1925 ROBERT R. KRAUTER, Registrar, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 16 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1st, 1925 to June 16, 1925, that I last saw her alive on June 16th, 1925, and that death occurred, on the date stated above, at 1:50 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Arteriosclerosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Benj. Dorsey, M. D.

6/16, 1925 (Address) 1600 N Payson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Stone Chapel, Md. Carroll Co. — DATE OF BURIAL: June 19 1925

20 UNDERTAKER: Geo W. Little — ADDRESS: 2700 EDMONDSON AVE.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99617

CERTIFICATE OF DEATH.

17 D 99617

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 511 Oxford St., ST., 17-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Mack

(a) RESIDENCE No. 511 Oxford ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mon. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1879

7 AGE: Years 46; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Delaney Mack

(Address) 511 Oxford St

15 JUN 17 1925 Special Permit [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13, 1925

17

I HEREBY CERTIFY, That I attended deceased from April 1, 1925 to June 13, 1925

that I last saw her alive on June 13, 1925

and that death occurred, on the date stated above, at 6:45 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Mitral Stenosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Ptomaine Poisoning & Indigestion (Acute)

(duration) yrs. 3 mos. ds.

(Over)

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. O'Neill, M. D.

, 19 (Address) 1029 Madison Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: June 17, 25

20 UNDERTAKER: Samuel Moseley

ADDRESS

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 99618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 D 99618

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 624 Mosher ST. 14-1 WARD)

2-FULL NAME Louis A. Thomas.

(a) RESIDENCE. No. 624 Mosher ST., WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 13-1905

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Banister

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mary Thomas

(Address) 624 Mosher St

15 Filed JUN 17 1925, 19 ..... Registrar

Burial Permit Mark.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15th 1925

17 I HEREBY CERTIFY, That I attended deceased from March 21st, 1925 to June 17th 1925

that I last saw him alive on June 14th, 1925

and that death occurred, on the date stated above, at 4.50 P. m.

The CAUSE OF DEATH* was as follows:

Acute Empyema Pleuritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Leo A. Queenberg Jr. M. D.

, 19 (Address) 2215 N. Monroe Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	June 17 25
20 UNDERTAKER	ADDRESS
Samuel J. Busby	1128 N Eddie

Spec—12-23-21—E.B.R.S.—400 Blks.

D 99619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99619

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Joseph parker

(a) Residence No. 269 Baltimore,Ave., St. Helena St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1901

7-AGE. 24 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Seaman

(b) General nature of industry, business, or establishment in which employed (or employer). 18

(c) Name of employer.

9-BIRTHPLACE (city or town). Baltimore (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph J. parker

11-BIRTHPLACE OF FATHER (city or town). (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Mary J. clinton

13-BIRTHPLACE OF MOTHER (city or town). (State or Country), Maryland

14- (Informant). Hospital records

(Address). M.T.H.

JUN 17 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 15,1925

17- I HEREBY CERTIFY, That I attended deceased from June 8, 1925, to June 15, 1925

that I last saw him alive on June 15, 1925

and that death occurred, on the date stated above, at 9.35 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous meningitis

(Duration) yrs. 1 weak mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) J. F. White, M. D.

6-15-, 1925 Address Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
New Cathedral Cemetery	June 18, 1925
20-UNDERTAKER.	**ADDRESS**
Henry Sander Sons Inc	1710 East St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99620

CERTIFICATE OF DEATH

44 D 99620

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Bay View Asylum B-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Otto Mueller

(a) RESIDENCE No. 127 S Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER August Mueller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Emma ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital Records. Balto City Hospitals.

15 Filed JUN 17 1925 Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16 1925

17 I HEREBY CERTIFY That I attended deceased from 10-1-, 1924, to 6-16-, 1925

that I last saw him alive on 6-16-, 1925

and that death occurred, on the date stated above, at 4 20 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Esophagus.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug. 1924

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & Lab Test

(Signed) Ira S Chaney Jr, M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	June 19 1925
20 UNDERTAKER	ADDRESS
Henry Sander Sons Inc.	1710 Mad St

See affadivit on file from J&S Potter M.D. Coroner July 1st 1925

D 99621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57 D 99621

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 2110 E. Balto. St. 6-2 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Aaron ~~Herman~~ Gerschowitz

(Residence in Baltimore: No. 2110 E. Balto St. St.) yrs. 21 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced (Write the word.)
male	white	~~Married~~

6-DATE OF BIRTH. ~~Month~~ March 25 (Month) - 1877 (Day) (Year)

7-AGE. 48 yrs. 2 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): 080

9-BIRTHPLACE, (State or Country): Russia

PARENTS.

10-NAME OF FATHER. Abraham ~~Unknown~~ Gerschowitz

11-BIRTHPLACE OF FATHER, (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Ada Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gerschowitz Esther Herson (wife)

(Address) 2110 E. Balto. Md

15- Filed JUN 17 1925 192... ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 16-25 (Day), 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitis

.....

.....

.....

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

.....(Duration).....yrs.....mos.....ds.

(Signed) J. S. H. Potter M. D.
(Coroner.)

6-17-25 192... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Hebrew Herring Run	6/17 1925
20-UNDERTAKER.	ADDRESS
Jack Lewis	1739 E Balto St

99622 M&T—1500 Blks. Offil

HEALTH DEPARTMENT—CITY OF BALTIMORE D 99622

CERTIFICATE OF DEATH.

124

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. ..... ST., 6-2 WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Offit

(a) RESIDENCE NO. 2024 E. Balto ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? 34 yrs mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Offit

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Solomon Rosenau

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Freida Kirshon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis (Address) 1439 E Balto St

15 Filed JUN 17 1925 Robert R. Kreutler Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/16 1925

17 I HEREBY CERTIFY, That I attended deceased from June 14, 1925, to June 17, 1925, that I last saw her alive on June 17, 1925, and that death occurred, on the date stated above, at 4.30 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial failure

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Undetermined condition in abdomen (duration) yrs. mos. 2 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of June 13/25

Was there an autopsy? (Specially laparotomy) no

What test confirmed diagnosis? none

(Signed) Chas. Jackson, M. D.

6/17 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herman Run — DATE OF BURIAL 6/17 1925

20 UNDERTAKER Jack Lewis — ADDRESS 1439 E Balto

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99623

CERTIFICATE OF DEATH.

118-002

D 99623

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen. Hospital (ST.) (WARD) 11-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Edna Brehm

(a) RESIDENCE No. Westminster (ST.) Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Joseph Brehm.

6 DATE OF BIRTH (month, day, and year) March 7 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. Wife.

(b) General nature of Industry, business, or establishment in which employed (or employer) 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland,

PARENTS

10 NAME OF FATHER Zachariah Leister

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Emilie Galeaugh.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Patient (Address)

15 Filed JUN 17 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1925

17

I HEREBY CERTIFY, That I attended deceased from June 7, 1925 to June 17, 1925.

that I last saw her alive on June 17, 1925

and that death occurred, on the date stated above, at 12:50 a. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction (partial).

intermittant (duration) 6 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Toxemia from obstruction

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of June 9-25

Was there an autopsy? No

What test confirmed diagnosis? Question & clinical Symptoms

(Signed) E. Wilcox, M. D.

, 19 (Address) Mayld Gen Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Johns Cemetery

DATE OF BURIAL June 19 1925

20 UNDERTAKER W M Routson

ADDRESS 2238 Pa Ave

D 99624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4-001

D 99624

Registered No. C.....

1-PLACE OF DEATH
City of BALTIMORE: (No.) about rear of Mosher St & Penna R.R. (St.) (Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Richard Tisdale

(Residence in Baltimore: No. 2708 Rayner ave. St.; 25 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	colored	[illegible]

6-DATE OF BIRTH. ..... About 1871
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
54 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Steam drill runner
(b) General nature of industry, business, or establishment in which employed (or employer)..... D&C

9-BIRTHPLACE, (State or Country). Va.

PARENTS.

10-NAME OF FATHER. Jerry Tisdale

11-BIRTHPLACE OF FATHER, (State or Country). Va.

12-MAIDEN NAME OF MOTHER. Harriet Elder

13-BIRTHPLACE OF MOTHER, (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sterling Tisdale

(Address) 1032 Hedgley St

JUN 17 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June 14, ..., 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) no other history

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

June 14, 1925 (Address) 2802 Eutaw st

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Victour Va	June 17 1925

20-UNDERTAKER.	ADDRESS
Edward Bryon	1681 Orleans st

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

84 D 99625

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No.) 918 W 38 St. St., 13-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John D Todd

(a) Residence No. 918 W. 38 St. St., ... Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah A Todd

6-DATE OF BIRTH (month, day and year) April 16 1845

7-AGE, 80 yrs. 2 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Police 061

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Co.

PARENTS.

10-NAME OF FATHER, Joshua T. Todd

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Co.

12-MAIDEN NAME OF MOTHER, Catherine Talbert

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto Co

14- (Informant) Sarah A. Todd

(Address) 918 W 38 St

15- JUN 17 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 16-25

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1925 to June 16, 1925, that I last saw h. alive on Jun 14, 1925, and that death occurred, on the date stated above, at 11 a, m. The CAUSE OF DEATH* was as follows:

Coronary Occlusion

(Duration) yrs. 20 mos. ds.

CONTRIBUTORY (Secondary) Gen Debility

(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Obvious signs

(Signed) C T England M. D.

6-16 1925 (Address) 320 Overlea

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Olivet Hampden DATE OF BURIAL, June 18, 1925

20-UNDERTAKER, N S Mans ADDRESS, Lall 3539 Fall Rd

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99626

CERTIFICATE OF DEATH.

3/ D 99626

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1725 Clarksen ST., 23-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary F. L. Strobel

(a) RESIDENCE NO. 1725 Clarksen ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female,	White,	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Archie Strobel.

6 DATE OF BIRTH (month, day, and year) May, 28, 1879.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46.		18.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home.

(b) General nature of industry, business, or establishment in which employed (or employer) 03/

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Clay Preston.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Dont know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont know.

14 Informant (Address) Mrs. Mary Craig. (Daughter) 1725 Clarksen St.

15 Filed JUN 17 19[illegible] ROBERT R. KRAUTER, Burial Parmit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1925, to June 15, 1925, that I last saw her alive on June 15, 1925, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) R. R. Campbell M. D.

June 15 1925 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	June 18 1925
20 UNDERTAKER	ADDRESS
C. Howard Evans	38 E. Fort Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99627. D 99627.

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 N. Gilmor St. ST.; 19-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Burrus Scott

(a) RESIDENCE. No. 519 N Gilmor St ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) — 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Bath city (State or country)

PARENTS

10 NAME OF FATHER Edward Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ella Cunningham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Ella Scott 519 N Gilmor St

15 Filed JUN 17 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15 1925

17 I HEREBY CERTIFY, That I attended deceased from May 17, 1925, to June 15, 1925, that I last saw h[illegible] alive on June 14, 1925, and that death occurred, on the date stated above, at 1-40 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. dont Know mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? dont Know

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Bruenigh M. D.

6-15-1925 (Address) 117 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	6/18 1925
20 UNDERTAKER J Ross Hall	ADDRESS 753 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99628

CERTIFICATE OF DEATH.

74 D 99628

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1218 S Paca. (ST.,) 21-2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John. G. Rieker

(a) RESIDENCE No. 1218 S Paca. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Rieker

6 DATE OF BIRTH (month, day, and year) Aug 4 1842

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John M. Rieker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Cyrus. Rieker

(Address) 1218. S Paca St

JUN 17 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-16 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1923, to June 16, 1925.

that I last saw him alive on June 10, 1925,

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) John A. Anschmann, M. D.

, 19 (Address) 375. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

DATE OF BURIAL 6-18th 1925

20 UNDERTAKER James Dyman & Son

ADDRESS 1400 S Paca St

Spec.—1-10-21—M&T—1500 Bks.

D 99629 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99629

45

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1042 Ausquith ST., 10-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob H. Boll

(a) RESIDENCE NO. 1042 Ausquith ST., 10 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. — mos. — ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Margaret K. Boll

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Bricklayer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) York, Pa.

PARENTS

10 NAME OF FATHER George Boll

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs. Margaret K. Boll

(Address) 1042 Ausquith St

15 Filed JUN 17 1925 ROBERT B. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16 1925

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1925, to June 16, 1925, that I last saw him alive on June 16, 1925, and that death occurred, on the date stated above, at 3:20 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Colon

Contributory

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cachexia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. C. Weaver, M. D.,

Dec 16 1925 (Address) 1501 Eager St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	June 19 1925
20 UNDERTAKER	ADDRESS
Henry Hoeck Son	1301 E Eager St

S.A.E.

OOPAK

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99630

CERTIFICATE OF DEATH.

3/ D 99630

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 Millington ST., 7-1 WARD)

2-FULL NAME Lillian C Cooper

(a) RESIDENCE NO. 1502 Millington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	C	Married

5a If married, widowed, or divorced (or) WIFE of Daniel Cooper

6 DATE OF BIRTH (month, day, and year) Feb 26, 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work General Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Steven Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Daniel Cooper (Husband)

(Address) 1502 Millington st

15 Filed JUN 17 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15 1925

17 I HEREBY CERTIFY, That I attended deceased from May 26, 1925, to June 15, 1925, that I last saw h alive on June 14, 1925, and that death occurred, on the date stated above, at 8 50 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary phthisis

(duration) yrs. 21 mos ds.

CONTRIBUTORY (Secondary) ~

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Y M. D.

6/16, 1925 (Address) 1426 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL 6/18/ 1925

20 UNDERTAKER Mrs Chas G. Bailey

ADDRESS 1421 Jefferson st

Spec—12-23-21—E.B.R.S.—400 Bks.

B 99631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99631

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Hospital for the Women of Maryland St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Lula ~~X~~ Feldhouse ~~X~~ Seward

(a) Residence No. 1029 N. Broadway St., ... Ward .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 9 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Horace G. Seward Sr.

6-DATE OF BIRTH (month, day and year) Aug 23, 1870

7-AGE. 54 yrs. 9 mos. 23 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Housework and nurse
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Joseph Feldhaus

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Louisa Weage

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Europe

14- (Informant) Horace G. Seward Jr.
(Address) 2527 E. Monument St.

JUN 17 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 16 1925

17- I HEREBY CERTIFY, That I attended deceased from June 8, 1925, to June 16, 1925, that I last saw her alive on June 16, 1925, and that death occurred, on the date stated above, at 12 40 a.m.

The CAUSE OF DEATH* was as follows:

Gangrene of left leg, ascending

(Duration) 0 yrs. about 1 mos. — ds.

CONTRIBUTORY (Secondary) Epigastric Abscess

(Duration) ..... yrs. 1 mos. 21 ds.

18-Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of 6-15-25

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Arthur York, M. D.

, 19 (Address) U. Md. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Greenmount DATE OF BURIAL, June 18, 1925

20-UNDERTAKER. Wm. Cook ADDRESS 502 E. North Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99632

CERTIFICATE OF DEATH.

90 D 99632

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1445 Montpelier ST. 9-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Philip P Kuehbath

(a) RESIDENCE NO. 1445 Montpelier ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? 75 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Kuehbath

6 DATE OF BIRTH (month, day, and year): Oct 10 1836

7 AGE: Years 88; Months; Days; If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Cpt

(b) General nature of industry, business, or establishment in which employed (or employer): Furniture Dealer

(c) Name of employer: Own Self

9 BIRTHPLACE (city or town) (State or country): Europe

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Europe

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Europe

14 Informant: Mary A Schuchardt (Address) 1445 Montpelier

15 Filed JUN 17 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 16 1925

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to June 16, 1925.

that I last saw h. alive on June 15 1925.

and that death occurred, on the date stated above, at 8 30 a m.

The CAUSE OF DEATH* was as follows:

Old age and general debility

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Valvular disease of Heart

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Personal attendance

(Signed) Herman Kuehnle M. D.

June 1925 (Address) 1617 Gordon Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: June 19 1925

20 UNDERTAKER: Wilhelm Bros

ADDRESS: 502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

D 99633 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 45 D 99633

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mary Hospital ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Luiacono

(a) RESIDENCE NO. 1830 Brunt ST. X WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Luiacono

6 DATE OF BIRTH (month, day and year) Dec 8, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Joseph Luiacono

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Minnie Materna

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Rose Luiacono

(Address) 1830 E Brunt St

15 Filed JUN 17 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/15/1925

17

I HEREBY CERTIFY, That I attended deceased from 4/24, 19 2, to 6/15, 19 2, that I last saw h alive on 6/15, 19 2, and that death occurred, on the date stated above, at 10.20 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma Duodenum

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Apparently

Did an operation precede death? No Date of

Was there an autopsy? ?

What test confirmed diagnosis? Operation & Clinical

(Signed) R. W. Holly, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	June 18 1925

20 UNDERTAKER Wm. Cook ADDRESS 502 E North Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99634

CERTIFICATE OF DEATH.

9'2 D 99634

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 225 N Fulton Ave ST., 19-1 WARD)

2-FULL NAME Isaac E Wood

(a) RESIDENCE NO. 225 N Fulton Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura A Wood.

6 DATE OF BIRTH (month, day, and year) June 25. 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager

(b) General nature of industry, business, or establishment in which employed (or employer) 0&6

(c) Name of employer Stock Market.

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Laura A Wood (Address) 225 N Fulton Ave.

15 Filed ..... 19 ..... ROBERT H. KRAMER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16 1925

17

I HEREBY CERTIFY, That I attended deceased from June 15 .1925. to June 16 .1925.

that I last saw him alive on June 16 .1925.

and that death occurred, on the date stated above, at 6:20 a. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(duration) ? yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) George L. Wisong, M. D.

. 19 (Address) 4000 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL June 19 1925

20 UNDERTAKER Wm. Cook — ADDRESS 502 E North Ave.

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99635

CERTIFICATE OF DEATH.

D 99635

REGISTERED NO. 194

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital ST., 16-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Lee

(a) RESIDENCE NO. Not known ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	C	Not known

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
29	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) —
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) —
(State or country)

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) —
(State or country)

14
Informant
(Address)

15 JUN 17 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 1 ds.

(Signed) J. C. Blades, M. D.
(Coroner.)

June 14, 1925 (Address) 1430 N. Bray

*State the Disease causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: JUN 16 1925

20 UNDERTAKER: Commissioner Health.

ADDRESS

THE MORGUE

Cor.—1-12-23—M&T—100 Bks.

D 99636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66 D 99636

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hospital ST., 4-1 WARD)

2-FULL NAME Charles Carlan.

(a) RESIDENCE NO 763 N. Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Not Known

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year)

8 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50			

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) —
(State or country)

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Informant
(Address)

Filed ....., 192.... ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ac Alcoholism

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cirrhosis

(duration) yrs. mos. 1 ds.

(Signed) H. C. Wades, M. D.
(Coroner)

June 14/25, 192 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND — DATE OF BURIAL 192

20 UNDERTAKER Commissioner Health, ADDRESS JUN 16 1925

JUN 17 1925

THE MORGUE Cremated

W. E. WOODALL

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99637

CERTIFICATE OF DEATH.

4TH 99637

1-PLACE OF DEATH

CITY OF BALTIMORE (No 1034 Brantly Ave St., 16-7 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Katherine Hopper

(a) RESIDENCE No 1034 Brantly Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Seth H. Hopper

6 DATE OF BIRTH (month, day, and year) June 19 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	11	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co Md

PARENTS

10 NAME OF FATHER Jacob Hoopenard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Kenley

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Md

14 Informant Mary L. Linthicum (Address) 1034 Brantly ave

15 Filed JUN 17 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16 1925

17 I HEREBY CERTIFY, That I attended deceased from June 9, 1925, to June 16, 1925, that I last saw h alive on June 15, 1925, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of left breast

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Heart

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Yes.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clynical

(Signed) John H Evans, M. D.

, 19 (Address) 101 N. Eutaw.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Aberdeen Md DATE OF BURIAL June 18 1925

20 UNDERTAKER John O. Mitchell ADDRESS 1201 W Fayette

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99638 ✓ 71-001 D 99638

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home + Infirmary REGISTERED NO.....

CITY OF BALTIMORE: (No. 6-1 ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby John Thomas Mc Nancy

(a) RESIDENCE NO. Hill Top - Catonsville ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 13 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	—	—	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Hill Top (State or country) Catonsville, Md

PARENTS

10 NAME OF FATHER Edw. J. Mc Nancy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Gertrude E. Bluskey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Edw J. Mc Nancy (Address) Catonsville Md

15 Filed JUN 17 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1925

17 I HEREBY CERTIFY, That I attended deceased from June 9, 1925, to June 17, 1925, that I last saw him alive on June 17, 1925 and that death occurred, on the date stated above, at 5 50 A.m.

The CAUSE OF DEATH* was as follows:

Meningitis, Pneumococcus

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Spinal puncture

(Signed) Keith C. Rice, M. D.

, 19 (Address) Church Home - Inf

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL 6/17 1925

20 UNDERTAKER Chas. R. Ward & Son — ADDRESS 1 West Royal Ave

Spec—12-23-21—E.D.R.S.—400 Lks.

D 99639

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99639

CERTIFICATE OF DEATH.

6-2 101 901

1-PLACE OF DEATH

City of BALTIMORE: (No. 2034 Mayer St., 6 Ward) Registered No.

2-FULL NAME Fannie Thompson

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 2034 Mayer St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-Single, Married, Widowed, Widow or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 1868

7-AGE 57 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work 0/0

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) John Gibbs

(Address) 20 B Haven St

15- JUN 17 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 15-25

17. I HEREBY CERTIFY, That I attended deceased from May 15 1925 to June 15 1925 that I last saw h.. alive on June 15 19 25 and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. Clyde Symes M. D.

6-16- 1925 (Address) 2017 E 32

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Laurel Am — DATE OF BURIAL, 6/17/25

20-UNDERTAKER, Daniel Easton — ADDRESS 916 Pine

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99640

CERTIFICATE OF DEATH.

19-129

D 99640

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1516 Hollins Street ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME BELLE RHODES

(a) RESIDENCE NO. 1516 Hollins St. ST., WARD (Resident)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 9 mos. 22 ds. How long in U. S., if of foreign birth? 64 yrs. 9 mos. 22 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John P. Rhodes

6 DATE OF BIRTH (month, day, and year) Aug-25-1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John T. Hinton

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Virginia Gudegeon

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mrs. Mary A. McClymont (sister)
(Address) 1516-Hollins-St., City.

15 Filed JUN 17 1925 19 ROBERT R. KRAMER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/16/25 19

17 I HEREBY CERTIFY, That I attended deceased from 3/1/25, 19..., to 6/16/25, 19...,
that I last saw Her alive on 6/16/25, 19...,
and that death occurred, on the date stated above, at 1,30Pm m.
The CAUSE OF DEATH* was as follows:

Nephritis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Dropsy. 15
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alfred Dorn, M. D.

, 19 (Address) 117 Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: GREEN MOUNT CEMETERY — DATE OF BURIAL: June-18-'25

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS: 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Blks.

D 99641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 100 001

D 99641

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 159 W Lanvale St. | 11 | WARD) -1

2-FULL NAME Almeda Bailey

(a) RESIDENCE NO. 159 W Lanvale St. WARD Sharptown Md.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, Widowed, or ~~Divorced~~, (write the word)
Female	White	Single

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
about	59	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Sharpstown Maryland

PARENTS

10 NAME OF FATHER L. H. Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sharpstown Maryland

12 MAIDEN NAME OF MOTHER Almeda Bailey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sharpstown Md

14 Informant Mr. Charles L Jarrell (Address) R F D

Filed JUN 17 1925 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16 1925

17 I HEREBY CERTIFY, That I attended deceased from June 12, 1925, to June 16, 1925, that I last saw her alive on June 16, 1925, and that death occurred, on the date stated above, at 3 20 m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia.

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Chr. Arterial Hypertension (Autopsy)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Carroll Lockard, M. D.

June 17 1925 (Address) 4 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sharpstown Md.	June 17 1925
20 UNDERTAKER Henry Meukin & Son	ADDRESS Orchard & McCulloh

Spec.—1-10-21—M&T—1500 Bks.

D 99642

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99642

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Bay View Asylum ST., 23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henderson Johnson

(a) RESIDENCE NO. 1003 S. Howard Street WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored.	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
45				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Mace Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Emma ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Hospital Records. Balt. City Hospitals

15 Filed JUN 17 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1925

17 I HEREBY CERTIFY That I attended deceased from June 10 1925 to June 14 1925

that I last saw him alive on June 14 1925

and that death occurred, on the date stated above, at 5.45 p. m.

The CAUSE OF DEATH* was as follows:

Extensive Perirectal Abscess.

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of June 11-25

Was there an autopsy? No.

What tests confirmed diagnosis? Clinical & Lab. Test.

(Signed) Dr. O. C. Lampe Jr., M. D.

Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND. DATE OF BURIAL

20 UNDERTAKER ADDRESS

Commissioner Health, JUN 17 1925

For Wm. F. WOODARD

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99643

CERTIFICATE OF DEATH.

9 D 99643

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 6-1 WARD)

2-FULL NAME Henrietta Chisman

(a) RESIDENCE NO. 206 N. Durham ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1851(?)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
74(?)				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Daniel Brice

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Annie Brice

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospital Records (Address) UNIVERSITY OF MARYLAND.

15 Filed JUN 17 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924, to June 15, 1925, that I last saw h[illegible] alive on June 15, 1925, and that death occurred, on the date stated above, at 9:30 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic myocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Watkins, M. D.

6/16, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND.

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health.

ADDRESS JUN 17 1925

Per. Wm. E. Wo[illegible]

99644

HEALTH DEPARTMENT—CITY OF BALTIMORE

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

1442 D 99644

Registered No. C.....

City of BALTIMORE: (No. South Baltimore General Hospital 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen E.James.

(Residence in Baltimore: No. 721 E.Fort Ave. St.; 27 yrs., 11 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widow or Divorced, (Write the word.)
Female.	White.	Married.

6-DATE OF BIRTH. July 8, 1897 (Month) (Day) (Year)

7-AGE. 27 yrs. 11 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Charles E.Mortimer.

11-BIRTHPLACE OF FATHER. (State or Country). Baltimore, Md.

12-MAIDEN NAME OF MOTHER. Helen E.Fogler.

13-BIRTHPLACE OF MOTHER. (State or Country). Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Earl T.James.(husband)

(Address) 721 E.Fort Ave.

15- JUN 17 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. June 15, 1925. (Month) (Day) (Year) 192....

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature separation of Placenta,
Still Birth delivery.
Post-partum Hemorrhage.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Leinhardt M. D. (Coroner.)

June 15, 1925 (Address) 1017 S.Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?
721 E.Fort Ave. June 15, 1925.

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL. 6/18 1925

20-UNDERTAKER. ADDRESS. 31 E. Eighth St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99645

CERTIFICATE OF DEATH.

49 D 99645

1-PLACE OF DEATH Colonial Hospital

CITY OF BALTIMORE: (No. 1122 N Mount ST., 15 WARD) 15-11

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clare Willson

(a) RESIDENCE NO. 1918 Walbrook Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. 10 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 15, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Drug store

(c) Name of employer Emerson Drug Co

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Mary McCubbin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant J H Furst

(Address) 23 S [illegible] St

15 Filed [illegible] 19 Burial Permit Clerk

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1925, to June 16, 1925, that I last saw her alive on June 16, 1925, and that death occurred, on the date stated above, at 6.50 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of bladder

(duration) yrs. 9 mos. ds. over

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of Mar 24, 1925

Was there an autopsy? No

What test confirmed diagnosis? Microscopic exam

(Signed) C. G. Rythia, M. D.

, 19 (Address) 330 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL June 18 '25

20 UNDERTAKER Smarten Fahey & Son — ADDRESS 1524 North ave

Spec.—1-12-23—M&T—500 Blks.

D 99646

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99646

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] BALTIMORE CITY HOSPITALS WARD) 26-7 1925

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

-2-FULL NAME Thomas Novak

(a) RESIDENCE NO. Unknown (brought in by the police) ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ~~[illegible]~~

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
50yr.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Mike Novak

11 BIRTHPLACE OF FATHER (city or town) Poland (State or country)

12 MAIDEN NAME OF MOTHER Mary Bryla

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Baltimore City Hospital Records (Address) Robert T. Harrison,

15 Filed 1925 Burial Permit Clerk Registrar

THE MORGUE.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1925

17

I HEREBY CERTIFY, That I attended deceased from June 4, 1925, to June 7, 1925, that I last saw him alive on June 7, 1925 and that death occurred, on the date stated above, at 6:45 P m.

The CAUSE OF DEATH* was as follows:

Heat Prostration

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller, M. D.

6/9, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND. DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health, ADDRESS

for Wm. F. Wooden

JUN 12 1925

Spec.—1-10-21—M&T—1500 Bks.

D 99647

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99647

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1000 N. Gay St. ST., 7-1 WARD)

REGISTERED NO. 16108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Nice

(a) RESIDENCE NO. #1 ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 5, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			one	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Howard M. Nice

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Callahan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Johns Hopkins Hospital.

15 Filed JUL 7 1925, 19 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1925

17

I HEREBY CERTIFY, That I attended deceased from 6-5, 1925, to 6-6, 1925, that I last saw him alive on 6-6, 1925, and that death occurred, on the date stated above, at 7^00 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. L. Stone, M. D.

(Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: JUN 13 1925

20 UNDERTAKER

ADDRESS

COMMISSIONER

Spec—12-23-21—E.B.R.S.—400 Eks.

(Henry)

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99648 D 99648

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital 90 Registered No. 13-L

City of BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Cornelius H. Henry

(a) Residence No. 1211 Weldon Ave. St., 13 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Minnie B. Henry

6-DATE OF BIRTH (month, day and year) May 17-1858

7-AGE. 67 yrs. — mos. 30 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ..... Gardener

(b) General nature of industry, business, or establishment in which employed (or employer) 062

(c) Name of employer .....

9-BIRTHPLACE (city or town) ..... (State or Country) Md.

PARENTS.

10-NAME OF FATHER Peter Henry

11-BIRTHPLACE OF FATHER (city or town) ..... (State or Country) Md.

12-MAIDEN NAME OF MOTHER Sarah Hale

13-BIRTHPLACE OF MOTHER (city or town) ..... (State or Country) Maryland

14- (Informant) Mrs. Minnie B. Henry

(Address) 1211 Weldon Ave.

15- Filed JUN 17 1925 19.. Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 16-1925

17- I HEREBY CERTIFY, That I attended deceased from June 15th 19 25 to June 16 19 25

that I last saw h.. alive on June 16 19 25

and that death occurred, on the date stated above, at 2.30 a.m.

The CAUSE OF DEATH* was as follows:

Visited Dispensary

H. Coronary Thrombosis

(Duration) ? yrs. 1 mos. ? ds.

CONTRIBUTORY (Secondary) Terminal Broncho-pneumonia

(Duration) ..... yrs. ..... mos. 1 ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Edwin B. Jowett M. D.

, 19 (Address) Union Memorial Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Poplar Bath. Co.	June 19 19 25
20-UNDERTAKER. Horace H. Burgee	ADDRESS 363 Walbrook Rd.

Spec.—1-10-21 M&T 1M0 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99649

CERTIFICATE OF DEATH.

D 99649

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3515 (ST.) Roland Ave (WARD) 13-4

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah G. Fisher

(a) RESIDENCE No. 3515 (ST.) Roland Ave (WARD) 13

(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Albert Fisher

6 DATE OF BIRTH (month, day, and year): Feb. 17-1839

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	86	4	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: John A. Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Susan Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Committee M. Fisher

(Address): 3515 Roland Ave.

15 Filed JUL 7 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 17 1925

17 I HEREBY CERTIFY, That I attended deceased from ~~April~~ 18-26 June 14 1925.

that I last saw h~~e~~r alive on June 14 1925.

and that death occurred, on the date stated above, at 11 40 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach

(duration) — yrs. 6 mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) M. A. Fisher M. D.

(Address) 12 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Cambden — DATE OF BURIAL: June 18 1925

UNDERTAKER: Horace H. Burgee — ADDRESS: 3631 Hallo Rd

Spec.—1-10-21 MAT 1500 Blks.

D 99650

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99650

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1446 N. 36th St. (ST.) 13 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa M. Moyer

(a) RESIDENCE NO. 1446 N. 36th St. ST., 13 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. Harry L. Moyer

6 DATE OF BIRTH (month, day, and year) July 2-1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Brooklyn Maryland

PARENTS

10 NAME OF FATHER Wm. H. Hellmstetter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eva C. Kinehardt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Dr. Harry L. Moyer (Address) 1446 N. 36th St.

15 Filed ....., 19.... Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15 1925

17 I HEREBY CERTIFY, That I attended deceased from May 22, 1925, to June 15, 1925, that I last saw her alive on June 15, 1925, and that death occurred, on the date stated above, at 3:55 P. m.

The CAUSE OF DEATH* was as follows:

Cerebellar Tumor

Duration - about 2 yrs. — mos — ds.

CONTRIBUTORY (Secondary) — (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Routine

(Signed) Edward Jenkins, M. D.

19 (Address) 8 E. 36 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL June 18 1925

20 UNDERTAKER Horace H. Burgee — ADDRESS 363 Falls Rd.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99651 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99651

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., 14-1 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Edward Bell

(a) Residence No... St. Vincents dupont Amsterdam St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White.

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Unknown.

7-AGE, ... yrs. 2 mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... None

(b) General nature of industry, business, or establishment in which employed (or employer)...

(c) Name of employer...

9-BIRTHPLACE (city or town)... Springfield (State or Country),

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town)... Unknown (State or Country),

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town)... Unknown (State or Country),

14- (Informant)... Dr. Vincents Dupont Ave

(Address) Lafayette & Eden

15- Filed ... 1925 ... Robert P. Harrison ... Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 15-1925

17- I HEREBY CERTIFY, That I attended deceased from June 14, 1925, to June 15, 1925, that I last saw him alive on June 13, 1925, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(Duration) ... yrs. 2 mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. C. Anderson, M. D.

June 16, 1925 (Address) University Hos.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Cathedral — DATE OF BURIAL, June 17, 1925

20-UNDERTAKER, Cremation Fahey & Son — ADDRESS 1525 Eutaw Pl

D 99652 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99652

CERTIFICATE OF DEATH. + 100-007

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., 7-1 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Sedgewich

(Residence in Baltimore: No. Chase Md St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	col	single

6-DATE OF BIRTH.

....., 1.....
(Month) (Day) (Year)

7-AGE. 4 yrs. mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: child.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Wm. Sedgewich

11-BIRTHPLACE OF FATHER, (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Emma Pitts

13-BIRTHPLACE OF MOTHER, (State or Country). Chase Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hopkins Hospital

(Address)

15- Filed 6 17 1925, 192. Robert F. Harrison, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 16-25, 192.....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Primary)

(Autopsy at Hospital)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. S. Falter M. D.
(Coroner.)

6-17-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL. Chase Md Cem. June 18th 1925

20-UNDERTAKER. ADDRESS Harman & Wright Boo Mary

D 99653

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99653

CERTIFICATE OF DEATH.

9-7 89

1-PLACE OF DEATH

City of BALTIMORE: (No. 1525 Aisquoth St St., ... Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... James Dempsey .....

(Residence in Baltimore: No. 1525 Aisquith St .....St.; yrs., 58 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	married

6-DATE OF BIRTH. Feb 14/1866, 1..... (Month) (Day) (Year)

7-AGE. 58 yrs. 4 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Chauffer
(b) General nature of industry, business, or establishment in which employed (or employer) Edel & sons

9-BIRTHPLACE, (State or Country). Ireland

PARENTS.

10-NAME OF FATHER. James Dempsey

11-BIRTHPLACE OF FATHER, (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Bridget Deveraux

13-BIRTHPLACE OF MOTHER, (State or Country). Ireland?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Dempsey (Daughter)

(Address) 1525 Aisquith St

15- Filed 7-1925, 192.... Robert P. Harrison, Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 16-25, 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) complained Angina Pectoris

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D. (Coroner.)

6-16-25 (Address) 508 E. North Ave

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loud Cathedral Cem	6/18, 19 25

20-UNDERTAKER. George J Ruth ADDRESS 1735 Hanford Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99654

CERTIFICATE OF DEATH.

129

D 99654

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theresa Heinley (Heinle)

(a) RESIDENCE NO. 1201 S. Clinton St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Heinle

6 DATE OF BIRTH (month, day, and year) June 17 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	11	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Selig

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Emma Lind

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Margaret Selig

(Address) 1201 S. Clinton St.

7 1925 Robert P. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/16/25

17 I HEREBY CERTIFY, That I attended deceased from 6/10/25 to 6/16/1925, that I last saw her alive on 6/16/25 and that death occurred, on the date stated above, at 5:30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) K. W. Dolby, M. D.

, 19 (Address) Away

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem.	June 18 1925

20 UNDERTAKER Tully and Zeiler ADDRESS 403 S. Wolfe St.

Cor.—1-12-23—M&T—100 Bks.

D 99655

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99655

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mrs Hospital ST., 4-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Lynch Long.

(a) RESIDENCE NO. 713 W. Fayette ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred over 1 yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Late Charlotte Long

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about	60 Yrs			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Painter

(c) Name of employer .....

9 BIRTHPLACE (city or town) Hanover
(State or country) Penn

PARENTS

10 NAME OF FATHER William Long

11 BIRTHPLACE OF FATHER (city or town) Not Known
(State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Not Known
(State or country)

14 Informant Mr. Harry Long
(Address) 324 N. Eutaw St

15 Filed ....., 192 .....

171925 Robert P. Harrison, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 4 hrs ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. 4 hrs ..... ds.

(Signed) G E Blades, M. D.
(Coroner)

June 17/25 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Grafton, West Virginia	June 17 1925
20 UNDERTAKER Jos Joerdens & Son	ADDRESS 217 S. Paca St

Spec.—1-10-21—M&T—1500 Bks.

D 99656

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99656

CERTIFICATE OF DEATH. X 100 001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen. Hospital (WARD) 1472

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Marion L. Cooley.

(a) RESIDENCE NO. Berkley Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs. Cooley.

6 DATE OF BIRTH (month, day, and year) July 22 - 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	56	11	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer) 09

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cecil Co. Md.

PARENTS

10 NAME OF FATHER John M. Cooley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cecil Co. Md.

12 MAIDEN NAME OF MOTHER Harriett Lord

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Haven

14 Informant Wife) Hospital Record.

(Address)

15 Filed 6-17-1925, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1925

17

I HEREBY CERTIFY, That I attended deceased from June 10, 1925, to June 17, 1925, that I last saw him alive on June 17, 1925, and that death occurred, on the date stated above, at 2.40 p.m.

The CAUSE OF DEATH* was as follows:

Puncture wound of ring finger right hand - Lymphangitis + cellulitis Septicemia. (duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At Home (Accd)

Did an operation precede death? Yes Date of June 10/25

Was there an autopsy? No

What test confirmed diagnosis? Mental - Clinical.

(Signed) E Wilkins, M. D.

, 19 (Address) M. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Darlington Md	6-17 1925
20 UNDERTAKER E & B Hark	ADDRESS 115 E Mast St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99657

CERTIFICATE OF DEATH.

88 D 99657

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 928 Greenmount Ave. ST., 10-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward A. Fitzgerald.

(a) RESIDENCE NO. 928 Greenmount Ave, ST., WARD

(Usual place of abode) Lifetime.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Fitzgerald.

6 DATE OF BIRTH (month, day, and year) July 16-1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	41	11	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) City Employee 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John J. Fitzgerald

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Hannorah K. Kennick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mary A. Fitzgerald

(Address) 928 Greenmount Ave.

15 7 1925, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16th25

17

I HEREBY CERTIFY, That I attended deceased from June 15, 1925, to June 16, 1925, that I last saw him alive on June 16, 1925, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. S. Hornstein, M. D.

6/17, 1925 (Address) 733 Asquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery.

DATE OF BURIAL 6 6/19 19 25

UNDERTAKER Chas. P. Evans

ADDRESS 1180 W. Mt Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99658

CERTIFICATE OF DEATH

D 99658

1-PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Friend

(a) RESIDENCE No. Sparrows Pt Md ST. ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ... yrs. / mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Instructor

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) W. Va

PARENTS

10 NAME OF FATHER Henry Friend

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va

12 MAIDEN NAME OF MOTHER Madlin Cole

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va

14 Informant Records Johns Hopkins Hospital
(Address)

15 Filed 7 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16 1925

17 I HEREBY CERTIFY, That I attended deceased from May 21, 1925 to June 16, 1925

that I last saw him alive on June 16, 1925

and that death occurred, on the date stated above, at 8 30 a. m.

The CAUSE OF DEATH* was as follows:

Brain Abscess, Cerebellar Right

(duration) ... yrs. mos 14 da.

CONTRIBUTORY (Secondary) Cholesteatoma, Rt Mastoid

(duration) Several yrs. ... mos. ... ds.

Infection

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of June 15, 25

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) Julian D. Hart M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Petersburg Va	6/17 1925
20 UNDERTAKER John F Denny	ADDRESS 715 E Pratt St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99659

CERTIFICATE OF DEATH.

X 43

D 99659

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hosp. ST. 25-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Wm G. Carmack

(a) RESIDENCE No. 4727 8th St. N.W. Wash DC. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Husband

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Tenn.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) " Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " " Unknown

14 Informant Mrs Julia Carmack.

(Address) 4727 8th St. N.W. Wash DC

15 Filed JUN 18 1925 ROBERT N. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/17 1925

17 I HEREBY CERTIFY, That I attended deceased from 6/9, 1925, to 6/17, 1925, that I last saw him alive on 6/17, 1925 and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Secondary Hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cancer Jaw

(duration) 17 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 6/12/25

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Newman B Friedman M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
W. Ware Faltowell	6/18 1925
20 UNDERTAKER	ADDRESS
Washington D C.	617-14th

Spec.—1-10-21—M&T—1500 Bks.

D 99660

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99660

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 N. Wolfe ST., 1-2 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Laura V. MacArthur

(a) RESIDENCE No. 519 N. Wolfe ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
~~Female~~	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry MacArthur

6 DATE OF BIRTH (month, day, and year) Dec 19, 1864

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60	5	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) X

(c) Name of employer X

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER William Dougherty

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Maryland

12 MAIDEN NAME OF MOTHER Virginia Bovie

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Maryland

14 Informant Maud L MacArthur

(Address) 519 N. Wolfe St

JUN 18 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June-17 1925

17

I HEREBY CERTIFY, That I attended deceased from June 10, 1925, to June 17, 1925, that I last saw her alive on June 15, 1925, and that death occurred, on the date stated above, at 12-30 A m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examinatio

(Signed) E Gill Hall, M. D.

Jan 17 1925 (Address) 1631 E. North Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	June 19 1925

20 UNDERTAKER John B Spence ADDRESS 1325 N Caroline St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99661

CERTIFICATE OF DEATH.

161-001

D 99661

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 832 W. 35 ST., 13 WARD)

REGISTERED NO. 13-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Unnamed infant of Luther & Alberta Vincent Akers

(a) RESIDENCE NO. 832 W 35th ST., 13 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Infant

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years Months Days If LESS than 1 day 2 hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co Md

PARENTS

10 NAME OF FATHER Luther Akers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Alberta Vincent

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Luther Akers (Address) 832 W 35th St

15 Filed JUN 18 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16 1925

17 I HEREBY CERTIFY, That I attended deceased from June 16, 1925 to June 16, 1925 that I last saw he alive on June 16 25 (1am, 1925 and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Premature birth, 5½ months gestation

Cause unknown

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Immaturity

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D R Wantz, M. D.

6/16 1925 (Address) 860 W. 36th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem DATE OF BURIAL June 18 1925

20 UNDERTAKER Ehenowith & Son 30 Chestnut Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99662

1-PLACE OF DEATH Woman's Hospital, Balto., Md. Registered No.....

City of BALTIMORE: (No.....St., 28-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Bercovitz

(a) Residence No. 403 Mosivent Ave St., Balto Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 16, 1925

7-AGE,	If LESS than 1 day,
.....yrs.....mos.....1.....ds.	....hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer.....

9-BIRTHPLACE (city or town) Woman's Hosp. Balto, Md.
(State or Country),

PARENTS.

10-NAME OF FATHER, Jacob J. Bercovitz

11-BIRTHPLACE OF FATHER (city or town) Balto, Md.
(State or Country),

12-MAIDEN NAME OF MOTHER, Minnie Rose Lauber

13-BIRTHPLACE OF MOTHER (city or town) Wash. D.C.
(State or Country),

14-

(Informant) Mrs. Dora Lauber

(Address) 1706 Yoan St. N.W. Wash. D.C.

15-

JUN 18 1925 ROBERT R. KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 17, 1925

17- I HEREBY CERTIFY, That I attended deceased from June 16, 1925 to June 17, 1925, that I last saw him alive on June 17, 1925, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Intrauterine intestinal obstruction (complete)

.....(Duration) several hours ?

CONTRIBUTORY (Secondary) Volvulus

.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? Yes Date of June 17, 1925

Was there an autopsy? Yes

What test confirmed diagnosis? Observation & autopsy

(Signed) J. Arthur York ?, M. D.

, 19 (Address) Woman's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Beth Hebrew Cem	6/18, 19 25
20-UNDERTAKER	ADDRESS
Jack Lewis	1439 E Balto St

Spec.—1-10-21—M&T—1500 Bks.

D 99663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 ✓ D 99663

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St. 27-4 WARD)

2-FULL NAME Mrs Rose Levitt

(a) RESIDENCE NO. 35 E. Rogers Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Levitt

6 DATE OF BIRTH (month, day, and year) —1884

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia.

PARENTS

10 NAME OF FATHER Abraham Caplan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Jennie —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Joseph Levitt

(Address) 35 E. Rogers Ave.

15 Filed ....., 19 RUBER R. MARTIN

AUG 10 1925 Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-17 1925

17 I HEREBY CERTIFY, That I attended deceased from 2-25, 1925, to 6-17, 1925, that I last saw h[illegible] alive on 6-17, 1925, and that death occurred, on the date stated above, at 6:35P m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Hypostasis

Cardiac Dilatation

Arteriosclerosis

(duration) 2 yrs. 3 mos 7 ds.

CONTRIBUTORY (Secondary)

Arteriosclerosis (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of 6-17-25

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) J. M. Jacobs, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Woodlawn — DATE OF BURIAL 6/18 1925

20 UNDERTAKER Jack Lewis — ADDRESS 1439 E Balt

Spec—12-23-21—E.B.R.S.—400 Bks.

99664 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99664

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Moses

(a) Residence No. 1100 block Comet st. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Colored	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1884

7-AGE.	If LESS than 1 day.
41 yrs. mos. ds.	hrs. or min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown 040

(c) Name of employer Unknown

9-BIRTHPLACE (city or town) (State or Country), South Carolina

PARENTS.

10-NAME OF FATHER, Robert Moses

11-BIRTHPLACE OF FATHER (city or town) (State or Country), South Carolina

12-MAIDEN NAME OF MOTHER, Jane ??

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), South Carolina

14- (Informant) Hospital Records

(Address) M.T.H.

15- JUN 18 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 14, 1925

17- I HEREBY CERTIFY, That I attended deceased from May 22, 19 25 to June 14 19 25

that I last saw h. im alive on June 14, 19 25

and that death occurred, on the date stated above, at 8 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) J. D. Thue, M. D.

6-9- .25 (Address) Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, June 18, 19 25

20-UNDERTAKER, Malda Snader — ADDRESS 725 Eastland Av.

S.A.E.

OD DAK

Spec.—1-10-21—M&T—1500 Bks.

D 99665

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99665

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2321 Eutaw Place ST., 13-6 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Moses Vogel

(a) RESIDENCE NO. 2321 Eutaw Place ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Vogel

6 DATE OF BIRTH (month, day, and year) July 15, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	11	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Amer. Wholesale Corp.

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER David Vogel

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Sara Katzenstein

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Mrs. R. Vogel (Address) 2321 Eutaw Place

15 JUN 18 1925 ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/16/1925.

17 I HEREBY CERTIFY, That I attended deceased from February 16, 1925, to June 16, 1925, that I last saw h.. alive on February 16, 1925, (June) and that death occurred, on the date stated above, at 11.15 P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) — yrs. 4 mos. — ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ..... yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Joseph William Kelly M. D.

June 17, 1925 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ohel Shalom Cem.	6/19/1925
20 UNDERTAKER David Sondheim	ADDRESS 1114 W. Mt. Royal Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

99666
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

10 - 188 2003 D 99666

Registered No. C.....

City of BALTIMORE: (No. St. Joseph Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter P. Ward

(Residence in Baltimore: No. 1030 Hillman St St.; yrs. 13 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	single

6-DATE OF BIRTH. Oct 9-1911 (Month) (Day) (Year)

7-AGE. 13 yrs. 8 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School-boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Timothy M. Ward

11-BIRTHPLACE OF FATHER. (State or Country). Balto. Md

12-MAIDEN NAME OF MOTHER. Ida Lamp

13-BIRTHPLACE OF MOTHER. (State or Country). Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elmer Conklin

(Address) 924 E Eagle St.

15- JUN 18 1925 ROBERT R. KRAUTER Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. June 16-25 (Month) (Day) 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatic Shock-run over by Autotruck trailer

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. S. H. Collins M. D. (Coroner.)

6-17-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Cathedral DATE OF BURIAL. June 18, 1925

20-UNDERTAKER. Elmer W. Conklin ADDRESS 924 E Eagle St.

Cor.—1-12-25—M&T—100 Pkg.

D 99667. HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 D 99667

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Menninhall

(a) RESIDENCE NO. 1121 Shields ct ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about 40	11		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant
(Address)

JUN 18 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

THE MORGUE.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) , M. D.
(Coroner.)

June 17, 1925 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND.

DATE OF BURIAL 192

UNDERTAKER

ADDRESS

JUN 18 1925

Cor.—1-12-23—M&T—100 Bks.

D 99668 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99668

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] ST., 4-3 WARD) 129

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Davis

(a) RESIDENCE NO. 44 Market Place ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
Four Days	about 55			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... 0?
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) .....
(State or country) .....

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

14
Informant .....
(Address)

15 Filed JUN 18 1925 192 ROBERT P. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Acute [illegible]

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible], M. D.
(Coroner.)
, 192 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL

20 UNDERTAKER [illegible] Commissioner Health

ADDRESS 192 JUN 18 1925

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99669 HEALTH DEPARTMENT—CITY OF BALTIMORE 109-D 99669

CERTIFICATE OF DEATH

1-PLACE OF DEATH formerly Harper's Lane Registered No.....

City of BALTIMORE—(No.) Chesterfield Ave & Asquith St., (9) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Moller

(a) Residence No. Chesterfield Ave & Asquith St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Martin Moller

6-DATE OF BIRTH (month, day and year): April 12 1854

7-AGE: 71 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Germany

PARENTS.

10-NAME OF FATHER: John Schanberg.

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Wilhelmina Danz

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14-
(Informant): Martin Moller
(Address): Chesterfield Ave. Asquith St

15-
JUN 18 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): June 16th 1925

17- I HEREBY CERTIFY, That I attended deceased from June 7. 1925 to June 16. 1925
that I last saw her alive on June 16. 1925
and that death occurred, on the date stated above, at 9—50 A. m.
The CAUSE OF DEATH was as follows:
Lobar Pneumonia

(Duration) — yrs. — mos. 9 ds.

CONTRIBUTORY (Secondary): Heart

(Duration) yrs. mos. 7 ds.

18-Where was disease contracted if not at place of death? cold

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) F. J. Lebel M. D
. 19 (Address) 1001 Asquith St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: June 19. 1925

20-UNDERTAKER: Frank A. Fink — ADDRESS: 915 N. Gay St

Spec.—1-10-21—M&T—1500 Blks.

99670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99670

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 N. Montford Ave. WARD) 7-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Bolek

(a) RESIDENCE NO. 920 N. Montford Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. — mos. ds. How long in U. S., if of foreign birth? 58 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles

6 DATE OF BIRTH (month, day, and year) May 10- 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	+	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Bohemia Europe

PARENTS

10 NAME OF FATHER John Mika

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia Europe

12 MAIDEN NAME OF MOTHER Kate Putzych

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia Europe

14 Informant (Address) 920 N. Montford Charles Bolek

15 FILED JUN 18 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16 1925

17 I HEREBY CERTIFY, That I attended deceased from May 5, 1925, to June 16 1925

that I last saw her alive on June 16, 1925

and that death occurred, on the date stated above, at 6 p. m.

The CAUSE OF DEATH* was as follows:

Encephalitis

(duration) yrs. 3 mos. 14 ds.

CONTRIBUTORY (Secondary) Cardiac Extract

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Rydzewski M.D.

(Address) 801 N Calvert

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem.

DATE OF BURIAL June 19, 1925

20 UNDERTAKER Zirkeler + Zirkeler

ADDRESS 1739 E. Eager St.

Spec.—1-10-21—M&T—1500 Blks.

99671 HEALTH DEPARTMENT—CITY OF BALTIMORE 99671

CERTIFICATE OF DEATH. X131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 4 WARD 1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arnold, Calvin Arnold

(a) RESIDENCE NO. Pasadena, Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred V yrs. V mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dessie Knight

6 DATE OF BIRTH (month, day, and year) May 17-1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	/		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter 050

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Joseph Groh, Pasadena Md.

9 BIRTHPLACE (city or town) Henderson, Md.
(State or country)

PARENTS

10 NAME OF FATHER John Wm Arnold.

11 BIRTHPLACE OF FATHER (city or town) Carrol County
(State or country)

12 MAIDEN NAME OF MOTHER Alice Metz

13 BIRTHPLACE OF MOTHER (city or town) Maryland
(State or country)

14 Informant Edna Lunsford

(Address) 627 Lehmann St

15 JUN 18 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15th 1925

17

I HEREBY CERTIFY, That I attended deceased from May 30, 1925, to June 15, 1925,

that I last saw him alive on June 15, 1925,

and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows:

Pyelonephrosis

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically.

(Signed) P. S. Henderson, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	June 18 1925

20 UNDERTAKER F. B. Wyckoff ADDRESS 1850 W. Balto

Spec.—1-10-21—M&T—1500 Bks.

99672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91-002 D 99672

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 409 S. Addison ST.) 19-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward A. Dunkerly

(a) RESIDENCE No. 409 S. Addison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Hoffman

6 DATE OF BIRTH (month, day, and year): July 31st 1860

7 AGE: Years 64 Months 10 Days 16 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Iron Moulder

(b) General nature of industry, business, or establishment in which employed (or employer): E. 047

(c) Name of employer: Penna. Lumber

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Edward Dunkerly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Margaret Flannagan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Gertrude Fortune

(Address) 409 S. Addison St.

15 Filed JUN 16 1925 ROBERT A. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 15th 1925

17 I HEREBY CERTIFY, That I attended deceased from May 5 1925 to June 15 1925.

that I last saw him alive on June 15 19 .

and that death occurred, on the date stated above, at 3. a m.

The CAUSE OF DEATH* was as follows:

Edema Pulmonis

?

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Paraplegia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Fred Voldemeyer, M. D.

Jan 17 1925 (Address) 1900 W Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: June 18, 25

20 UNDERTAKER: F. D. Wiegand

ADDRESS: 1850 W Balto St

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 99673

CERTIFICATE OF DEATH.

10 D 99673

1-PLACE OF DEATH Sydenham Hospital

CITY OF BALTIMORE: (No. Baltimore, Maryland ST.: 9-6 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Peeples

(a) RESIDENCE. NO. 1827 Ensor ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 30, 1921

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	11	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓ None

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Orlando Peeples

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Ethel Harrison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Orlando Peeples
(Address) 1827 Ensor St

15 JUN 18 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1925

17

I HEREBY CERTIFY, That I attended deceased from June 17, 1925, to June 17, 1925, that I last saw her alive on June 17, 1925, and that death occurred, on the date stated above, at 9.20 P m.

The CAUSE OF DEATH* was as follows:

Laryngeal Diphtheria

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore, Maryland

Did an operation precede death? No Date of

Was there an autopsy? No Bacteriological Test

What test confirmed diagnosis? Clinical Test

(Signed) Myron E. Tull, M. D.

, 19 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery — DATE OF BURIAL 6/18 1925

20 UNDERTAKER George J Ruth — ADDRESS 1755 Harford Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99674

CERTIFICATE OF DEATH.

90 ✓

D 99674

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 943 N. Collington Ave Ward) 7-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Harrington

(a) Residence No. 943 N Collington Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (~~Write the~~ word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Timothy Harrington

6-DATE OF BIRTH (month, day and year) Oct 15-1861

7-AGE. ... yrs. 8 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) ~~Home~~

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John H Hahn

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Not Given

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), "

14-

(Informant) Mrs Frank Kaufman

(Address) 943 N Collington Ave

JAN 18 1925 ROBERT R. KRAUTER Registrar.

~~Burial Permit Clerk~~

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 17/25

I HEREBY CERTIFY, That I attended deceased from June 10 25 to Jan 17 25

that I last saw h[illegible] alive on Jan 16 25

and that death occurred, on the date stated above, at 7:45 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Bronchitis

Asthma 2

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Edema of Lungs

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Evidence

Jan 18 25 (Address) 860 N Mad Ave Bl

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Cathedral Cem — DATE OF BURIAL, June 20, 1925

20-UNDERTAKER, Geo M. Frickson — ADDRESS 811 N Wolfe

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99675

CERTIFICATE OF DEATH.

100-001

D 99675

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1743 Druid Hill Ave. St., 14 WARD)

2-FULL NAME Catherine Marshall

(a) **RESIDENCE** No. 1743 Druid Hill Ave. ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 4, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	4	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md

PARENTS

10 NAME OF FATHER Edward Marshall

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Genevieve Howard

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Mother

(Address) 1743 Druid Hill Ave

15 Filed 6/16, 1925 17 Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/16/1925

17 I HEREBY CERTIFY, That I attended deceased from 6/12/, 1925, to 6/16/, 1925, that I last saw h[illegible] alive on 6/16/, 1925, and that death occurred, on the date stated above, at 8.05 P m.

The CAUSE OF DEATH* was as follows:

1 Bronchio-Pneumonia (Primary)

(duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) J. B. Stanton, Jr. M. D.

6/16, 1925 (Address) 917 N. Gilmor St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery — DATE OF BURIAL June 19, 1925

20 UNDERTAKER Jno. M. Johnson — ADDRESS 1309 Druid Hill

Spec.—1-10-21—MAT—1500 Nks.

D 99676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16 D 99676

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.) WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Carr (Wood Name)

(a) RESIDENCE NO. Ridge Rd Md. R.D. #3 ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 11, 1925

7 AGE — Years — Months — Days: 4 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: gdd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Alexander Carr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto., Md.

12 MAIDEN NAME OF MOTHER: Margaret Wolf

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Margaret Carr, (Address) Ridge Road Md. R.D. #3

15 Filed ..... 19 ..... Robert B. Harrison, Registrar

T 8 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 15 1925

17 I HEREBY CERTIFY, That I attended deceased from June 11, 1925 to June 15, 1925, that I last saw h[illegible] alive on June 15, 1925, and that death occurred, on the date stated above, at 3 15 A. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) W. Alexander Povey, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — DATE OF BURIAL 1925

20 UNDERTAKER: Commissioner Health — ADDRESS

Spec—12-23-21—E.B.R.S.—400 Bks.

99677 HEALTH DEPARTMENT—CITY OF BALTIMORE 99677

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital, 17-2 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Baby J Wright

(a) Residence No.... 408 Oapton Ave. St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 15, 1925

7-AGE, ... yrs. ..... mos. 1 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer)..... None

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Falls, Md

PARENTS.

10-NAME OF FATHER, Wm. Cole

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Helen Wright

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Falls, Md

14- (Informant) Helen Wright

(Address) 408 Oapton Ave. HOPKINS

15- Filed ..... 19?

Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 6-16-25

17- I HEREBY CERTIFY, That I attended deceased from 6-15 ....., 1925 to 6-16 ....., 1925 that I last saw her alive on 6-16 ....., 1925 and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Prematurity

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) W. Alexander Novey M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL

DATE OF BURIAL, ... 19?

20-UNDERTAKER, Commissioner Health

ADDRESS

JUN 3 1925

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99678

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99678

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1039 S. Howard St., 23 Ward) 1-901

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Crockett

(a) Residence No. 1039 S. Howard St., 23 Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, M

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) — — 1901

7-AGE, 24 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) " "

(c) Name of employer "

9-BIRTHPLACE (city or town) (State or Country), S. C.

PARENTS.

10-NAME OF FATHER, Joseph Crockett

11-BIRTHPLACE OF FATHER (city or town) (State or Country), S. C.

12-MAIDEN NAME OF MOTHER, Emily Mitchell

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), S. C.

14- (Informant) James Crockett

(Address) 1039 S. Howard St

15- 6 Jul 1925 Robert F. Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 6/17/25

17- I HEREBY CERTIFY, That I attended deceased from 6/2/ 1925 to 6/17/ 1925

that I last saw h. alive on 6/16/ 1925

and that death occurred, on the date stated above, at 3.55 A.M.

The CAUSE OF DEATH* was as follows:

a Double Lobar Pneumonia

(Duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) yrs. mos. 13 ds.

18-Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

6/17, 1925 (Address) 908 S. Chapel St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Catawba SC

DATE OF BURIAL, June 19, 1925

20-UNDERTAKER, J. L. Brown & Son

ADDRESS 108 W. Mulberry

Burial Permit Clerk. Bal & O R R & Southern Ry Catawba S C

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99679

1-PLACE OF DEATH

City of BALTIMORE: (No. 219 Tramor Road St., Hamilton Ward) Registered No.

2-FULL NAME Ellen D. Forrester

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 219 Tramor Road St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. 4 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb 6-187

7-AGE. 53 yrs. 4 mos. 11 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Balto (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm. H. Forrester

11-BIRTHPLACE OF FATHER (city or town) Balto (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sophia A. Dubuisson

13-BIRTHPLACE OF MOTHER (city or town) Balto (State or Country), Md.

14- (Informant) Mrs. Dietz

(Address) 219 Tramor Road

15- Filed 6 1925 1925 Robert E. Harrison Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 17, 1925

17- I HEREBY CERTIFY, That I attended deceased from May 29, 1925 to June 17, 1925 that I last saw h[illegible] alive on June 16, 1925 and that death occurred, on the date stated above, at 9:15 A.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) Chron. Nephritis

(Duration) 3 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Clinical

What test confirmed diagnosis?

6/17, 1925 (Signed) F. J. Kinzer M. D.

(Address) 2700 Hartford Av

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Parkwood-bu DATE OF BURIAL, 6/20, 1925

20-UNDERTAKER, J. Fenwick Bully ADDRESS 130 E. Fort

Spec.—1-10-21—M&T—1500 Bks.

(Niendecker)

D 99680

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99680

CERTIFICATE OF DEATH.

H 1 Niendecker

REGISTERED NO.

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. Monument St. & Rutland St., 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Hindecker

(a) RESIDENCE No. 230 Nor Duncan ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) December 3-1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hardwood finisher 0/5

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt

PARENTS

10 NAME OF FATHER Henry Niendecker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna M Schulte

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Elizabeth Mengele

(Address) 119 N Belnord ave

15 8 1925 19 Robert F. Herrison Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16 1925

17 I HEREBY CERTIFY, That I attended deceased from 6/13, 1925 to 6/16, 1925.

that I last saw him alive on 6/16, 1925

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial failure (toxemia)

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Streptococcus infection of right leg (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) Isidor L. Levy, M. D.

6/16, 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL June 1925

20 UNDERTAKER Wendell Dysel & Son

ADDRESS 3731 Wash

Spec.—1-10-21—M&T—1500 Blks.

(Lena Goldring)

D 99681

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99681

CERTIFICATE OF DEATH.

X 3

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1508 Bolton ST., 15 WARD) -13

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena Goldring

(a) RESIDENCE NO. 1508 Baker ST., WARD St. Mary's Co. Md

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. 26 How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Goldring

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Frank Goldring

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Julia Redding 1508 Baker St

15 JUN 8 1925, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17th 1925

17 I HEREBY CERTIFY, That I attended deceased from June 8th 1925 to June 17th 1925.

that I last saw h[illegible] alive on June 16th 1925,

and that death occurred, on the date stated above, at 1:34 p.m.

The CAUSE OF DEATH* was as follows: Acute Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Pul. T. B. (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? St. Agnes Country Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) K. [illegible], M. D.

(Address) 32 Lancaster

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Joseph Church yard

DATE OF BURIAL June 19th 1925

20 UNDERTAKER Joseph A Farrell

ADDRESS 2314 Fleming St

Spec.—1-10-21—M&T—1500 Bks.

1825 D 99682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99682

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Lindsey

(a) RESIDENCE NO. Bluefield W Va ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Ida Lindsey

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work R R Man

(b) General nature of industry, business, or establishment in which employed (or employer) 073

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Jacob Lindsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Nancy Stoughton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Records

(Address)

15 8 1925, 19 Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 - 1925

17

I HEREBY CERTIFY, That I attended deceased from June 12, 1925, to June 17, 1925.

that I last saw him alive on June 17, 1925

and that death occurred, on the date stated above, at 10:25 A. m.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer

(duration) 15 yrs. mos ds.

CONTRIBUTORY (Secondary) Peritonitis, bilious

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of June 16 1925

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) F. H. Reichert M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bluefield W Va	6/18/25 19
20 UNDERTAKER Joseph Ahrens	ADDRESS 220 Cway

Cor.—1-12-23—M&T—100 Bks.

D 99683

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99683

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2624 Woodbrook St., 12 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lee H. Gorsuch.

(a) RESIDENCE No. 2624 Woodbrook St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. 3 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elenora A.

6 DATE OF BIRTH (month, day, and year) March 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	3	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) Steam
(c) Name of employer H. E. Gorsuch

9 BIRTHPLACE (city or town) Cecil
(State or country) Md.

PARENTS

10 NAME OF FATHER Lee H. Gorsuch

11 BIRTHPLACE OF FATHER (city or town) Cecil Co.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary J. Gosnell

13 BIRTHPLACE OF MOTHER (city or town) Cecil
(State or country) Md.

14 Informant H. E. Gorsuch
(Address) 2517 Druid Hill Ave

15 Filed 1-8-1925, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Tabular Disease of Heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John H. Morrison, M. D.
(Coroner.)

June 18, 1925 (Address) 1132 Rhode

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mechanicsville Md.	June 22 1925

20 UNDERTAKER Carroll Smith ADDRESS 2700 Edmondson Ave

Robert S. Little

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99684

CERTIFICATE OF DEATH.

49 D 99684

1-PLACE OF DEATH Baltimore City Hospital. Bay View Asylum.

CITY OF BALTIMORE: (No. ..... ST., 9-6 WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert McClelland,

(a) RESIDENCE No. 1735 Lamont av ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4y yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White,	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Susan McClelland

6 DATE OF BIRTH (month, day, and year) 10/15 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~74~~ 73		8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country) Baltimore

14 Informant Hospital records.
(Address) Baltimore City Hospitals.
Robert P. Harrison,

15 Filed ..... 19 .....
8 1925 Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-17-25 19

17 I HEREBY CERTIFY, That I attended deceased from June 16, 1925 to June 17, 1925.

that I last saw h. alive on June 17, 1925

and that death occurred, on the date stated above, at 2:15 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Prostate, with acute urinary retention.

(duration) 1 ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Terminal Broncho Pneumonia.

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of June 16, 25

Was there an autopsy? No.

What test confirmed diagnosis? Clinical and Lab. tests.

(Signed) Ira. P. Champe M. D.

Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Marys - Hampden	6/19/25
20 UNDERTAKER	ADDRESS
Geo. J. Roth 1925	Hanover

Spec.—1-10-21 M&T 1500 Blks.

D 99685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

60-82 D 99685

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... ST., 9-7 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stella Martin

(a) RESIDENCE NO. 1408 E Preston ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Co. Md.
(State or country)

PARENTS

10 NAME OF FATHER John Martin

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Hogan

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant City Hospital records
(Address)

15 Filed ..... 1925 ....., 19 .....

Burial Permit Clerk
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/17 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 18, 1924, to June 17, 1925,
that I last saw her alive on June 16, 1925,
and that death occurred, on the date stated above, at 4:00 a.m.

The CAUSE OF DEATH* was as follows:

Toxic Adenoma of Thyroid - Myocarditis
Myocardial Insufficiency
Auricular Fibrillation

..... (duration) yrs. 8 mos ..... ds.

CONTRIBUTORY
(Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Dudley C. Ashton, M. D.

, 19 (Address) Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Black Rock - Balto Co Md — DATE OF BURIAL 6/19/25

20 UNDERTAKER Geo J Roth — ADDRESS 1725 Harford Ave

Spec.—1-10-21—M&T—1500 Bks.

99686 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99686

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals REGISTERED NO. 90

CITY OF BALTIMORE: (No. ..... ST., 12-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Love Sittler

(a) RESIDENCE NO. 915 S Howard ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Sittler

6 DATE OF BIRTH (month, day, and year) Sept 30 1843

7 AGE: Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	-		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna Harvey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant City Hospital Records
(Address)

15 8 1925 ..... 19 ..... Registrar

Robert P. Hartigan
Chief Bureau of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-18 1925

17

I HEREBY CERTIFY, That I attended deceased from June 9, 1925, to June 18, 1925.

that I last saw her alive on June 17, 1925,

and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Hypertension,
Myocarditis, Myocardial Insufficiency
Emphysema.

(duration) ... yrs. 6 mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Pathological

(Signed) Dudley G. Ashton, M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill	June 20 1925

20 UNDERTAKER Wm Cook ADDRESS 502 E Fayette

Spec.—1-10-21—M&T—1500 lbs.

D 99687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

155 D 99687

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp - ST., 10 - 2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George R. Bateman

(a) RESIDENCE NO. 702 Mura ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Bateman

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57 about			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto Cemetery Co Baltimore, Md

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Samuel Bateman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Elizabeth D Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Samuel L Bateman

(Address) 639 W. Franklin

15 JUN 8 1925, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16 1925

17 I HEREBY CERTIFY, That I attended deceased from June 11, 1925, to June 16, 1925, that I last saw him alive on June 16, 1925, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Septicemia

Myocarditis.

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Abscess of lower jaw.

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No -

What test confirmed diagnosis? Clin + Phys. Tests

(Signed) Jos P Sippert, M. D.

, 19 (Address) St. Joseph's Hosp -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 6/19 1925

20 UNDERTAKER William Cook — ADDRESS 502 E North Ave

Burial Permit Clerk.

Spec.—1-10-21—M&T—1500 Bks.

D 99688

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99688

CERTIFICATE OF DEATH.

99-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 903 Chester ST., 16-6 WARD)

2-FULL NAME Maggie Johnson

(a) RESIDENCE NO. 903 Chester ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of James Stradem

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of Industry, business, or establishment in which employed (or employer) Private

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Evelyn Strale
(Address) 1100 N. Calhoun St

15 Filed June 19, 1925 Robert F. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16th 1925

17

I HEREBY CERTIFY, That I attended deceased from May 13th, 1925, to June 16th 1925.

That I last saw h alive on June 14th, 1925

and that death occurred, on the date stated above, at 11:30 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? 1100 Calhoun

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Du Ellis, M. D.

(Address) 729 Mad. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL June 19 1925

20 UNDERTAKER Mrs Geo. H. Dennis
per T. E. Kelsey

ADDRESS 1303 Priestman St

Spec.—1-10-21—M&T—1000 Blks.

D 99689

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 D 99689

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 Presstman St., 15 WARD) 15-13

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth Tillman

(a) RESIDENCE NO. 1508 Presstman ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 12, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	9	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph Stanley

11 BIRTHPLACE OF FATHER (city or town) not known
(State or country) not known

12 MAIDEN NAME OF MOTHER Francis Tillman

13 BIRTHPLACE OF MOTHER (city or town) Pennsylvania
(State or country) Maryland

14 Informant Francis Tillman
(Address) 1508 Presstman St

15 8 1925 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16 1925

17

I HEREBY CERTIFY, That I attended deceased from June 6 . 1925 , to June 16 . 1925 , that I last saw h[illegible] alive on June 16 . 1925 , and that death occurred, on the date stated above, at 10:30 p.m.

The CAUSE OF DEATH* was as follows:

Gastro enteritis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) John F. Lamy M. D.

, 19 (Address) 905 N. Mount

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL June 19 1925

20 UNDERTAKER Mrs James N. Dennis
Per T. E. Kelson.

ADDRESS 1303 Presstman St

D 99690

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

188-003

D 99690

1-PLACE OF DEATH

City of BALTIMORE: (No. 1211 Johns Hopkins Hospital Ward 2-1) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Joseph Levy.....

(Residence in Baltimore: No. 32 South Castle St LIKE St.; yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	single

6-DATE OF BIRTH, ... 1883 ..... (Month) ..... (Day) 1893 (Year)

7-AGE,	If LESS than 1 day,
32 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Chauffer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Gas & Electric

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Izrael Levy

11-BIRTHPLACE OF FATHER, (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Bessie -------

13-BIRTHPLACE OF MOTHER, (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Mr. B. Levy (Brother)

(Address)..... 2405 W. North Ave

15-

Filed JUN 19 1925 ROBERT F. KRAUTER, Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June 17-25 ....., 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatic Shock-abdominal hemorrhag (Fell from Gas & Electric Truck Co. & was run over)

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

.....(Duration).....yrs.....mos.....ds.

(Signed) J. S. H. Cullen M. D. (Coroner.)

6-18-25 192....(Address) 508 E. North Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Friendship Cem	6/19 1925
20-UNDERTAKER,	ADDRESS
Jack Lewis	1439 E. Balto

Spec. 1-19-21 M&T 1500 Blks.

D 99691 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

438 ✓

CERTIFICATE OF DEATH.

D 99691

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 434 N Fremont St., 18-1 WARD)

2-FULL NAME Emory Stewart

(a) RESIDENCE NO. 434 N Fremont Ave., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred dage mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Colored | 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 11, 1925

7 AGE Years — | Months 11 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Emory Stewart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Julia Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Emma Lee Stewart (Address) 434 N Fremont Ave

15 JUN 19 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18. 1925

17 I HEREBY CERTIFY, that I attended deceased from June 9. 1925. to June 18. 1925.

that I last saw him alive on June 16. 1925.

and that death occurred, on the date stated above, at 11:10 A m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. mos 10 da.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. H. Lewis M. D.

6/19, 1925 (Address) 1627 Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 6/19/25

20 UNDERTAKER David Easton — ADDRESS 916 Gay

Stoc—12-23-21—E.B.R.S.—400 Blks.

D 99692

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99692

CERTIFICATE OF DEATH.

15-6 46

1-PLACE OF DEATH

City of BALTIMORE: (No. 3208 Elgin ave St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan B. Hock

(a) Residence No. 3208 Elgin ave St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Albert H. Hock

6-DATE OF BIRTH (month, day and year) May 22-1865

7-AGE, 60 yrs. mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John W. Oler

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Sarah Ann Bailey

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14-

(Informant) Richard C. Oler

(Address) 126 Glade ave Pikesville

15-

Filed JUN 19 1925, 192.. ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 18, 1925

17- I HEREBY CERTIFY, That I attended deceased from May 1st, 1923 to June 18th, 1925

that I last saw her alive on June 17th, 1925

and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus + surrounding parts

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion + obstruction of the bowels

(Duration) yrs. mos. 10 ds.

18-Where was disease contracted if not at place of death? 631 Cumberland St for former residence

Did an operation precede death? yes Date of about 5 yrs ago by Dr Chaney

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Chas H. Bubert M. D.

June 19, 1925 (Address) 1100 W. Lafayette ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Druid Ridge Cem — DATE OF BURIAL, June 20, 1925

20-UNDERTAKER, Josiah Ryder — ADDRESS 1600 W. Baltimore ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99693

CERTIFICATE OF DEATH.

19-24-001 D 99693

1-PLACE OF DEATH

City of BALTIMORE: (No. 319 Monroe St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Adams

(a) Residence No. 319 Monroe St., ... Ward .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 8 mos. 27 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Sophia Adams

6-DATE OF BIRTH (month, day and year) Sept 26 1849

7-AGE, 75 yrs. 8 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Own Shop

(c) Name of employer .....

9-BIRTHPLACE (City or town) (State or Country) Md

PARENTS.

10-NAME OF FATHER John Adams

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Md

12-MAIDEN NAME OF MOTHER Martha Sadtler

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Baltimore Co Md

14-(Informant) Mrs. Ella Adams

(Address) 319 Monroe St

15-JUN 19 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 6/17/25

17-I HEREBY CERTIFY, That I attended deceased from 6-1- 19 25 to 6-17- 19 25

that I last saw h... alive on 6-17- 19 25

and that death occurred, on the date stated above, at 7:10 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. 2 mos. 3 ds.

CONTRIBUTORY (Secondary) Senile Debility

(Duration) ... yrs. ... mos. 15 ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) H. Russell Dawson, M. D.

19 (Address) 1227 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Cemetery — DATE OF BURIAL, June 19 25

20-UNDERTAKER, H. B. Shepherd — ADDRESS 1815 W. Baltimore St

Spec.—6-9-19—H. P. Co.—1000 Bks.

99694 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 24D 99694

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST.; 18-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evelyn Heflin

(a) RESIDENCE. No. 885 W Lombard St ST., ... WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 1, 1922

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER W. A. Heflin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Sylvia Burns

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant W. A. Heflin

(Address) 885 W Lombard St

15 Filed JUN 19 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18 25

17 I HEREBY CERTIFY, That I attended deceased from May 28, 1925, to June 18, 1925, that I last saw her alive on June 18, 1925, and that death occurred, on the date stated above, at 5 00 p. m.

The CAUSE OF DEATH* was as follows:

Meningococcic Meningitis

(duration) ..... yrs. ..... mos. 24 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Lumbar Puncture

(Signed) Myron G. Tull, M. D.

(Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	June 19th 19 25

20 UNDERTAKER John J. Fields ADDRESS 1200 N Lombard

Dr Fay F.D. Surgeon consents to use of his name on this certificate

Spec.—1-21—M&T—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99695

CERTIFICATE OF DEATH.

D 99695

1-PLACE OF DEATH 311 C Windsor Ave

REGISTERED NO. 15-6 90

CITY OF BALTIMORE: (No. 311 C Windsor Ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Ward Marker

(a) RESIDENCE NO. 311 C Windsor Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Marker.

6 DATE OF BIRTH (month, day, and year): Sept 20 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mechanic. Fire Dept 1st

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: City

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Edw Marker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Kemp.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): City

14 Informant (Address): Mrs S Marker 311 C Windsor Ave

15 Filed JUN 19 1925 19 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 18/1925

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1925, to June 18, 1925.

that I last saw him alive on about 2 weeks ago, 19

and that death occurred, on the date stated above, at 8.30 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis.

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? No. Dr Fay

What test confirmed diagnosis? F D Surgeon

(Signed) Chas L Parker, M. D.

19 (Address) 823 W North Ave.

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Salem Lutheran Cemetery	June 22 1925
20 UNDERTAKER	ADDRESS
Wm Corbin	520 E North Ave.

D 99696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6-1 194

D 99696

1-PLACE OF DEATH

City of BALTIMORE: (No. 21 N. Bond St St., Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joe Brown

(Residence in Baltimore: No. 21 N. Bond St St.; yrs. 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	col	mar

6-DATE OF BIRTH.

..... 1..... (Month) (Day) (Year)

7-AGE. bout35 yrs. mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Summers Fertilizer Co

9-BIRTHPLACE. (State or Country). Va

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER. (State or Country). "

12-MAIDEN NAME OF MOTHER. "

13-BIRTHPLACE OF MOTHER. (State or Country). "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Bryan

(Address) 1631 Orleans St

15- JUN 19 1925 ROBERT A. KRAUTER Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 16-25 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Thermic Fever- sent home from place of employment

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

.....(Duration).....yrs.....mos.....ds.

(Signed) J S H Owen M. D. (Coroner.)

6-19-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
asbury cemetery	June 19 1925
20-UNDERTAKER. Edward Bryan	ADDRESS 1631 Orleans st

Spec.—B19-21—M&T—1500 Bks.

D 99697

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99697

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Md. Gen'l Hosp. St., 11 Ward)

REGISTERED NO.

(If death occurred in a hospital, or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Jennett Wallace

(a) RESIDENCE NO. 821 Hamilton Terrace St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Wallace

6 DATE OF BIRTH (month, day, and year): Dec 11, 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Warrington, Va

PARENTS

10 NAME OF FATHER: Malvin Emory Jeffery

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Jeffery

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Mrs. Davis (Daughter)

(Address) 821 Hamilton Terrace

15 JUN 13 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 18 1925

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1925, to June 18, 1925, that I last saw her alive on June 18, 1925 and that death occurred, on the date stated above, at 7 30 P m.

The CAUSE OF DEATH* was as follows:

Fracture neck of left femur. Fell in own room, accidentally.

(duration) yrs. 1 mos 11 ds.

CONTRIBUTORY (Secondary) Acute exacerbation of chronic diffuse nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Washington D.C.

DATE OF BURIAL: 6/20 1925

20 UNDERTAKER: Wm. Cook Son

ADDRESS: E. Balto

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99698 D 99698

CERTIFICATE OF DEATH.

31

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 E. Monument St.; 10-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward M Johnson

(Residence in Baltimore: No. 1106 E Monument St.; 50 yrs., 4 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Feb 13, 1 (Month) (Day) (Year)

7-AGE, 50 yrs. 4 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Brewer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Fuller Laundry

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William Johnson

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Louisa Ringsdorf

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Johnson

(Address) 1106 E. Monument St

15-

JUN 19 1925

ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 17, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1925, to June 17 1925, that I saw h im alive on June 17 1925, and that death occurred, on the date stated above, at 9.40 P m.

The CAUSE OF DEATH* was as follows:

Ch. Pulmonary Th

(Duration) ... yrs. 8 mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) A. L. Hamaker M. D.

6/18, 1925 (Address) 733 Aisquith St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	June 20 1925
20-UNDERTAKER Henry Lutz	ADDRESS 1203 Broadway

Spec.—1-10-21—M&T—1500 Blks.

D 99699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

75-001

75 99699

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2450 Lakeview Ave WARD) 13-6

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dora Goldstein

(a) RESIDENCE No. 2450 Lakeview ST. Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unk. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Goldstein

6 DATE OF BIRTH (month, day, and year) About 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Israel Eldod

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mr. - Goldstein

(Address) 2450 Lakeview Ave

15 Filed JUN 19 1925 19 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18th 1925

17

I HEREBY CERTIFY, That I attended deceased from April 1st, 19 25, to June 18th, 19 25,

that I last saw h-r alive on June 18th, 19 25,

and that death occurred, on the date stated above, at 9.15 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Arterio-Sclerosis

(Post-Hemiplegic asthenia)

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? clinical findings

(Signed) Michael A Adams M. D.

6/19, 1925. (Address) r 360 Eutaw place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Hebrew Cem. DATE OF BURIAL 6/19/1925

20 UNDERTAKER David Sondheim ADDRESS 118 W. Mt. Royal Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99700
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

74-001

D 99700
Registered No. C.....

City of BALTIMORE: (No. 916 Park Ave. St. 11-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... John Bryant

(Residence in Baltimore: No. 916 Park Ave. St.; 7 yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	married

6-DATE OF BIRTH, May 16 1875
(Month) (Day) (Year)

7-AGE, 50 yrs. 1 mos. 7 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... (General)

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Madison Bryant

11-BIRTHPLACE OF FATHER, (State or Country), N. C.

12-MAIDEN NAME OF MOTHER, Mary Smith

13-BIRTHPLACE OF MOTHER, (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant)..... Geo. Bryant
(Address)..... 916 Park Ave.

15-
Filed..... 192.....
ROBERT R. KRAUTER,
Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 17, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) no history

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)
June 18, 1925 (Address) 202 Edmondson Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Woodlawn Cemetery	June 19, 1925

20-UNDERTAKER, Mrs P. L. Ellicott ADDRESS 1122 Rockland

Spec.—1-10-21—M&T—1500 Bks.

99701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

75 D 99701

1-PLACE OF DEATH Baltimore City Hospitals — REGISTERED NO. .....

CITY OF BALTIMORE: (No. ..... ST., 16 — 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H Hatton

(a) RESIDENCE NO. ? Eutaw ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sheet Metal Worker

(b) General nature of industry, business, or establishment in which employed (or employer) 084

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant City Hospital Records (Address)

15 JUN 19 1925 ROBERT A. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-17 1925

17

I HEREBY CERTIFY, That I attended deceased from May 15, 1925, to June 17, 1925, that I last saw him alive on June 15, 1925, and that death occurred, on the date stated above, at 7:00 Am

The CAUSE OF DEATH* was as follows:

Right hemiplegia (residual) ..... (duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia ..... (duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Laboratory + Clinical

(Signed) Dudley L. Ashton M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Reed's Cemetery	June 20, 1925
20 UNDERTAKER Robt J Turner & Son	ADDRESS 1844 Pratt

D 99702

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99702

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Philadelphia Rd & DeBolles ave St. 6-1 Ward) 182

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. John Fox

(Residence in Baltimore: No. 114 N Bond St.; 9 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH. April (Month) 11 (Day) 1914 (Year)

7-AGE.	If LESS than 1 day,
11 yrs. 2 mos. 6 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School boy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Virginia

PARENTS.

10-NAME OF FATHER. Bowles Fox

11-BIRTHPLACE OF FATHER. (State or Country). Virginia

12-MAIDEN NAME OF MOTHER. Mamie Jones

13-BIRTHPLACE OF MOTHER. (State or Country). Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Fox

(Address) 1144 Bond St

JUN 19 1925

ROBERT R. KRAUTER, Registrar

....., 192.... Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. June (Month) 17 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, aforesaid Inquest, autopsy or inquiry, and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning while swimming — Struck Quarry

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M. Ambler M. D. (Coroner.)

June 17 1925 (Address) York Road

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Old Westminster Cemetery	June 22 1925

20-UNDERTAKER. Robert F. Williams ADDRESS 1515 W. Lexington St

Spec.—1-10-21—M&T—1500 Blks.

99703 HEALTH DEPARTMENT—CITY OF BALTIMORE 99703

CERTIFICATE OF DEATH.

60-80

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene Sts 6-3 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William C Davis

(a) RESIDENCE No. 251 W. Fayette St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced (or) HUSBAND of WIFE of: Sadie Davis

6 DATE OF BIRTH (month, day, and year): March 16, 1879

7 AGE: Years 46 | Months 3 | Days 1 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Train Dispatcher

(b) General nature of industry, business, or establishment in which employed (or employer): 073

(c) Name of employer: P.R.R. Baltr Md.

9 BIRTHPLACE (city or town) (State or country): Baltr Md.

PARENTS

10 NAME OF FATHER: Wm. C. Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Portugal

12 MAIDEN NAME OF MOTHER: Barbara Horney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltr Md.

14 Informant: University Hospital Records (Address)

15 Filed 9 1925, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 17 1925

17 I HEREBY CERTIFY, That I attended deceased from March 3, 1925, to June 17, 1925, that I last saw h[illegible]live on June 17, 1925, and that death occurred, on the date stated above, at 1.30 a.m.

The CAUSE OF DEATH* was as follows:

Hydrothyraedenoma.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Dilatation of Heart

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ds

Did an operation precede death? yes Date of Jan 17-1925

Was there an autopsy? no

What test confirmed diagnosis? Clinical Signs

(Signed) Wayman Walker, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: June 20 1925

20 UNDERTAKER: Henry Sander & Sons Inc. — ADDRESS: 1710 Fleet St.

Spec.—1-10-21—M&T—1500 Blks.

D 99704

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99704

CERTIFICATE OF DEATH.

100-001.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1 Georgetown Road / Dist. 1 East of Union ave. ST., WARD 5

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edmund D. Adams

(a) RESIDENCE No. 1 Georgetown Rd. ST., WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha E. Adams

6 DATE OF BIRTH (month, day, and year) July 22nd 1848

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B. & O. R.R. 015

9 BIRTHPLACE (city or town) (State or country) Bermuda Islands

PARENTS

10 NAME OF FATHER William E. Adams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bermuda

12 MAIDEN NAME OF MOTHER Frances E. Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bermuda

14 Informant Clarence E. Adams
(Address) Georgetown & Union Ave.

15 Filed JUN 19 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18 1925

17 I HEREBY CERTIFY, That I attended deceased from June 14, 1925, to June 17, 1925.

that I last saw him alive on June 17 1925

and that death occurred, on the date stated above, at 12 00 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

.....(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)

.....(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? usual tests

(Signed) H. E. Krumbhaar, M. D.

June 20, 1925 (Address) H. E. Krumbhaar

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	June 20, 25
20 UNDERTAKER	ADDRESS
Fredk Lassahn & Sons	Fullerton

Spec.—1-10-21—M&T—1500 Blks.

D 99705 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99705

CERTIFICATE OF DEATH.

103

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 East Eager Street. ST., 11-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Elizabeth O'Donnell

(a) RESIDENCE NO. 13 East Eager ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dominick A. O'Donnell

6 DATE OF BIRTH (month, day, and year) August 13-1833

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	91	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Bennett F. Busey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Maria Ann Black

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Thomas B. Hayward

(Address) 13 E. Eager Street.

15 Filed JUN 20 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18 1925

17 I HEREBY CERTIFY, That I attended deceased from ——, 19 23, to June 18, 19 25,

that I last saw her alive on June 18, 19 25,

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Terminal pneumonia

(duration) ... yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Infirmities of age

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. H. Hayward, M. D.

6/19, 19 25 (Address) 225-W Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL June 20 1925

20 UNDERTAKER Chas. F. Evans & Son — ADDRESS 118 W. Mt. Royal Av

Spec.—1-10-21—M&T—1500 Blks.

D 99706 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99706

CERTIFICATE OF DEATH.

161-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2020 Penna. Ave ST., 14 WARD)

2-FULL NAME Baby Harcum

(a) RESIDENCE No. 2020 Penna. Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 17, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, 11 hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Phillip Harcum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Florinda Cooley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Florinda Harcum

(Address) 2020 Penna Ave

15 Filed ....., 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17, 1925

17 I HEREBY CERTIFY, That I attended deceased from June 17, 19 25 to June 17, 1925, that I last saw her alive on June 17, 1925, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Premature birth.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Hard work

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Opinion

(Signed) A. Lee Ellis, M. D.

6/19, 1925 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sent to J. H. Emby. Lab.

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JUN 1925 Robert T. Morrison, Burial Permit Clerk

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99707 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99707

CERTIFICATE OF DEATH. X 101-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 1002 S. Sharp St., 23 Ward) Registered No.

2-FULL NAME Richard Dukes

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1002 S. Sharp St., Ward Davis Sta. S.C.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Jannie Dukes

6-DATE OF BIRTH (month, day and year) — 1895

7-AGE 30 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), S. Carolina

PARENTS.

10-NAME OF FATHER, Sam Dukes

11-BIRTHPLACE OF FATHER (city or town) (State or Country), S. Carolina

12-MAIDEN NAME OF MOTHER, Alice —

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), S. Carolina

14- (Informant) Johnie Johnson

(Address) 1002 S. Sharp St.

15- Filed 6-20-1925 Robert F. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 6/19/25

17- I HEREBY CERTIFY, That I attended deceased from 6/15/ 1925 to 6/19 1925

that I last saw h— alive on 6/19 1925

and that death occurred, on the date stated above, at 4-30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Dan'l Sturdivant M. D.

6/19, 1925 (Address) 1100 Lee

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Davis Sta. S.C. DATE OF BURIAL June 20 25

20-UNDERTAKER Edward L. Brumley & Co. ADDRESS 555

Spec—12-23-21—E.B.R.S.—400 Eks.

D 99708 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99708

CERTIFICATE OF DEATH.

15 - 129 / 15 - 12

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1713 Friendsbury St., Ward) Registered No.

2-FULL NAME... Walter T. Pearson

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1713 Friendsbury St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. — mos. 2 ds. How long in U. S., if of foreign birth? 38 yrs. — mos. 7 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) July 6-1855

7-AGE. 74 yrs. 11 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) United Rwy Co

(c) Name of employer...

9-BIRTHPLACE (city or town) (State or Country), St Mary Lee Md

PARENTS.

10-NAME OF FATHER, John Pearson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Martha Cartwright

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Sarah A. Pearson

(Address) 1713 Friendsbury St

15- Filed ... 192... Registrar.

Robert P. Harrison

JUN 20 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 18-1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 30th 1925 to June 18th 1925 that I last saw him alive on June 7th 1925 and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows: Chronic Valvular Endocarditis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatous Nephritis (Duration) 3 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) L. L. Cooley M. D.

6-18, 1925 (Address) 421 Harford Road

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Centreville Md	June 22, 1925
20-UNDERTAKER.	ADDRESS
Harry W. Ehlen	Westminster

Spec.—1-10-21—M&T—1500 Blks.

D 99709 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 99709

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 2508 Woodbrook Ave ST., 13 WARD) 179 5

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth Henrietta Nagi

(a) RESIDENCE No. 2508 Woodbrook Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. 25 ds. How long in U. S., if of foreign birth? yrs. 8 mos. 25 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 23/25

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto
(State or country) Md.

PARENTS

10 NAME OF FATHER Paul E. Nagi

11 BIRTHPLACE OF FATHER (city or town) N.Y.
(State or country) N.Y.

12 MAIDEN NAME OF MOTHER Henrietta Eliz. Hoffman

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Mrs H. Eliz. Nagi
(Address) 2508 Woodbrook Ave

15 Filed ....., 19 Robert P. Harrison
Registrar

1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18th 1925

17 I HEREBY CERTIFY, That I attended deceased from June 12, 1925, to June 18, 1925, that I last saw h alive on June 18th, 1925, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Streptococcic Septicemia
of Intestines due to Severe
Vomiting June 12/25

J K Coroner J J Moriarty

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Ind. Gas. & Bronchitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No .

What test confirmed diagnosis? Vaccine

(Signed) Edw. Smith, M. D.

6/18, 1925 (Address) 1635 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	June 22 1925
20 UNDERTAKER Harry W. Ehlen	ADDRESS 1944 W. Northern

Spec.—I-10-21—M&T—1500 Bks.

D 99710 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 99710

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 E. Eager ST., 1-1 WARD) REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie L. Thompson

(a) RESIDENCE NO. 1813 E. Eager ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. 9 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Thompson.

6 DATE OF BIRTH (month, day, and year) Sept. 9-1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) 03

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Jos. Fosler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Caroline Nohe.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant Charles Thompson

(Address) 1813 E. Eager St.

0 1925 , 19 Registrar

Burial Permit (illegible)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov. 21 -, 1924 to June 19 -, 1925, that I last saw her alive on June 18 -, 1925, and that death occurred, on the date stated above, at 9.55 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pernicious Anemia

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Edwin B. Fenby, M. D.

6/20/1925 (Address) 1223 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL June 22 1925

20 UNDERTAKER Zickler & Zickler — ADDRESS 1739 E. Eager St.

Spec.—1-10-21—M&T—1500 Blks.

D 99711

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99711

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH Baltimore Md.

CITY OF BALTIMORE: (No. 1428 E. Lex. ST., 5-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Craig

(a) RESIDENCE No. 1428 E. Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Noah Craig

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. min.
	54	unknown		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D. C.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Noah Craig (Address) 1428 E. Lexington St

15 Filed JUN 1925, 19 Robert F. Harrison, Registrar

Assist. Vital Records Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-18-25 19

17 I HEREBY CERTIFY, That I attended deceased from 5-10-25, 1925, to 6-18-25, 1925, that I last saw her alive on 6-17-25, 1925, and that death occurred, on the date stated above, at 3 30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Acute Cardiac Dilatation

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. S. Butler, M. D.

, 19 (Address) 725 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery DATE OF BURIAL June 1925

20 UNDERTAKER Chas. H. Jenkins & Son ADDRESS N. Caroline St

Spec.—1-10-21—M&T—1500 Bks.

1815 99712 HEALTH DEPARTMENT—CITY OF BALTIMORE 100-08 99712

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST., 72 WARD) -1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie Mitchell

(a) RESIDENCE NO. 838 Sharp St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. - 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	9	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: James Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Florida

12 MAIDEN NAME OF MOTHER: Julia Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

14 Informant: Records J. H. H.

(Address)

15 Filed JUN 20 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18 1925

17

I HEREBY CERTIFY, That I attended deceased from May 26, 1925 to June 18, 1925, that I last saw her alive on June 18, 1925 and that death occurred, on the date stated above, at 4.20 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia, acute primary

(duration) yrs. mos. 03 ds.

CONTRIBUTORY (Secondary) Rickets

(duration) yrs. 03 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) autopsy, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Ct — DATE OF BURIAL: June 21 1925

20 UNDERTAKER: A. Lee Bromwell Son — ADDRESS: 1016 Mount St

Spec.—1-10-21—M&T—1500 Blks.

99713 HEALTH DEPARTMENT—CITY OF BALTIMORE 99713

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Md. Gen. Hosp. REGISTERED NO. 45

CITY OF BALTIMORE: (No. 16-5 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Clara E. Mattoon

(a) RESIDENCE No. 2026 Harlem St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	married

5a If married, widowed, or divorced (or) WIFE of William Mattoon

6 DATE OF BIRTH (month, day, and year) Oct 5

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

PARENTS

10 NAME OF FATHER James Heinrich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Co. Md.

12 MAIDEN NAME OF MOTHER Elizabeth Holtzer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Co. Md.

14 Informant Mrs Clara Mattoon

(Address) 2026 Harlem st

15 1925, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19, 1925

17 I HEREBY CERTIFY, That I attended deceased from April 17, 1925, to June 19, 1925, that I last saw her alive on June 19, 1925, and that death occurred, on the date stated above, at 6 45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Gland Carcinomatosis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Jno. A. Logan Jones, M. D.

. 19 (Address) Md Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 22 June 1925

20 UNDERTAKER Wm Routson

ADDRESS 2238 N Wolfe

Robert P. Harrison,

Burial Permit Clerk.

Spec.—8-24-14—M. & T.—2000 Edn.

Isabella

99714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24 B 99714

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 Mosher ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabella Hollaway

(Residence in Baltimore: No. 1209 Mosher St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 22, 1857 (Month) (Day) (Year)

7-AGE, 67 yrs. 11 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home duties
(b) (General nature of industry, business, or establishment in which employed (or employer)....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William Henry

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Susan Mayberry

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amelia Hollaway

(Address) 1209 Mosher St

15-

Filed....., 191....

Registrar.

Robert P. Harrison,
Burial Permit Clerk.

1025

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 18, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 6 1925, to June 18 1925, that I saw her alive on June 17 1925, and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Coma

(Duration)....yrs....mos. 2 ds.

(Signed) Chas R Davis M. D.

....., 191... (Address) 2108 Brookfield Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery

DATE OF BURIAL, June 20, 1925

20-UNDERTAKER A M Rowton

ADDRESS 2238 N Mt

Spec.—6-9-19—H. P. Co.—1000 Blks.

D 99715 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99715

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2127 Division St ST.: 14-90 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Thomas

(a) RESIDENCE. NO. 2127 Division St ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	C	Widowed

5a If married, widowed or divorced, HUSBAND of Allen Thomas (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12/26/1881

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
47	5	22	

8 OCCUPATION OF DECEASED Domestic

(a) Trade, profession or particular kind of work 10 01

(b) General nature of industry, business, or establishment in which employed (or employer) General Housework

(c) Name of employer -------

9 BIRTHPLACE (city or town) Balto. (State or country) Md

PARENTS

10 NAME OF FATHER Charles Totman

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Alice Davis (Address) Argyle Ave

Filed 6-20 1925 19 Burial Permit (Registry)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/17/25 19

17 I HEREBY CERTIFY, That I attended deceased from June 14 19 25 to June 17 19 25 that I last saw her alive on June, 17 19 25 and that death occurred, on the date stated above, at 3:30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. I ds.

CONTRIBUTORY (Secondary) Cardio-Renal Insuf.

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? -------

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinary

(Signed) Marcellus E. Toney, M. D.

19 (Address) 1445 N. Carey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	June 20 1925

20 UNDERTAKER Virginia A. Brooks ADDRESS 1463 W. Fay

Spec.—1-10-21—MAT—1500 Blks.

D 99716 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99716

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2042 Fountain Street ST., 7 - 1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary. Kownacka

(a) RESIDENCE NO. 2042 Fountain Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 24 1912

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	13	4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Julian. Kownacki

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Pauline Kulakowski

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14

Informant Mr Julian. Kownacki
(Address) 2042 Fountain Street

15

Filed 0 1925, 19 Robert F. Harrigan, Registrar
Chief Deputy Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/19/25

17

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1925, to June 19, 1925, that I last saw h. alive on June 18, 1925, and that death occurred, on the date stated above, at 1230 A m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Trouble

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Kynacek M. D.

(Address) 901 Wickewood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — DATE OF BURIAL: June 22 1925

20 UNDERTAKER: John McWeber — ADDRESS: 1803 Bank St

Spec.—1-10-21—M&T—1500 Blks.

D 99717

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99717

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2530 Foster Avenue ST., 1-2 90 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME SAlomea .Mazan

(a) RESIDENCE No. 2530 Foster Avenue ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 8 1913

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	11	6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Joseph . Mazan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Josephine. Pasek

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mr. Joseph. Mazan

(Address) 2530 .Foster Avenue

15 Filed ..... 19 .....

Registrar

D 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/18/25

I HEREBY CERTIFY, That I attended deceased from June 12 19 25, to June 18. 19 25.

that I last saw h alive on June 17 19 25

and that death occurred, on the date stated above, at 8.30 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Valvular Disease

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Valentine, M. D.

19 (Address) 14 E Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	June 22 1925
20 UNDERTAKER	ADDRESS
John M Weber	1503 Bank

Spec. - 1-10-21 - M&T - 1500 Blks.

D 99718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 99718

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 Carlton N ST., 18 W WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lawson Green

(a) RESIDENCE NO. 115 Carlton ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Lucy Green

6 DATE OF BIRTH (month, day, and year) Dec 24, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	5	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor 610

(b) General nature of industry, business, or establishment in which employed (or employer) Church

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Essex Co Va

PARENTS

10 NAME OF FATHER Matthews Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Annie Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Lucy Green

(Address) 115 N. Carlton St.

15 Filed ..... 19 .....

Registrar

0 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18 1925

17 I HEREBY CERTIFY, That I attended deceased from June 17, 1925, to June 18, 1925.

that I last saw h[illegible] alive on June 18, 1925.

and that death occurred, on the date stated above, at 11:30 p m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) ... yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. H. Hamilton M. D.

6/19, 1925 (Address) 1197 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL 6-22 1925

20 UNDERTAKER George A. Gibson

ADDRESS 1735 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Blks.

D 99719

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99719

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John P. McLean

(a) RESIDENCE No. Brunswick, Ga ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 19-1872

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hercules Powder

(b) General nature of industry, business, or establishment in which employed (or employer) Mfg

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER John A. McLean

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada

14 Informant Records

(Address) J. H. H.

15 Filed 20 1925, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1925

17

I HEREBY CERTIFY, That I attended deceased from June 9, 1925, to June 20, 1925, that I last saw him alive on June 20, 1925, and that death occurred, on the date stated above, at 5-05 a. m.

The CAUSE OF DEATH* was as follows:

Mitral and Aortic Insufficiency

Myocardial Insufficiency

Subacute Bacterial Endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hotel Rueco

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas. W. Cairnright Jr. M. D.

6 pof 26 (Address) Johns Hopkins Hospital

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Massena N.Y.	June 20 1925
20 UNDERTAKER	**ADDRESS**
G. O. Mitchell	201 W Fayette St

P.R.R. Elma D. MacLean Escat

Spec.—1-10-21—M&T—1500 Bks.

D 99720

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99720

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 N. Castle ST., 7-2 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara A. Stecher

(a) RESIDENCE No. 625 N. Castle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. — mos. — ds. How long in U. S., if of foreign birth? 53 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of late Henry Stecher

6 DATE OF BIRTH (month, day, and year) Sept 24/53

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER John Houck

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Marie G. Ochs 625 N. Castle

15 JUN 9 1925, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 16, 1925, to June 18, 1925, that I last saw h alive on June 16th 1925 and that death occurred, on the date stated above, at 1.50 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. S. Love, M. D.

June 19 1925 (Address) 1508 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — DATE OF BURIAL: 6/20 1925

20 UNDERTAKER: Philip Herwig — ADDRESS 2016 Orleans

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99721

CERTIFICATE OF DEATH.

90

D 99721

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1536 Hanover ST., 23-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Zimmerman

(a) RESIDENCE NO. 1536 Hanover ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. 3 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Zimmerman

6 DATE OF BIRTH (month, day, and year) Feb 26/1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Dont know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Margaret Volk.

(Address) 813 E 31st St (Waverly)

15 Filed JUN 19 1925, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 1925

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1922 to June 19, 1925.

that I last saw h[illegible] alive on June 16, 1925.

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Disorder

(duration) yrs. mos

CONTRIBUTORY (Secondary) Under Treatment

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General

(Signed) L. F. Faulkner M. D.

6/19/25 (Address) 1 Wendell Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem. DATE OF BURIAL June 22 1925

20 UNDERTAKER A. Howard Evans ADDRESS 386 E. Fort Ave

Spec--12-23-21--E.B.R.S.--400 Bks.

D 99722 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 99722

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 1840 W. Fayette St., 20-5 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Clarissa D'Ennas

(a) Residence No. 1840 W. Fayette St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. — mos. — ds. How long in U. S., if of foreign birth? [redacted] yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of John Milton D'Ennis

6-DATE OF BIRTH (month, day and year) Sept 22-1831

7-AGE. 93 yrs. 8 mos. 28 ds. If LESS than 1 day, — hrs. or — min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer). —

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Carroll County Md

PARENTS

10-NAME OF FATHER. Independence Houck

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Carroll Co. Md

12-MAIDEN NAME OF MOTHER. Matilda Lee

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore County

14- (Informant). J. Milton D'Ennis (Address). 3914 Park Heights Ave

15- Filed 1925 Robert F. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 20-1925

17- I HEREBY CERTIFY, That I attended deceased from Jany 12 1925 to June 20 1925 that I last saw h-er alive on June 19 1925 and that death occurred, on the date stated above, at 12 45 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(Duration) — yrs. — mos. — ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Usual

(Signed) George C. Shannon M. D

June 20, 1925 (Address) 700 Fulton Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem	June 22, 1925
20-UNDERTAKER. George J. Smith	ADDRESS 153 Hollins

Spec.—1-10-21—M&T—1500 Bks.

D 99723

HEALTH DEPARTMENT—CITY OF BALTIMORE

14 D 99723

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. Raynor & Dukeland ST. WARD 15 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kathryn Reinhardt

(a) RESIDENCE NO. 105 W McComas ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. 0 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Georgia L. Reinhardt

6 DATE OF BIRTH (month, day, and year) June 4 - 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	0	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Otto Rudolph

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant (Address) Mr. Georg L. Reinhardt 105 W. McComas

15 Filed JUN 21 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 1925

17

I HEREBY CERTIFY, That I attended deceased from May 29, 1925, to June 19, 1925, that I last saw her alive on June 19, 1925, and that death occurred, on the date stated above, at 8 45 P. m.

The CAUSE OF DEATH* was as follows:

Prolapse of Uterus (Complete)

(duration) 1 yrs. mos. da.

CONTRIBUTORY (Secondary) Pulmonary Embolism

(duration) yrs. mos. 5 min da.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of May 31 25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Hubert Wilkerson, M. D.

(Address) Walker Apartments

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem

DATE OF BURIAL 6/22 1925

20 UNDERTAKER J. Frew McCully

ADDRESS 130 E. Fort

D 99724

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 D 99724

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3207 Independent St ST.: 9-3 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Robert L. Gannon

(Residence in Baltimore: No. 3207 Independent St.: 12 yrs. 5 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6 DATE OF BIRTH December 25th, 1912
(Month) (Day) (Year)

7 AGE 12 yrs. 5 mos. 25 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: a School boy
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country) Balto. Md

PARENTS

10 NAME OF FATHER John J. Gannon

11 BIRTHPLACE OF FATHER (State or country) Ireland

12 MAIDEN NAME OF MOTHER Delia M. Mahoney

13 BIRTHPLACE OF MOTHER (State or country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. John J. Gannon

(Address) 3207 Independent St

15.

JUN 21 1925

ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 20, 1925
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1925. to. June 20 1925.
that I saw h-m alive on June 19. 1925.
and that death occurred, on the date stated above, at 2.10 a. m.
The CAUSE OF DEATH* was as follows:

Valvular disease of heart
as above (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Aortic insufficiency
as above (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. E. Prentiss M. D.
June 20, 1925. (Address) 634 Gorsuch Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL June 22, 1925

20 UNDERTAKER Henry Hoeck Son — ADDRESS 301 E Eager St

Be very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99725
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

X 38

D 99725
Registered No. C.....

City of BALTIMORE: (No. Hopkins Hospital St., 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Edgar Cager

(Residence in Baltimore: No. 523 Orchard St St.; yrs. mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	col	mar

6-DATE OF BIRTH. ....1866.... (Month) ....1.... (Day) .... (Year)

7-AGE. ....59.... yrs. .... mos. .... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER, (State or Country): "

12-MAIDEN NAME OF MOTHER: "

13-BIRTHPLACE OF MOTHER, (State or Country): "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maggie Cager (wife)

(Address) 523 Orchard St

15- JUN 21 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 19-25 (Month) (Day) 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
Syphillitic Aortitis

(Autopsy at Hopkins Hospital)

CONTRIBUTORY (Secondary) (Duration) .... yrs. .... mos. .... ds.

(Signed) J. M. Wallis M. D.
(Coroner.)

6-20-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.... yrs.... mos.... ds. In the State.... yrs.... mos.... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Howard Co. Md.

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL.
Loudon Park Cem 6/21/25

20-UNDERTAKER. Daniel Corbin ADDRESS 916 Eutaw

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99726

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 D 99726

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 5 N- Amity St., 18-2 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evelyn Mary Bennett

(a) Residence No. 5 N- Amity St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 4-3-25

7-AGE, ...yrs. 2 mos. 17 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer)..... Ohio

(c) Name of employer.....

9-BIRTHPLACE (city or town) Balto (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James Bennett

11-BIRTHPLACE OF FATHER (city or town) Balto (State or Country),

12-MAIDEN NAME OF MOTHER, Edna Warner

13-BIRTHPLACE OF MOTHER (city or town) Balto (State or Country), Md

14- (Informant) Agnes Bennett

(Address) 5 N. Amity St

15- Filed JUN 21 1925 19.. ROBERT R. KRAUTER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 6/20/25

17- I HEREBY CERTIFY, That I attended deceased from 6/18/ 19 25, to 6/20/ 19 25, that I last saw h.. alive on 6/18/ 19 25 and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

.....(Duration) .....yrs. .....mos. 6 ds.

CONTRIBUTORY (Secondary)

.....(Duration) .....yrs. .....mos. .....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? .....Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) E. L. Jackson, M. D.

6/20, 1925 (Address) 806 W Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, 6/22/1925

20-UNDERTAKER, Daniel Easton — ADDRESS 916 Eutaw Pl

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 99727 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99727

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 Hanover St.; 23 Ward)

REGISTERED NO. 74-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theodore C. Nickles

(a) RESIDENCE. No. 1605 Hanover St., 23 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 9 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
BUSBAND of (or) WIFE of Margaret Nickles

6 DATE OF BIRTH (month, day, and year) Aug 24/1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	9	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Painter (House)
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Wm. Nickles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Amelia Hoch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs M. Nickles
(Address) 1605 Hanover

15 Filed JUN 21 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 1925

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1925, to June 19, 1925, that I last saw h alive on June 19, 1925, and that death occurred, on the date stated above, at 5-15 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Jos. R. R. Campbell, M. D.

June 22, 19 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	June 22 1925
20 UNDERTAKER E. Schloman & Son	ADDRESS 1689 Hanover

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99728

CERTIFICATE OF DEATH.

90 D 99728

1-PLACE OF DEATH

City of BALTIMORE: (No. 822 E. Eager St., 10-2 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Annie Daily

(a) Residence No. 822 E. Eager St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Timothy Daily

6-DATE OF BIRTH (month, day and year) 6/3/1865

7-AGE, 60 yrs. 0 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... House Work

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Daniel Lahanan

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Bessie Regan

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Ireland

11- (Informant).. Daniel Daily Son

(Address)... 822 E. Eager St.

13-

Filed..... 192.... ROBERT R. KRAUTER Registrar.

JUN 21 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 6/19/25

17- I HEREBY CERTIFY, That I attended deceased from 5/19, 1925, to 6/19, 1925, that I last saw h. alive on 6/19, 1925, and that death occurred, on the date stated above, at 9 p—m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Chronic myocarditis
Unknown (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)
.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?.....Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed)... Dr Bernard Lewis, M. D.

6/20, 1925 (Address) 914 E Biddle St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, New Cathedral — DATE OF BURIAL, June 23, 1925

20-UNDERTAKER, Edmund W. Conkling — ADDRESS 829 E. Eager St.

Spec. 1-19-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D·99729

CERTIFICATE OF DEATH.

31 D 99729
REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 Warner ST., 22-1 WARD)

2-FULL NAME Richard Brooks

(a) RESIDENCE No. 817 Warner ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Brooks

6 DATE OF BIRTH (month, day, and year) Unknown 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer) St. Asia

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Fairfield A.A.C. Maryland

PARENTS

10 NAME OF FATHER Charles Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country) A.A.Co. Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Alice Brooks
(Address) 817 Warner St

15 Filed JUN 21 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18th 1925

17

I HEREBY CERTIFY, That I attended deceased from Feby 16th, 1925, to June 18th, 1925, that I last saw him alive on June 18th, 1925, and that death occurred, on the date stated above, at 6.20 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis (duration) — yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) Pleurisy & asthenia (duration) yrs. One mos. ds.

18 Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? No Date of —

Was there an autopsy? No. —

What test confirmed diagnosis? Symptoms & Physical Examination

(Signed) Edward E. Mackenzie, M. D.

June 19, 1925 (Address) 1339 rr North Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cemetery	June 21/1925
20 UNDERTAKER	ADDRESS
Mrs Ida Snowden	1726 Eastern Av

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 99730

CERTIFICATE OF DEATH

90) 99730

1-PLACE OF DEATH 213 N. Lakewood Ave. REGISTERED No. C.....

CITY OF BALTIMORE: (No. ..... St. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Stumpf

(Residence in Baltimore: No. 213 N. Lakewood St.; 48 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male | 4-COLOR OR RACE: White | 5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Dec. (Month) 21st (Day) 1876 (Year)

7-AGE: 48 yrs. 6 mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Stuffing Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Arne. Corp. 609

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Michael Stumpf

11-BIRTHPLACE OF FATHER (State or country): Ger

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): [illegible]

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Katl. Stumpf

(Address) 213 N. Lakewood

15- JUN 21 1925 ROBERT R. KRAUTER, Registrar
Filed ....., 191.... Burial Permit

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 19th (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan., 1925, to, June 15th 1925; that I saw him alive on June 15th 1925; and that death occurred, on the date stated above, at 9 30a m.

The CAUSE OF DEATH* was as follows:

Heart Disease
(Valvular) (Syphilitic)

(Duration) ..... yrs. 6 mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. J. Faulkner M. D.

6/20/25, 191.. [Address] 119 N. Milton

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cem. | DATE OF BURIAL 6/22/1925

20-UNDERTAKER: J. G. Moran | ADDRESS 3009 E. Baltimore

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99731

CERTIFICATE OF DEATH.

99-D 99731

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3928 E. Pratt ST., No-7 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Magitte

(a) RESIDENCE NO. 3928 E. Pratt ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		-		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Paul Magitte

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Virginia Vacca

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Virginia Vacca (Address) 3928 E Pratt

15 Filed JUN 21 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 1925

17 I HEREBY CERTIFY, That I attended deceased from March, 1925, to June 19, 1925, that I last saw her alive on June 18, 1925, and that death occurred, on the date stated above, at 11 1. m.

The CAUSE OF DEATH* was as follows:

Marasmus

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Pyrodilin

(duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) R. G. Shaar M. D.

(Address) 516 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Holy Redeamer — DATE OF BURIAL 6/22 1925

20 UNDERTAKER James A Jones — ADDRESS 120-22 Pearl

Spec.—1-12-23—M&T—500 Blks.

D 99732

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

84 D 99732

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3710 Greenmount ave ST., 12-1 WARD)

2-FULL NAME Catiena Borden Weaver Coria

(a) RESIDENCE No. 3710 Greenmount ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Walter P. Coria

6 DATE OF BIRTH (month, day, and year) Aug 4 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Providence Rhode Island

PARENTS

10 NAME OF FATHER Albert Weaver

11 BIRTHPLACE OF FATHER (city or town) (State or country) Providence R. I.

12 MAIDEN NAME OF MOTHER Catherine Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Walter P. Coria
(Address) 3710 Greenmount ave

15 Filed ..... 19 ..... [illegible] KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 1925

17 I HEREBY CERTIFY, That I attended deceased from October, 1924, to June 19, 1925, that I last saw her alive on June 18, 1925, and that death occurred, on the date stated above, at 12:30 P m.

The CAUSE OF DEATH* was as follows:

Multiple Sclerosis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

6 (Signed) F. J. Kinsey, M. D.

20 . 1925 (Address) 2760 Harford Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	June 22 1925
20 UNDERTAKER	ADDRESS
Chas. G. Black	742 W. North ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99733

CERTIFICATE OF DEATH.

119 D 99733

1-PLACE OF DEATH Hebrew Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 12-5 WARD)

2-FULL NAME Baby Feldman

(a) RESIDENCE No. 2328 Bryant Ave ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 15/25

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work /

(b) General nature of industry, business, or establishment in which employed (or employer) ditto

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Sol Feldman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sophie Lefkowitz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Dad
(Address)

15 JUN 21 1925 ROBERT R. KRETSCHMER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 1925

17

I HEREBY CERTIFY, That I attended deceased from June 18, 1925, to June 19, 1925, that I last saw him alive on June 19, 1925, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Terminal Pneumonia

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Fecal impaction

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? In utero

Did an operation precede death? Yes Date of June 18

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) I. Waller Goldkrand, M. D.

..... 19 (Address) Hebrew Hosp, City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Workmen circle — DATE OF BURIAL Oct 19 25

20 UNDERTAKER Jack Lewis — ADDRESS 1439 E Balt

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99734

CERTIFICATE OF DEATH.

X 101 -001

D 99734 Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hosp— St., 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. J. Shadwick McCarthy

(a) Residence No. 7 Mile Lane Pikesville Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Mal.	Wht	—

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Apr 27, 1924

7-AGE.	If LESS than 1 day,
1 yrs. 1 mos. 22 ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) Md

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), md—

PARENTS.

10-NAME OF FATHER, John Mc Carthy.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), md —

12-MAIDEN NAME OF MOTHER, Minnie Rausch —

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), md —

14- (Informant) Mrs. John Mc Carthy

(Address) 7 mile Lane

15- JUN 21 1925 ROBERT P. KRAUTH Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 6-18-25

17- I HEREBY CERTIFY, That I attended deceased from June 1, 1925 to June 18, 1925 that I last saw h. alive on June 18, 1925 and that death occurred, on the date stated above, at 9.25 P m.

The CAUSE OF DEATH* was as follows:

Emphysema following labar pneumonia.

(Duration) — yrs. — mos. 18 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Home.

Did an operation precede death? Yes. Date of June 12, 1925

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) B.B. Price M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Mt. Cathedral	6-22, 1925

20-UNDERTAKER, H. Brauning & Son ADDRESS 517 N Belvedere st

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 145-001

99735

CERTIFICATE OF DEATH.

D 99735

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Ct. Douglas Hosp. ST., 9-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Caroline Balls.

(a) RESIDENCE NO. 11 Forest Drive ST., WARD Catonsville Md

(Usual place of abode)

Length of residence in city or town where death occurred Balto Co Md 1 month (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
~~M~~ F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Balls.

6 DATE OF BIRTH (month, day, and year) Sept 8 1877.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co Md.

PARENTS

10 NAME OF FATHER Jacob Burkhart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Switzerland

12 MAIDEN NAME OF MOTHER Thorbr Jacob

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant Grace B. Adams

(Address) 2917 St Paul St

15 Filed JUN 21 1925 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 25

17 I HEREBY CERTIFY, That I attended deceased from May 9, 1925, to June 19, 1925, that I last saw h~~e~~ alive on June 19, 1925, and that death occurred, on the date stated above, at 9:40 a-m.

The CAUSE OF DEATH* was as follows:

Myocarditis.

Acute Nephritis

(duration) 2 yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Forceps & Pregnancy

(duration) yrs. 1½ mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Caesarean Section May 9/25

Was there an autopsy? no

What test confirmed diagnosis? Clin & Lab. Test

(Signed) Leo B Sylvester, M. D.

, 19 (Address) St. Joseph Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem DATE OF BURIAL June 22 1925

20 UNDERTAKER John O Mitchell ADDRESS 1201 W Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99736 — 129 — D 99736

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 514 E North Av ST.; 9-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Libby Franklin Cope,

(Residence in Baltimore: No. 514 E. North Av St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: M

4-COLOR OR RACE: W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widower

6-DATE OF BIRTH, June 2nd (Month) (Day), 1841 (Year)

7-AGE, 84 yrs. 5 mos. 17 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: P. O. Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 009

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Gilbert Cope

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Sarah A Clarke

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. Thomas Clarke

(Address) 514 E. North Ave.

15- Filed....., 191.... Registrar.

KRAUS 2 1 1925 ROBERT R. KRAUS Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 19th (Month) (Day), 1925. (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 12th 1925, to June 19th 1925, that I saw him alive on June 19th 1925, and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

.....

Old age

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Interst Nephritis

..... (Duration) ....yrs. 3 mos. 7 ds.

(Signed) A.M. Carrington M. D.

June 20, 1925 (Address) 2808 Calvert St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, June 22, 1925.

20-UNDERTAKER, A. E. Hughes — ADDRESS 1 N Broadway

Uriel

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99737

CERTIFICATE OF DEATH.

47 D 99737

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital WARD)

2-FULL NAME Sr. Mary Uriel

(a) RESIDENCE NO. 1709 Hough St. WARD Baltimore Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Religious

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
54				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 165

(b) General nature of industry, business, or establishment in which employed (or employer) Religious

(c) Name of employer

9 BIRTHPLACE (city or town) Ireland
(State or country)

PARENTS

10 NAME OF FATHER Edmond Walsh

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Mary Herlihy

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant Hospital Records
(Address)

15 Filed JUN 22 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/20/25

17 I HEREBY CERTIFY, That I attended deceased from April 13, 25 to 6/20/25.
that I last saw her alive on 6/20/25
and that death occurred, on the date stated above, at 3:50 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma Breast
Chronic Parenchymatous Nephritis
(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Rachel? Breast
Did an operation precede death? no Date of 4/10/25
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) K. W. Holley, M. D.
, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. D.C. DATE OF BURIAL June 23, 1925

20 UNDERTAKER Wm. Tickner Sons ADDRESS Baltimore

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99738

CERTIFICATE OF DEATH.

90D 99738

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1029 Bennett Pl ST., 18-1 WARD)

2-FULL NAME Elizabeth Hollmann

(a) RESIDENCE No. 1029 Bennett Pl ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J. Henry Hollmann

6 DATE OF BIRTH (month, day, and year) Jan 1-1837

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	88	5	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant (Address) Emma A. Hollmann 1029 Bennett Pl

15 Filed JUN 22 1925 19 ROBERT R. KRAUTER, Burial Permit (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 1925

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to June 19, 1925, that I last saw her alive on June 18 1925, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

General infirmities,

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edwin Murray, M. D.

June 20, 1925 (Address) 1517 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	June 22 1925
20 UNDERTAKER	ADDRESS
Wm J. Tuckwell Sons	N. & Pa.

Spec.—1-10-21—M&T—1500 Bks.

James White

HEALTH DEPARTMENT—CITY OF BALTIMORE

99739

CERTIFICATE OF DEATH.

129 D 99739

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hosp. ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James White

(a) RESIDENCE NO. 643 Aiden Alley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year) unk

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45 years.	mot given.		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Seaman

(b) General nature of industry, business, or establishment in which employed (or employer): S.S. Talbot 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: not given

11 BIRTHPLACE OF FATHER (city or town) (State or country): not given

12 MAIDEN NAME OF MOTHER: not given

13 BIRTHPLACE OF MOTHER (city or town) (State or country): not given

14 Informant: Hospital Record (Address)

15 Filed JUN 22 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 1925

17 I HEREBY CERTIFY, That I attended deceased from May 28, 1925, to June 19, 1925, that I last saw h. i. alive on June 19, 1925, and that death occurred, on the date stated above, at 11:25 Am.

The CAUSE OF DEATH* was as follows:

Uremic poisoning

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Mitral regurgitation Chronic interstitial nephritis (duration) 3- yrs. mos. ds.

18 Where was disease contracted if not at place of death? not given

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory and Clinical

(Signed) M. D. 7 Oder M. D.

6/19, 19 (Address) U.S. Marine Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL 6/22 19 25

20 UNDERTAKER: Sol Levinson & Bro — ADDRESS 1127 E Balto St

Spec.—1-10-21—M&T—1500 Bks.

D 99740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 D 99740

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 123 N. Fulton ST., 19-1 WARD)

2-FULL NAME Joseph L Peterson

(a) RESIDENCE NO. 123 N Fulton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida M Peterson

6 DATE OF BIRTH (month, day, and year) Oct 1 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71.	8.	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Supt. Glass Bakery

(b) General nature of industry, business, or establishment in which employed (or employer) 186

(c) Name of employer Sinnickell Bros.

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Alex Peterson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont know

12 MAIDEN NAME OF MOTHER Ellen Henderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont know.

14 Informant Ida M. Peterson

(Address) 123 N fulton

15 Filed JUN 22 1925 19 ROBERT R. KRAUTH, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1925

17 I HEREBY CERTIFY, That I attended deceased from Jany 1, 1925, to June 20, 1925

that I last saw him alive on June 19, 1925

and that death occurred, on the date stated above, at 5.50 P m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. 5 mos. 20 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. Odell M. D.

6/21/1925 (Address) 108 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	June 23 1925

20 UNDERTAKER Woodcock & Son E Hatch ADDRESS

Spec.—1-12-23—M&T—500 Blks.

D 99741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1593 D 99741

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 716 Mura ST., 10-2 WARD)

Son of Floyd + Jane

1-FULL NAME Baby Williams

(a) RESIDENCE NO. 716 Mura ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) June 20 - 1925

7 AGE	Years	Months	Days	If LESS than 1 day, 5 hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Floyd Williams

11 BIRTHPLACE OF FATHER (city or town) Kentucky
(State or country)

12 MAIDEN NAME OF MOTHER Jessie Agnew

13 BIRTHPLACE OF MOTHER (city or town) Virginia
(State or country)

14 Informant Floyd Williams
(Address) 716 Mura Street

Filed JUN 22 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1925

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1925, to June 20, 1925, that I last saw h..... alive on ....., 19..., and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Congenital

Debility - Age

5 hours (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Congenital

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Fernando C. Ingram, M. D.

, 19 (Address) 704 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Hartford Rd

DATE OF BURIAL 6/22 1925

20 UNDERTAKER Precian Cook

ADDRESS 502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99742

CERTIFICATE OF DEATH.

17 D 99742

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 Colvin ST., 5-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Grayson Block

(a) RESIDENCE NO. 515 Colvin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marion Block

6 DATE OF BIRTH (month, day, and year) November 10, 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25 years	7	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Washington, D.C.

PARENTS

10 NAME OF FATHER Wallace Grayson

11 BIRTHPLACE OF FATHER (city or town) Jefferson (State or country) Virginia

12 MAIDEN NAME OF MOTHER Bessie Piper

13 BIRTHPLACE OF MOTHER (city or town) Alexandria (State or country) Virginia

14 Informant Viola Dudley (Address) Culpepper Va.

15 Filed JUN 22 1925 . 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1925

17 I HEREBY CERTIFY, That I attended deceased from June 19, 1925, to June 20, 1925, that I last saw h... alive on June 20, 1925, and that death occurred, on the date stated above, at 12 05 P m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Acute gastro-enteritis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? History + Physical Findings

(Signed) Geo. S. Allen, M. D.

. 19 (Address) 508 Somerset ST.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Culpeper Va	June 22 1925
20 UNDERTAKER	ADDRESS
Robert A Williams	1515 McElderry St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99743 ob 99743

CERTIFICATE OF DEATH. X 24-50

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Motherhouse of Notre Dame ST., 10-2 WARD)

2-FULL NAME Mary Bartholomew Landacher

(a) RESIDENCE NO. Aisquith St & Oakland Ave ST., WARD Philadelphia Pa
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) January-4-1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New York N. Y.
(State or country)

PARENTS

10 NAME OF FATHER Anthony Landacher

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Teresa Spruender

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Sister M. Dionetz
(Address) Notre Dame Aisquith St

15 Filed JUN 22 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21 1925

17 I HEREBY CERTIFY, That I attended deceased from June - 6 - , 1925, to June 21, 1925, that I last saw her alive on June 20, 1925, and that death occurred, on the date stated above, at 9 9 m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage right side hemiplegia

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Philadelphia Pa

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual one

(Signed) F J Kirby, M. D.

6/22 1925 (Address) 1400 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Natch Cliff Md.	Jun 23 1925
20 UNDERTAKER Frank A. Fink	ADDRESS 916 N. Gay St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99744

CERTIFICATE OF DEATH.

101-001 D 99744

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen. St. Hospital WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Viola Amelia Menkemeier

(a) RESIDENCE NO. 1213 Conrad ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. 3 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 27 th 1912

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	13	3	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Harry M. Menkemeier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Anna Daniel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Harry Menkemeier (Address) 1213 Conrad St

15 Filed JUN 22 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21 1925

17 I HEREBY CERTIFY, That I attended deceased from June 14, 1925, to June 21, 1925, that I last saw her alive on June 21, 1925, and that death occurred, on the date stated above, at 2:35 a m.

The CAUSE OF DEATH* was as follows:

Bilateral Lobar Pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (duration) 1 hr. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? None.

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Jno. H. Watson, M. D.

6/24, 1925 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL June 23 1925

20 UNDERTAKER Robt J. Turner Sons ADDRESS 1402 N Broadway

Spec.—1-10-21—M&T 1500 Blks.

D 99745 HEALTH DEPARTMENT—CITY OF BALTIMORE

24-001

CERTIFICATE OF DEATH. D 99745

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1103 Ashland ST., 10-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carter Richard

(a) RESIDENCE NO. 1103 Ashland ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Richard.

6 DATE OF BIRTH (month, day, and year) Unknown 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Carter Richard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Lindenmeyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Ella Richard

(Address) 1103 Ashland ave

15 Filed JUN 22 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20-1925

17

I HEREBY CERTIFY, That I attended deceased from May 27. 1925. to June 20. 1925.

that I last saw him alive on June 20. 1925.

and that death occurred, on the date stated above, at 3.30 P.m.

The CAUSE OF DEATH* was as follows:

apoplexy

Broncho Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

Influenza (duration) yrs. mos. 25 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. W. Leonard M. D.

6-22 1925 (Address) 708 Gunson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	June 23 1925

20 UNDERTAKER Mrs P.G. Elliott ADDRESS 23 Ashland ave

Spec.—1-10-21 M&T 1500 Blks.

D 99746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

D 99746

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST., (WARD) 10-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Gorny

(a) RESIDENCE NO. 926 Hillman ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Grey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Amelia Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Baltimore City Hospitals

15 Filed JUN 22 1925 19 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 1925

17 I HEREBY CERTIFY, That I attended deceased from May 23, 1925, to June 19, 1925, that I last saw him alive on June 19, 1925, and that death occurred, on the date stated above, at 8:209 m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Myocardial failure

(duration) 1 yrs. 3 mos (history) ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) O Lindsay Miller. M. D.

6/20, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL June 22 1925

20 UNDERTAKER Mrs R. A. Elliott — ADDRESS 725 Cleveland Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99747 (1305)

CERTIFICATE OF DEATH. 31 D 99747

1-PLACE OF DEATH John Hopkins Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST. 25-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katie Banks.

(a) RESIDENCE NO. Anapolis Ave Mt Wiens, Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1910

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	15			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Records John Hopkins Hospital (Address)

15 Filed JUN 22 1925 19 ROBERT R. KRAMER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 1925

17 I HEREBY CERTIFY, That I attended deceased from May 16, 1925, to June 19, 1925.

that I last saw her alive on June 19, 1925

and that death occurred, on the date stated above, at 10.45 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of ulcers
- " Peritonum
- " pericardium
(duration) yrs. 1/2 mos ds.

CONTRIBUTORY (Secondary) ulcerated effusion
(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Trevor Owen, M. D.

June 20, 1925 (Address) Johns Hopkins Hospital. Balto - Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cemetery	June 22 1925
20 UNDERTAKER	ADDRESS
Mrs P. G. Elliott	Upper Marlboro Md

Spec—12-23-21—E.B.R.S.—400 Blks.

Louie Spencer

D 99748

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99748

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1514 W Lexington St., 19-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Louie Spencer

(a) Residence No.... 1514 W Lexington, ... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, M

4-COLOR OR RACE, C

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 16, 1921

7-AGE, 4 ..... yrs. ..... mos. 2 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) ..... (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry Spencer

11-BIRTHPLACE OF FATHER (city or town) ..... (State or Country), Washington D C

12-MAIDEN NAME OF MOTHER, Rosa Wright

13-BIRTHPLACE OF MOTHER (city or town) Portsmouth (State or Country), Va

14- (Informant) Henry Spencer

(Address) 1514 W. Lexington

15- Filed..... 19.. ROBERT P. KRAUTER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 22 1925

17- I HEREBY CERTIFY, That I attended deceased from June 9, 1925, to June 22, 1925, that I last saw h.. alive on June 22, 1925, and that death occurred, on the date stated above, at 6.40 P. m.

The CAUSE OF DEATH* was as follows:

Syphilis

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? by ..... Date of .....

Was there an autopsy? by .....

What test confirmed diagnosis? Wassermann Syphilis

(Signed) Walter Jester, M. D.

, 19 (Address) 6 East Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Laurel Cem. DATE OF BURIAL, June 22nd, 1925

20-UNDERTAKER, A. Jones ADDRESS, 111 S. Gilmor St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99749

40 D 99749

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Edelth Jones 1105 Stockton ST., 16-6 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edelth Smith Jones

(a) RESIDENCE NO. 1105 Stockton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Henry Jones

6 DATE OF BIRTH (month, day, and year) June 10, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43		9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Murkirk Balto Co Md

PARENTS

10 NAME OF FATHER Wm Harrison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto md

12 MAIDEN NAME OF MOTHER Emma Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto md

14 Informant Henry Jones
(Address) 1105 Stockton St

15 Filed JUN 22 1925 ROBERT R. KRAMER Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/19 1925

17 I HEREBY CERTIFY, That I attended deceased from 5-23-, 1925, to 6/19-, 1925,

that I last saw h alive on 6/19, 1925;

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Ca. Salpenytis
Peritonitis & enteritis
(Refused operation)
(duration) yrs. mos. wks. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Refused to go to Hospital Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jno R Lutby, M. D.

6/20, 1925 (Address) 2 E Dt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Murkirk Md.

DATE OF BURIAL June 22 1925

20 UNDERTAKER Mrs Jas H. Dennis per T. E. Kelly

ADDRESS 1303 Preestman St.

D 99750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 99750

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1340 N Fulton Ave 15-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Charles A Mundie .....

(Residence in Baltimore: No. 1340 N Fulton Ave St.; 20 yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5 ~~Single~~ Married, ~~Widowed~~, or ~~Divorced~~, (Write the word.) Married

6-DATE OF BIRTH. Nov (Month) 11 (Day) 1849 (Year)

7-AGE. 50 yrs. 7 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Carpenter
(b) General nature of Industry, business, or establishment in which employed (or employer). Franey Bro

9-BIRTHPLACE, (State or Country). U S

PARENTS.

10-NAME OF FATHER. James Mundie

11-BIRTHPLACE OF FATHER, (State or Country). U S

12-MAIDEN NAME OF MOTHER. Susan Critchfield

13-BIRTHPLACE OF MOTHER, (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida B Mundie

(Address) 1340 N Fulton ave

15-

Filed JUN 22 1925, 19..

ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 21, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial asthma

(Duration) yrs. 6 mos. ds.

(Signed) D. J. T. Hennessy, M. D. (Coroner.)

June 23 1925 (Address) 2802 Eastern Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.

Mt Olivet Cem June 23, 1925

20-UNDERTAKER. ADDRESS

Wilbur Cook 501 E Fayette

Spec.—1-12-25—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99751

CERTIFICATE OF DEATH.

90 D 99751

1-PLACE OF DEATH Garrison Gwynns Falls Park. REGISTERED NO.

CITY OF BALTIMORE: (No. Ridge Road ST., 28-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Hennelly

(a) RESIDENCE NO. Ridge Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Hennelly

6 DATE OF BIRTH (month, day, and year) March, 25th 1852

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
73	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER John Scannell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

PARENTS

14 Informant Mr. Hennelly

(Address) Ridge Road

Filed JUN 22 1925 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June, 20th. 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1925, to June 20, 1925, that I last saw h-r alive on June 19, 1925 and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

myocarditis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) myocarditis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? physical

(Signed) Ralph Hublett, M. D.

June 20/25 (Address) 2220 Harrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peters Cemetery — DATE OF BURIAL June. 24, 25

20 UNDERTAKER Joseph B. Cook — ADDRESS 1003 N. Balto St

Spec.—1-12-23—M&T—500 Bks.

D 99752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

58-004 D 99752

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2410 Chelsea Terrace ST., 15-5 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alma Naomi Orwig

(a) RESIDENCE NO. 2410 Chelsea Terrace ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 8th. 1925

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Walter W. Orwig

11 BIRTHPLACE OF FATHER (city or town) Glen Rock
(State or country) Pa.

12 MAIDEN NAME OF MOTHER Alma H. Pick

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

14 Informant Walter W. Orwig
(Address) 2410 Chelsea Terrace

15 Filed ..... 19.. ROBERT R. KRAUTER Registrar

JUN 22 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Birth, 19.., to June 21, 1925

that I last saw h[illegible] alive on June 21, 1925

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Life (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Intestinal

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Microscopic Examination

(Signed) [illegible], M. D.

6/22, 1925 Address 2724 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olive Cem (Roslyn Md)	June 23, 1925
20 UNDERTAKER Joseph B. Cook	ADDRESS 1063 N. Balto St

Spec.—1-10-21—M&T—1500 Bks.

D 99753 HEALTH DEPARTMENT—CITY OF BALTIMORE 47 D 99753

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3612 Frederick Ave. ST. 20-1 WARD)

2-FULL NAME Anne Cullington,

(a) RESIDENCE NO. 3612 Frederick Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? 68 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 4.1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	--	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) 68

(c) Name of employer School Board. Balto. City

9 BIRTHPLACE (city or town) (State or country) London England

PARENTS

10 NAME OF FATHER Thomas Cullington,

11 BIRTHPLACE OF FATHER (city or town) (State or country) London. England

12 MAIDEN NAME OF MOTHER Margaret Maddock, June 22. 1925

13 BIRTHPLACE OF MOTHER (city or town) (State or country) London. England.

14

Informant Wm. Cullington,

(Address) 3612 Frederick Ave.

Filed JUN 22 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JUN 21 1925

17

I HEREBY CERTIFY, That I attended deceased from July 4 - 1924, 19 ..... to June 21, 19 25.

that I last saw her alive on June 20, 19 25.

and that death occurred, on the date stated above, at 4 40 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) 2 yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug 2 - 1923

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Benj. F. Phillips, M. D.

Callow & North Aves

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ London Park

DATE OF BURIAL JUN 23 1925 19

20 UNDERTAKER Geo W Little

ADDRESS 2700 EDMONDSON AVE.

Spec.—1-10-21—M&T—1500 Blks.

Kathryn v. Lazarus.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99754

CERTIFICATE OF DEATH.

138

D 99754

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 15-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Lazarus

(a) RESIDENCE NO. 2446 W. North ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 14 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stanley Lazarus

6 DATE OF BIRTH (month, day, and year) Oct. 7, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	30	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Wm. Rice

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Bertha Hirshaw

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant (Address) Mrs. Stanley Lazarus 2446 W. North Ave

JUN 22 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-21- 1925

17 I HEREBY CERTIFY, That I attended deceased from 6-10-25, 19..., to 6-21, 19 25.

that I last saw h alive on 6-20, 19 25

and that death occurred, on the date stated above, at 6:45 Am.

The CAUSE OF DEATH* was as follows:

Pelvic Abscess

? (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Septicemia

? (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of 6-11-25

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy Blood Culture

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Cem	6/23/ 1925
20 UNDERTAKER	ADDRESS
David Sondheim	1120 W. Mt. Royal Ave

Spec.—1-10-21—M&T—1506 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99755

CERTIFICATE OF DEATH.

15-6 129 D 99755

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen'l. Hosptl. ST., WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME THEODORE CHRISTIAN GENNARY

(a) RESIDENCE No. 3306-Clifton-Av., ST., WARD (Resident)
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 59 yrs. 8 mos. 25 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine L. Gennary

6 DATE OF BIRTH (month, day, and year) Sept-25-1865

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance Adjuster

(b) General nature of industry, business, or establishment in which employed (or employer) for the Travelers

(c) Name of employer Insurance Company.

9 BIRTHPLACE (city or town) Philadelphia
(State or country) Penna

PARENTS

10 NAME OF FATHER could not ascertain

11 BIRTHPLACE OF FATHER (city or town) -----
(State or country) could not ascertain

12 MAIDEN NAME OF MOTHER could not ascertain

13 BIRTHPLACE OF MOTHER (city or town) --------
(State or country) could not ascertain.

14 Informant Mrs. KatherineL. Gennary (wife)
(Address) 3306-Clifton-Av., City.

15 Filed JUN 22 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1925

17 I HEREBY CERTIFY, That I attended deceased from June 14, 1925, to June 20, 1925, that I last saw him alive on June 20, 1925, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Diffuse Nephritis
Arteriosclerosis, Chronic
Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia, Edema

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs

(Signed) J.W. Krantz 19 (Address) Md. Gen'l Hospital M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: DRUID RIDGE CEMETERY — DATE OF BURIAL: June-24-25

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor) — ADDRESS: 108 W. NORTH AVE.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99756

CERTIFICATE OF DEATH.

6-12-29

D 99756 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 N. Wolfe ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kizzie O'Brien

(a) RESIDENCE. No. 115 N. Wolfe ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard A. O'Brien

6 DATE OF BIRTH (month, day, and year) Aug. 9-1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

10 NAME OF FATHER Charles H. Jaggard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sophia R. Foley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Mrs. Richard A. O'Brien 115 N. Wolfe St.

15 Filed JUN 22 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20, 1925

17 I HEREBY CERTIFY, That I attended deceased from June 19, 1925, to June 20, 1925, that I last saw h... alive on June 19, 1925, and that death occurred, on the date stated above, at 8:9 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration
(Cardio-sclerosis)
Chronic nephritis,

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Exam. & Urinalysis

(Signed) Baetus C. Jaggard, M. D.

, 19 (Address) 1015 N. Monroe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	June 22 1925
20 UNDERTAKER	ADDRESS
George L. Schwab	2101 Eutaw Pl.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99757

CERTIFICATE OF DEATH.

90 D 99757

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1000 Stricker St ST.; 16-6 WARD.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary F Jawson

(Residence in Baltimore: No. 1000 Stricker St. 16 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, April 23 (Month) 1875 (Day) 1 (Year)

7-AGE, 50 yrs. 1 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... 070

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Wm Goode

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Jane Carter

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Rosa Price daughter

(Address) 1000 Stricker St

15- JUN 22 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 6/19/25, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20 1925, to June 19 1925, that I saw her alive on 6/19- 1925, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

..... (Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Rob. Arth. Rheum.

..... (Duration) yrs. 2 Wks. ds.

(Signed) Wm. F. Bowers M. D.

....., 191.. (Address) 1000 Calhoun

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, June 22, 1925

20-UNDERTAKER, Samuel A Wensley

ADDRESS 538 N Eutaw St

D 99758 HEALTH DEPARTMENT—CITY OF BALTIMORE 788-003

CERTIFICATE OF DEATH. D 99758

1-PLACE OF DEATH Registered No. C.....

City of BALTIMORE: (No.) Colonial Hospital St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William C. Burton

(Residence in Baltimore: No. 509 Bloom St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-DATE OF BIRTH. July (Month) 2 (Day) 1914 (Year)

7-AGE. 1 yrs. 11 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Schoolboy
(b) General nature of Industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Md.

PARENTS.

10-NAME OF FATHER Cornelius Burton

11-BIRTHPLACE OF FATHER, (State or Country) Md.

12-MAIDEN NAME OF MOTHER Carrie Norman

13-BIRTHPLACE OF MOTHER, (State or Country) N. C.

14-THE ABOVE GIVEN IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cornelius Burton

(Address) 509 Bloom St.

15- Filed JUN 22 1925 192 ROBERT S. KRAUTER Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 19 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractures of skull

15 minutes (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) automobile accident

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. T. Hennessy M. D. (Coroner.)

June 20 1925 (Address) 2 E. 22nd Baltimore City

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Western Cemetery DATE OF BURIAL, June 22 1925

20-UNDERTAKER, Edmund Brusby ADDRESS 1378 E. Lanvale St.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 D 99759

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Elizabeths' Home St., 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Madeline M. Gilbert

(a) Residence No. St. Elizabeths' Home Chestnut Hill ave St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 11 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	negro	

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) July 19, 1923

7-AGE, 1 yrs. 11 mos. 2 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Charles W. Gilbert

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Charlotte Robinson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) Charles W. Gilbert (Address) Abingdon, Md.

15- Filed JUN 22 1925, 19 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 21/1925

17- I HEREBY CERTIFY, That I attended deceased from June 17, 1925, to June 20, 1925, that I last saw h~~im~~ alive on June 20, 1925, and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchio Pneumonia

(Primary Type)

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank J. Ayd, M. D.

June 21 1925 (Address) 200 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL [redacted] Md. DATE OF BURIAL, June 22, 1925

20-UNDERTAKER Howard K. McComas ADDRESS Abingdon, Md.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99760

CERTIFICATE OF DEATH.

91-902

D 99760

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2530 N. Charles ST., 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James W Eby

(a) RESIDENCE NO. 2530 N Charles ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie V Eby

6 DATE OF BIRTH (month, day, and year) July 28 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna

PARENTS

10 NAME OF FATHER Geo. Henry Eby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Mary Greenholz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant J. Cyril Eby M.D.

(Address) 2530 Charles St

15 Filed JUN 22 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/21 1925

17 I HEREBY CERTIFY, That I attended deceased from 4/9 1925 to 6/21 1925

that I last saw alive on 6/21 1925

and that death occurred, on the date stated above, at 11.34 A m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis.

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 1 yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ernest Gaither, M. D.

, 19 (Address) 12 E Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 6-23 1925

20 UNDERTAKER Henry W. Jenkins Sons Co

ADDRESS Richard & McCulloh

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

9761

CERTIFICATE OF DEATH.

X 118-001 D 99761

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hosp ST., 4-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2-FULL NAME Mrs. Anna Dell

(a) RESIDENCE NO. 708 W. Lexington ST., WARD N Va

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~yrs.~~ mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Roy F. Dell

6 DATE OF BIRTH (month, day and year) June 24. 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	11	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) W. Va.

PARENTS

10 NAME OF FATHER John F Howard

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Emma

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Virginia

14 Informant Royal Dell (Address) 708 W Lexington

15 Filed ..... 19 ROBERT R. KRAUTER Registrar

JUN 24 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-20 1925

17 I HEREBY CERTIFY, that I attended deceased from June 2, 1925, to June 19, 1925, that I last saw her alive on June 20, 1925, and that death occurred, on the date stated above, at 12 20 m. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Myocarditis IV

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Ventral hernia - post operative (duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? 708 W Lexington

Did an operation precede death? Hemorrhoidectomy Date of June 10 -

Was there an autopsy? no

What test confirmed diagnosis? Physical Evidence

(Signed) Geo B Lybert M. D.

19 (Address) St Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery

DATE OF BURIAL 6/22 1925

20 UNDERTAKER Wm Cook

ADDRESS 502 E North Ave

Cor.—1-12-23—M&T—100 Bks.

99762

HEALTH DEPARTMENT—CITY OF BALTIMORE D 99762

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No 2301 E. Madison St. ST., 9-3 WARD)

2-FULL NAME Agnes A. Schaefer

(a) RESIDENCE No. #615 Aull St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 9 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Walter G. Schaefer

DATE OF BIRTH (month, day, and year) Feb. 27th. 1900

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25	3	23	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer) at Home
(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country)

10 NAME OF FATHER John Hanlon

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Md.

12 MAIDEN NAME OF MOTHER Amelia

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Md.

Informant Walter G. Schaefer
(Address) #615 Aull St.

Filed JUN 22 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20th. 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Ballen, M. D.
(Coroner.)

6-21-25, 192 (Address) 508 E. North A

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto Cem.	6/23 1925
20 UNDERTAKER Philip Herwig	ADDRESS 3016 Orleans St.

Spec.—1-16-21—M&T—1500 Bks.

D 99763

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99763

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital ST., 20-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Lavina Dyer

(a) RESIDENCE NO. 201 N. Monroe ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	W.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Dyer

6 DATE OF BIRTH (month, day, and year) Jan 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55			

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) — 037

(c) Name of employer Housework

9 BIRTHPLACE (city or town) (State or country) Va. Richmond

PARENTS

10 NAME OF FATHER Eckert Geo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond Va

12 MAIDEN NAME OF MOTHER Emma Eckert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond Va

14 Informant Florence Dyer

(Address) 201 N Monroe St

15 Filed ..... 19 .....

Registrar

2 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-21- 1925

17

I HEREBY CERTIFY, That I attended deceased from 6-17- , 1925, to 6-21- , 1925,

that I last saw her alive on 6-21- , 1925,

and that death occurred, on the date stated above, at 10-45 A m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory findings

(Signed) N. J. Penn, M. D.

6/4/, 1925 (Address) Franklin Sq. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Portsmouth Va	6/23 1925
20 UNDERTAKER	ADDRESS
Robert Brooks & Son	Calhoun Hollins st

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99764

HEALTH DEPARTMENT—CITY OF BALTIMORE

145-001

D 99764

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 4100 Hawthorne Ave 15-

City of BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Augusta Webb

(a) Residence No. 4100 Hawthorne Ave St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Oct 24 1835

7-AGE, 89 yrs. 7 mos. 28 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ..... None pd

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Clauson Webb

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Connecticut

12-MAIDEN NAME OF MOTHER, Louise Myers

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto

14- (Informant) Mrs. H. Fox

(Address) 4100 Hawthorne

15-

Filed ..... 192 .....

Registrar.

1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 21 1925

17- I HEREBY CERTIFY, That I attended deceased from March 24, 1925 to June 21, 1925

that I last saw h.. alive on June 20, 1925

and that death occurred, on the date stated above, at 8.18 a m.

The CAUSE OF DEATH* was as follows:

Forbally Cerebral Hemorrhage

(Duration) less than one hour yrs. mos. ds.

CONTRIBUTORY (Secondary) Fractured Hip

(Duration) about 5 weeks yrs. 2 mos. ds.

18-Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clear Respiratory

(Signed) Chas. D Parker M. D.

, 19 (Address) 3123 W North Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Olivet Cemt — DATE OF BURIAL, June 24, 1925

20-UNDERTAKER, Kerbaugh & Fox — ADDRESS 1123 W Fay

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99765

CERTIFICATE OF DEATH.

23-1 60 D 99765

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1232 Patapsco ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen L. Ryan

(a) RESIDENCE No. 1232 Patapsco ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 9, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		6	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bal Co. Md.

PARENTS

10 NAME OF FATHER Frank Ryan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bal Co. Md.

12 MAIDEN NAME OF MOTHER Nellie Schieve

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Phila. Pa.

14 Informant John Hirschmann

(Address) 1232 Patapsco st.

Filed 2 2 1925, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-22-1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 3-, 1925, to 6-22-1925.

that I last saw her alive on 6-20, 1925.

and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Inanition -

(duration) yrs. 6 mos 13 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia -

(duration) yrs. 6 mos. 13 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical -

(Signed) S. Demuth M. D.

6-22-1925 (Address) 6004 Linden Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem DATE OF BURIAL 6/23 1925

UNDERTAKER Margaret G. Ryan ADDRESS 1427 Light St.

Robert F. Harrison, Clerk

Circuit Court

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99766

D 99766

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Vincents infant Asylum - REGISTERED NO. 38

CITY OF BALTIMORE: (No. 1401 Division ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Vincent Hannigton

(a) RESIDENCE NO. 1401 Division ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
m	w	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6/11/25

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
~~2 hrs~~			9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER David Morley Hannigton

11 BIRTHPLACE OF FATHER (city or town) Balto. Md.

(State or country)

12 MAIDEN NAME OF MOTHER Eva Mary Hannigton

13 BIRTHPLACE OF MOTHER (city or town) Balto Md.

(State or country)

14 Informant St Vincents Infant Asylum

(Address)

15 JUN 2 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/20 1925

17

I HEREBY CERTIFY, That I attended deceased from 6/11, 1925, to 6/20, 1925, that I last saw him alive on 6/20, 1925, and that death occurred, on the date stated above, at 6:45 P.m.

The CAUSE OF DEATH* was as follows:

Pyramidin

Toxaemia Congenital

Syphilis

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam.

(Signed) Isaac H. Ravenglass, M. D.

6-22-1925 (Address) 1211 York Court

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: June 23 1925

20 UNDERTAKER: Quarton Bailey & Son — ADDRESS: 1917 North ave

Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99767

CERTIFICATE OF DEATH.

D 99767

1-PLACE OF DEATH Church Home + Infirmary 6-1 REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Edwin F. Ladd

(a) RESIDENCE NO. Fargo - N D ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ripsah Ladd

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work U. S. Senator

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maine

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Church Home + Inf. (Address)

15 Filed ..... 19 ..... Registrar

2 1925

Robert P. Harrison,

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 1925

17 I HEREBY CERTIFY, That I attended deceased from June 8, 1925, to June 22, 1925.

that I last saw him alive on June 22, 1925.

and that death occurred, on the date stated above, at 10 20 A. m.

The CAUSE OF DEATH* was as follows:

Nephritis, Chronic Interstitial

Hypoacidity.

(duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings.

(Signed) Keith C. Rice, M. D.

, 19 (Address) Church Home + Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D. C.

DATE OF BURIAL 6/23 1925

20 UNDERTAKER J. E. Hughes.

ADDRESS 424½ Broadway.

Spec.—1-10-21—M&T—1500 Blks.

D 99768

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99768

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 1-1 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rocco Valenti

(a) RESIDENCE NO. 1037 N. Caroline ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Christiani Valenti

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Margaretta Valenti

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Baltimore City Hospitals Records (Address)

15 JUN 22 1925 Robert P. Harrison Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1925

17

I HEREBY CERTIFY, That I attended deceased from June 15, 1925, to June 20, 1925, that I last saw him alive on June 20, 1925, and that death occurred, on the date stated above, at 4:15P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, chronic myocarditis, myocardial failure

(duration) 8 (History) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller, M. D.

6/22/1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Saint Vincent	June 20th 1925
20 UNDERTAKER	ADDRESS
Frank V. Pipitone	1800 E. 32d

Spec.—1-12-23—M&T—500 Blks.

99769

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99769

CERTIFICATE OF DEATH.

6-3 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 N Streeper St. ST., WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia Nies.
24 N Streepse.

(a) RESIDENCE No..... ST., WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Caspar Nies.

6 DATE OF BIRTH (month, day, and year) Sept 1 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	82	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mr Charles Nies
(Address) 24 N Streeper

15 Filed 6 2 1925, 19 Robert F. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-20-1925

17

I HEREBY CERTIFY, That I attended deceased from 6-1, 19 25, to 6-20, 19 25, that I last saw h alive on 6-19, 19 25, and that death occurred on the date stated above, at 8.20A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
Heat Exhaustion

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. G. Y. Lee Hendricks, M. D.

6 19 (Address) 500 N Dallas R H

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Pauls Ref Cem

DATE OF BURIAL June 23 1925

20 UNDERTAKER John McClint

ADDRESS Boot Calvert

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99770

CERTIFICATE OF DEATH.

100-001

D 99770

REGISTERED No.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1727 N. Loachow ST. 15-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Constance Cecelia Plater

(a) RESIDENCE. No. 1727 N. Loachow ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colrd	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) Feb 17 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		4	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore MD Johns Hopkins

PARENTS

10 NAME OF FATHER Benjamin F. Plater

11 BIRTHPLACE OF FATHER (city or town) (State or country) Charles Co. Md.

12 MAIDEN NAME OF MOTHER Agnes L. Coleman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Marys Co Md

14 Informant Agnes L. Plater

(Address) 1727 N. Loachow

JUN 23 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 1925

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1925, to June 22, 1925

that I last saw h.. alive on June 22, 1925,

and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) Age (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History Physical

(Signed) Wm. F. Wright, M. D.

June 22, 1925 (Address) 1209 Presbrian and St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Peter's Cemetery	June 23 19
20 UNDERTAKER	ADDRESS 322
Mrs. Katie R. Williams	N. Schroeder St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99771

CERTIFICATE OF DEATH.

10-25

D 99771

1-PLACE OF DEATH

City of BALTIMORE: (No. 835 North Gay St., ... Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Baila Simon .....

(a) Residence No..... 835 N. Gay ..... St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Oscar Simon

6-DATE OF BIRTH (month, day and year) -----1863

7-AGE. 62 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer)..... 037

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Soloman After

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Chia Ethel -----

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant)..... Oscar Simon
(Address)..... 835 N. Gay St.,

15- JUN 23 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 22 -25

17- I HEREBY CERTIFY, That I attended deceased from July 20, 19 24 to June 22d, 19 25

that I last saw h.er alive on June 22d 19 1925

and that death occurred, on the date stated above, at 4.15P.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial degeneration

(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) Eugene F Siegel M. D.

, 19 (Address) 200 W Lafayette Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Weber Funeral Home — DATE OF BURIAL, 6/23/25

20-UNDERTAKER, Jos. Levin — ADDRESS 1434 Baltimore St

Spec.--1-10-21--M&T--1500 Bks.

D 99772

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99772

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilton Clark

(a) RESIDENCE No. 639 W Lafayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teamster

(b) General nature of industry, business, or establishment in which employed (or employer) 823

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Wilton Clark

11 BIRTHPLACE OF FATHER (city or town) Va.
(State or country)

12 MAIDEN NAME OF MOTHER Martha O'Neill

13 BIRTHPLACE OF MOTHER (city or town) Va.
(State or country)

14 Informant Baltimore City Hospitals Records
(Address)

15 Filed JUN 23 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21 1925

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1925, to June 21, 1925.
that I last saw him alive on June 21, 1925,
and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tbc.
Lung Abscess

(duration) yrs. 4½ mos (History) ds

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller, M. D.

6/22/25 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	June 24 '25
20 UNDERTAKER	ADDRESS
Mrs R. G. Elliott	925 Ashland ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99773

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99773

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2609 E. Monument St., 7 Ward) 161-3

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Welsch

(a) Residence No. 2609 E. Monument St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 15 1925

7-AGE. ...yrs. ...mos. ...ds. If LESS than 1 day, ...hrs. or 30 min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work 6½ Month Foetus
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER James A Welsch

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Philadelphia Pa

12-MAIDEN NAME OF MOTHER Mary M. Fields

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Baltimore

14-
(Informant) Mrs. Mary M. Welsch
(Address) 2609 E. Monument St

15-
JUN 23 1925 ... Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 15 1925

17- I HEREBY CERTIFY, That I attended deceased from June 15 1925 to June 15 1925 that I last saw him alive on June 15 1925 and that death occurred, on the date stated above, at ...m.

The CAUSE OF DEATH* was as follows:

6½ Month Premature

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Observation

6/17, 1925 (Signed) 315 S. Highland Ave M. D
(Address) 315 S. Highland Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Johns Hopkins Emb. Dept. DATE OF BURIAL. June 15, 1925

20-UNDERTAKER, ADDRESS

D 99774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99774

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1333 Whatcroft Ave. WARD) 15-19

REGISTERED No. C 66

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph McWilliams

(Residence in Baltimore: No. 1333 Whatcroft St. St.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: about, 1877
(Month) (Day) (Year)

7-AGE: 48 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shandsman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Pas Co Md

PARENTS.

10-NAME OF FATHER: Dorsey McWilliams

11-BIRTHPLACE OF FATHER (State or Country): Pas Co Md

12-MAIDEN NAME OF MOTHER: Mary Green

13-BIRTHPLACE OF MOTHER (State or Country): Pas Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Lowe

(Address) 1333 Whatcroft

15- Filed JUN 23 1925, 191.. ROBERT R. KRAUTER, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 20, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the date stated above.

The CAUSE OF DEATH* was as follows:

Acute alcoholism

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) no other Contributory

(Duration) yrs. mos. ds.

(Signed) J. J. Hennessy M. D.
(Coroner.)

June 20 1925 (Address) 2807 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Front

DATE OF BURIAL, June 23 1925

20-UNDERTAKER Samuel E. Wright

ADDRESS 864 Park

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 D 99775

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE. (No. 914 Boyd St., 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. John Dixon

(a) Residence No. 914 Boyd St., ... Ward .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Hester Dixon

6-DATE OF BIRTH (month, day and year) — — 1859

7-AGE, 56 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer). General Office

(c) Name of employer. .....

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER. Daniel Dixon

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER. Mary —

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14-

(Informant) Walter Dixon

(Address) 6509 W. Bland

15-

FILED JUN 23 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 6/22/25

17- I HEREBY CERTIFY, That I attended deceased from 6/20/ 1925, to 6/22/ 1925, that I last saw h... alive on 6/21/ 1925, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Heart Broken by pillitis (Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? nd

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) ..... M. D.

6/22/ 1925 (Address) 908 Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt. Zion Ct — DATE OF BURIAL, June 24 1925

20-UNDERTAKER, Wm. Brown & Son — ADDRESS 108 N. Monty-

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99776

HEALTH DEPARTMENT—CITY OF BALTIMORE

99776

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 22 E. Church St., 27 Ward) Registered No. 101

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Wright

(a) Residence No. 22 E. Church St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. Col.

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 42 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) General

(c) Name of employer self

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Geo. Wright

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Kate Miller

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14-

(Informant) Margt. Jones

(Address) 104 S. York St.

15-

Filed JUN 23 1925 192 ROBERT R. KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 6/21/25

17- I HEREBY CERTIFY, That I attended deceased from 6/19/25, 19.., to 6/21/25, 19.., that I last saw h.. alive on 6/20/25, 19.., and that death occurred, on the date stated above, at 2:45 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Acute Pleurisy

(Septicaemia) (Duration) yrs. mos. 7 ds.

18-Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Dr. Worley, M. D.

, 19 (Address) 908 Eden St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Zion ct- DATE OF BURIAL, June 23 1925

20-UNDERTAKER, J. L. Brown & Son ADDRESS 1128 E. Monument

Spec.—1-12-23—M&T—500 Bks.

D 99777

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

129 D 99777

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 N. Carey ST., 16-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Tuhner

(a) RESIDENCE NO. 913 N. Carey ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown 1840

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	85			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore County Md.

PARENTS

10 NAME OF FATHER Joshua Tuhner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore County Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant Jacob Tuhner (Address) 913 N. Carey St.

15 JUN 23 1925 ROBERT N. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1925

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1925, to June 20 1925.

that I last saw him alive on June 19, 1925.

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular-Renal Disease.

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Asthema.

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. J. Carr. Jr., M. D.

, 19 (Address) 575 Mosher St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	June 23 1925
20 UNDERTAKER	ADDRESS
Mrs. R. G. Elliott	425 Ashland Ave

99778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 1 90 D 99778

1-PLACE OF DEATH

near Wayne Pa 25-9

Registered No. C.....

City of BALTIMORE: (No. Fairfield. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Marple.

(Residence in Baltimore: No. Fairfield. St.; yrs., mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female.	White.	Widow.

6-DATE OF BIRTH. November 25, 1846. 1.....
(Month) (Day) (Year)

7-AGE. 78 yrs. 6 mos. 28 ds. If LESS than 1 day, ...hrs. or. ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Pennsylvania.

PARENTS.

10-NAME OF FATHER. William Clayton.

11-BIRTHPLACE OF FATHER, (State or Country). Pennsylvania.

12-MAIDEN NAME OF MOTHER. Camilla Jenkins.

13-BIRTHPLACE OF MOTHER, (State or Country). Pennsylvania.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lillian Keck. (daughter)

(Address) Fairfield.

15-
JUN 23 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. June 22, 1925. 192.....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That, I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs.....mos.....ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner.)

June 22, 1925 (Address) 1017 E. Charles st.

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence. Phila. Pa

19-PLACE OF BURIAL OR REMOVAL. Philadelphia Pa via Penn RR. DATE OF BURIAL. June 23 1925

20-UNDERTAKER. John F. Denny ADDRESS 715 Light St

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 99779

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 D 99779

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 605 N. West St. 21-3 Ward

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Shirley M. Barbagg

(a) RESIDENCE. No. 605 N West St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fema	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 22 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Howard J Barbagg

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Gertrude Bauer

13 BIRTHPLACE OF MOTHER (city or town) Penna (State or country)

14 Informant Howard J Barbagg (Address) 605 N West

15 JUN 23 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 1925

17 I HEREBY CERTIFY, That I attended deceased from June 8, 1925, to June 22, 1925, that I last saw h alive on June 22, 1925, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) R. X. Plummer Campbell, M. D.

(Address) 1644 Harlem

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet	June 24 1925

20 UNDERTAKER E Schlosman & Son ADDRESS 1039 Hanover

Spec.—1-10-21—M&T—1500 Blks.

D 99780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5-2 90

D 99780

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 511 Forrest St. ST., (5-2 WARD)

2-FULL NAME Nettie Frank

(a) RESIDENCE NO. 511 Forrest St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Solig Frank.

6 DATE OF BIRTH (month, day, and year) About 1851.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Solomon Fuld.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Emanuel Frank. (Address) 511 Forrest St

15 JUN 23 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/22/25 19

17 I HEREBY CERTIFY, That I attended deceased from June 8, 1925, to June 22, 1925.

that I last saw h[illegible] alive on June 22, 1925.

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis Contributory

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robert L. Green, M. D.

6-23, 1925 (Address) 120 Augusta St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Cem.	6/24/25 19
20 UNDERTAKER David Sondheim	ADDRESS 118-20 No. Mt. Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

99781

HEALTH DEPARTMENT—CITY OF BALTIMORE

49 D 99781

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital.

CITY OF BALTIMORE: (No. Lombard + Greene ST., 22-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James H. Snyder.

(a) RESIDENCE NO. 616 S. Paca. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M.	white.	Married.

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Etta Snyder.

6 DATE OF BIRTH (month, day, and year) June 2-1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71 ~~73~~	0	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Spinner 010

(b) General nature of industry, business, or establishment in which employed (or employer) Brass Works

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N.Y.

PARENTS

10 NAME OF FATHER Peter Snyder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Conn.

12 MAIDEN NAME OF MOTHER Mary Martin.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.Y.

14 Informant University Hosp Records.

(Address)

15 JUN 23 1925 ROBERT A. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 1925.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 30. 1924 to June 22. 1925.

that I last saw him alive on June 22. 1925.

and that death occurred, on the date stated above, at 4. P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate.

(duration) yrs. 18. mos. ds.

CONTRIBUTORY (Secondary) Chronic anaemia.

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? no. Date of

Was there an autopsy? yes.

What test confirmed diagnosis? autopsy findings.

(Signed) M Edwards. M. D.

. 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem — DATE OF BURIAL June 25 1925

20 UNDERTAKER W J Tickner + Sons — ADDRESS N + Pa

Back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99782

CERTIFICATE OF DEATH.

X 129 ✓

D 99782

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Gen. Hosp. 4-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lyman J. Weaver.

(a) RESIDENCE No. 13 E Franklin ST., WARD Phila Pa.
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 53 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Miriam Weaver

6 DATE OF BIRTH (month, day, and year) Feb 20, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer) Tin Plate

(c) Name of employer Berger Bros. Phila Pa.

9 BIRTHPLACE (city or town)
(State or country) Penna

PARENTS

10 NAME OF FATHER John C. Weaver

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Penna

12 MAIDEN NAME OF MOTHER Mariah Parnell

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) England

14 Informant Mrs Miriam Weaver
(Address) Pamyra N.J.

15 JUN 23 1925 Robert H. Khauter, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 19 25

17

I HEREBY CERTIFY, That I attended deceased from Jan 26, 1925 to June 23, 1925

that I last saw him alive on June 22, 1925

and that death occurred, on the date stated above, at 5-30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
Chronic Myocarditis
Hypertension

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) J. E. Peterman M. D.

. 19 (Address) 12 [illegible] Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Philadelphia Pa	June 23, 25
20 UNDERTAKER	ADDRESS
Wm Fuckner Sons	North St Pa

Cor.—1-12-23—M&T—100 Blks.

D 99783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1925 D 99783

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St., 8-2 Ward)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Murphy

(a) RESIDENCE No. 1711 Cort St/ St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sally Murphy

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	31			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Auto driver
(b) General nature of industry, business, or establishment in which employed (or employer) 23 0
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Jos Murphy

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Cath Moran

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant Sally Murphy
(Address) 1711 Cort

15 Filed JUN 23 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest and Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest and Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract. Skull

Homicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. M. Riley M. D.

June 23, 1925 (Address) (Coroner) 1625 E Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Valley Cemetery	June 24 25
20 UNDERTAKER Geo. F. Thomas	ADDRESS 1442 Hollins

Spec.-1-10-21-M&T-1500 Blks.

99784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 B 99784

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 131 S. Regester ST., W-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ellen O. Dowd.

(a) RESIDENCE NO. 131 S. Regester ST., 2 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Edwd. O. Dowd.

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Philip Brogan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mollie O. Dowd.

(Address) 131 S. Regester St.

15 JUN 23 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21st 1925

17 I HEREBY CERTIFY, That I attended deceased from June 9th, 1925, to June 21, 1925, that I last saw her alive on June 21, 1925, and that death occurred, on the date stated above, at 5 40/a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Duration yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Cystitis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What tests confirmed diagnosis? Exam

(Signed) Wm. G. S. Gladden, M. D.

(Address) 1423 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peters Cemetery

DATE OF BURIAL June 24th 1925

20 UNDERTAKER Lilly & Zeiler

ADDRESS 1438 N. Bway

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99785

CERTIFICATE OF DEATH.

D 99785

7-31

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St. Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Earl Malone

(a) Residence No. 812 N. Wolfe st. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Colored	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Malone

6-DATE OF BIRTH (month, day and year) 1887

7-AGE.	If LESS than 1 day,
38 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9-BIRTHPLACE (city or town) (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, William Malone

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Lina ??

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Virginia

14- (Informant) Hospital Records

(Address) M.T.H.

15- Filed JUL 23 1925 ROBERT F. KRAMER Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 22, 1925

17- I HEREBY CERTIFY, That I attended deceased from June 19, 1925, to June 22, 1925, that I last saw h. im alive on June 22, 1925, and that death occurred, on the date stated above, at 2.15 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) J. O. Wales, M. D.

6-22-, 1925 (Address) Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt. Zion cemetery	June 24 1925
20-UNDERTAKER. Edward Bryon	ADDRESS 1691 Orleans st

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99786

CERTIFICATE OF DEATH.

D 99786

6-31

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Cook

(a) Residence No. 419 N. Bond st. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Colored	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1907

7-AGE.	If LESS than 1 day.
18 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laundryman

(b) General nature of industry, business, or establishment in which employed (or employer) O

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James Cook

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, -- Evans

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) Hospital Records

(Address) M.T.H.

15- JUN 23 1925 ROBERT P. CHAMBERS Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 21, 1925

17- I HEREBY CERTIFY, That I attended deceased from June 18, 1925 to June 21, 1925

that I last saw him alive on June 21, 1925

and that death occurred, on the date stated above, at 11.50 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) J. D. Shaw M. D.

6-22-, 1925 Address Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Laurel cemetery	June 25 1925
20-UNDERTAKER.	ADDRESS
Edward Bryan	1691 Orleans st

Spec.—1-10-21—M&T—1500 Bks.

D 99787

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99787

CERTIFICATE OF DEATH.

6-1 179

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. BALTIMORE CITY HOSPITALS ST., 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Dixon

(a) RESIDENCE NO. 244 Bethel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	colored	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER John Dixon

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Nancy Dixon

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Baltimore City Hospitals Records
(Address)

15 JUN 23 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1925

17 I HEREBY CERTIFY, That I attended deceased from March 9, 1925, to June 20, 1925,
that I last saw him alive on June 20, 1925
and that death occurred, on the date stated above, at 7:30 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 4 (History) mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Laboratory

(Signed) J. Lindsay Miller, M. D.

6-22-1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel cemetery	June 23 1925
20 UNDERTAKER	ADDRESS
Milton Davis	315 N Eden st

Spec.—1-10-21—M&T—1500 Bks.

D 99788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161 D 99788

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. 2131 E Lombard ST., 1-1 WARD)

2-FULL NAME Ruth Waters

(a) RESIDENCE NO. 2131 E Lombard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 33 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 21, 1925

7 AGE — Years — Months — Days — If LESS than 1 day 33 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER George Waters

11 BIRTHPLACE OF FATHER (city or town) Russia
(State or country)

12 MAIDEN NAME OF MOTHER Sarah Goshen

13 BIRTHPLACE OF MOTHER (city or town) Russia
(State or country)

14 Informant Hosp
(Address)

15 Filed JUN 23 1925 ROBERT R. KRAMER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 19 25

17

I HEREBY CERTIFY, That I attended deceased from June 21, 19 25, to June 22, 19 25,

that I last saw h alive on June 22, 19 25,

and that death occurred, on the date stated above, at 8 30 P m.

The CAUSE OF DEATH* was as follows:

Intracranial hemorrhage

Child delivered by version & extraction (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Samuel R. Leigh M. D.

, 19 (Address) Hebrew Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Cemetery — DATE OF BURIAL: 6/23 1925

20 UNDERTAKER: Jack Lewis — ADDRESS: 1434 E Baltimore

Spec.—3 Cert.—M.C.T.—2000 Bks.

D 99789

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

D 99789

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Poplar Hill Road ST.; (WARD) 24-1

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susie Gross

(Residence in Baltimore: No. 1718 Druid Hill Ave St.; 48 yrs. 7 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Nov 6, 1876
(Month) (Day) (Year)

7-AGE, 48 yrs. 7 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laundress
(b) General nature of industry, business, or establishment in which employed (or employer)..... 041

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Isaac Gross

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Annie M. Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary D. Bennett

(Address) 1718 Druid Hill Ave

15- JUN 23 1925 ROBERT R. KRAUTER, City Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 20, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 20 1925, to June 20 1925, that I saw her alive on June 20 1925, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

1. Bronch-o-Pneumonia

2.

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Pleurisy

(Duration) ....yrs. ....mos. 2 ds.

(Signed) W. D. Poole M. D.

6/22/25 1925. (Address) 422 Poland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, W Laurel DATE OF BURIAL, June 24 1925

20-UNDERTAKER Sam'l W Cape & Son ADDRESS 1400 Mosher

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99790 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99790

CERTIFICATE OF DEATH. 90

1-PLACE OF DEATH

City of BALTIMORE: (No. 1408 Morton St., 11-1 (Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sethia Krug

(a) Residence No. 1408 Morton St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Prince Krug

6-DATE OF BIRTH (month, day and year) —— 1861

7-AGE. 64 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Calvert Co
(State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) Unknown
(State or Country),

12-MAIDEN NAME OF MOTHER, Nancy Smallwood

13-BIRTHPLACE OF MOTHER (city or town) Calvert Co
(State or Country), Maryland

11- (Informant) George Krug

(Address) 911 S Fremont St

15- JUN 23 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 6/22/25

17- I HEREBY CERTIFY, That I attended deceased from 2/10, 1925 to 6/22, 1925 that I last saw h. alive on 6/22, 1925 and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

Chronic Myocarditis

Arteriosclerosis

(Duration) Unknown mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO.

What test confirmed diagnosis? None

(Signed) Dan Brandau M. D.

6/23, 1925 (Address) 1402 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL. Greenmount Cemetery

DATE OF BURIAL. June 24 1925

20-UNDERTAKER. Sam'l R. Chase & Son

ADDRESS 1401 Madison

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99791

CERTIFICATE OF DEATH.

124 D 99791

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 506 N Wallace ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucy McCready

(a) RESIDENCE NO. 506 N Wallace ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced (or) ~~HUSBAND~~ of WIFE of John McCready

6 DATE OF BIRTH (month, day, and year) Unknown 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer) General Housework

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Stewart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant John McCready (husband)
(Address) 506 N Wallace st

15 Filed JUN 23 1925 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21 1925

17

I HEREBY CERTIFY, That I attended deceased from May 28, 1925, to June 21, 1925, that I last saw her alive on June 21, 1925, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Cholecystitis & Jaundice

(duration) yrs. 2 wks ds.

CONTRIBUTORY (Secondary) Pleurisy (duration) yrs. 4 wks ds.

18 Where was disease contracted if not at place of death? uncertain

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. J. Young, M. D.

6/22 1925 (Address) 142 E Monument st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Millers Wharf Md	Jun 24 1925
20 UNDERTAKER	ADDRESS
Robt H Wilson	1675 McElderry st

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99792 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 99792

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. 1274

City of BALTIMORE: (No.) 2437 Barclay St., 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Conaghan

(a) Residence No. 2437 Barclay St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 47 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Gaughan

6-DATE OF BIRTH (month, day and year) Dec 23 1861

7-AGE.	If LESS than 1 day.
63 yrs. 6 mos. ds.	hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Woman Wife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Ireland

PARENTS.

10-NAME OF FATHER Peter Sweeney

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Mary Sharkey

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland

14- (Informant) Albert Conaghan

(Address) 2437 Barclay St.

15- Filed 192 Robert E. Harrison, Registrar.

Burial Permit Issued 6-23-1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 22-1925

17- I HEREBY CERTIFY, That I attended deceased from May 1- 1925 to June 22nd 1925 that I last saw h. alive on June 19th 1925, and that death occurred, on the date stated above, at 11.50 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrage

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Chr. Parenchymatous Nephritis (Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lab. Findings

(Signed) Paul Brown, M. D

6/22, 1925 (Address) 1837 Penna. Ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
Old Cathedral	June 26, 1925
20-UNDERTAKER,	ADDRESS
E. A. Wedefield	501 E 22 St

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 99793

D 99793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2119 Aiken ST.: 9-5 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Battefield

(a) RESIDENCE. No. 2119 aiken ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
f	w	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6/21/25

7 AGE	Years	Months	Days	If LESS than 1 day, 8 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James Wesley Battefield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Phyllis P. Tyrrell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Haven Conn

14 Informant Mrs Phyllis P Battefield
(Address) 2119 aiken Md

15 Filed ..... 19 Robert P. Harrison
Registrar

23 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/22 19 25

17 I HEREBY CERTIFY, That I attended deceased from 6/21, 19 25, to 6/22, 19 25, that I last saw h[illegible] alive on June 21, 19 25, and that death occurred, on the date stated above, at 8.10 a m.

The CAUSE OF DEATH* was as follows:

Pneumatosis

(duration) 8 hours

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? ✓

What test confirmed diagnosis?

(Signed) N. Hiller Hemming, M. D.

6/22/25 (Address) 2000 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner of Health.

JUN 23 1925

Spec.—1-10-21—M&T—1500 Bks.

D 99794

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99794

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE. No. 1807 E. Federal ST., 8-3 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Kerr

(a) RESIDENCE No. 1807 E. Federal ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Francis D. Kerr

6 DATE OF BIRTH (month, day, and year) Apr 3, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	2	19.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Louise Kerr (Address) 1807 E. Federal St.

15 Filed 2-3-1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 1925

17 I HEREBY CERTIFY, That I attended deceased from May 26, 1925, to June 22, 1925, that I last saw h alive on June 21, 1925, and that death occurred, on the date stated above, at 2.25 p. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. 26 ds.

CONTRIBUTORY (Secondary) Chronic nephritis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Geo. A. Burden, M. D.

6/22 19 25 (Address) 1517 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — DATE OF BURIAL June 25 1925

20 UNDERTAKER Wm. Cook — ADDRESS 502 E. Monument

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

1501 N Broadway

D 99795 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99795

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1713 N Register ST., 8-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura C. Logsdon

(a) RESIDENCE NO. 1713 N Register ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word): widow

5a If ~~married, widowed, or divorced~~ ~~Husband~~ of (or) WIFE of John Logsdon

6 DATE OF BIRTH (month, day, and year) Dec 17, 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER Stathuil Cole

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Nellie Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant Blanche Bowerman

(Address) 1713 N Register St

15 Filed 3 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-22 1925

17 I HEREBY CERTIFY, That I attended deceased from 6-10, 1925, to 6/22, 1925, that I last saw h[illegible] alive on 6-22, 1925, and that death occurred, on the date stated above, at 7P m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Int Nephritis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine & symptoms

(Signed) David Miller, M. D.

, 19 (Address) 1500 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: State Chapel Cem — DATE OF BURIAL: 6/24, 19[illegible]

20 UNDERTAKER: [illegible] — ADDRESS: [illegible]

Spec.—1-10-21—M&T—1500 Blks.

D 99796

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99796

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1413 W Franklin ST., 19-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME J Gordon Carr

(a) RESIDENCE No. 1413 W Franklin ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 17 1906

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
19	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bank Teller

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: J. J. Carr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Ellen Eichelberger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Mrs. Helen Carr 1413 W. Franklin

15 Filed ..... 19 ..... Registrar: Robert P. Harrison, M. D.

23 1925

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1925

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1925, to June 20, 1925.
that I last saw h[illegible] alive on June 20, 1925
and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

6/22/25 (Signed) W. A. Donald, M. D.
(Address) 108 N Sutton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	6/24/25

20 UNDERTAKER: Geo. A. Farley Sons & Smyth ADDRESS

...w.—1-12-23—M&T—100 like.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99797

CERTIFICATE OF DEATH.

D 99797

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 70-5 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joe A. Volz

3) RESIDENCE NO. 1913 N. Gilmor ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the w...): Married

...arried, widowed, or divorced ...USBAND of ...r) WIFE of: Sophia A Volz

...E OF BIRTH (month, day, and year): Sept 26 1848

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
76	8	25	

...UPATION OF DECEASED ...rade, profession or ...cular kind of work: Shoe Worker

...eneral nature of industry, ...ess, or establishment in ...h employed (or employer): Manufacturer

...ame of employer: Maryland

...PLACE (city or town) ...or country): Maryland

...AME OF FATHER: Peter Volz

...THPLACE OF FATHER (city or town) ...te or country): Germany

...IDEN NAME OF MOTHER: Unknown

...THPLACE OF MOTHER (city or town) ...e or country): Germany

...mant ...ess): Mrs. Sophia Volz 913 N. Gilmor

3 1925 Robert F. Harrison, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 21 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Accident

Fracture of Hip

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Broncho Pneumonia

(Duration) yrs. mos. ds.

(Signed) G. Wade, M. D. (Coroner.)

June 21, 192 (Address) 1413 N. Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs., ...mos., ...ds. In the State ...yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem

DATE OF BURIAL: June 25 192...

20 UNDERTAKER: Geo A Farley

ADDRESS: Fulton & Fayette

Spec.—1-10-21—M&T—1500 Blks.

D 99798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 D 99798

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 Sewell ST. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Henry Lamp

(a) RESIDENCE NO. 613 Sewell ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Apr 8-1845

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
		2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chief

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Harry Henry Lamp

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ruth Walker

13 BIRTHPLACE OF MOTHER (city or town) Annapolis
(State or country) Maryland

14 Informant Harry H Lamp
(Address) 613 Sewell Ave

15 Robert P. Harrison,
3 1925 , 19
Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 1925

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1925, to June 23, 1925, that I last saw him alive on June 22, 1925, and that death occurred, on the date stated above, at 4.45 A.m.

The CAUSE OF DEATH* was as follows:

Marasmus
(Gastrointestinal Type)
(duration) yrs. 2 mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Physical Exam

(Signed) Paul Brown, M. D.

6/25, 1925 (Address) 1837 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn June 24/25

DATE OF BURIAL

20 UNDERTAKER James B Hynes

ADDRESS 1324 Eutaw

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99799

CERTIFICATE OF DEATH.

101-001 D 99799

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1527 N. Gilmor ST. 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Audrey A. Johns

(a) RESIDENCE No. 1527 N. Gilmor st ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Oct. 7, 1917

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓ Child

(c) Name of employer ✓

9 BIRTHPLACE (city or town) Balto. Md (State or country)

PARENTS

10 NAME OF FATHER Wm. L. Johns

11 BIRTHPLACE OF FATHER (city or town) Balto. Md. (State or country)

12 MAIDEN NAME OF MOTHER Emma Hopkins

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md. (State or country)

14 Informant Mrs Emma Johns

(Address) 1527 N. Gilmor St

JUN 24 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-22- 1925

17

I HEREBY CERTIFY, That I attended deceased from June 20, 1925, to June 22, 1925, that I last saw h alive on 6-22- 1925, and that death occurred, on the date stated above, at 9.15 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) George C. Page, M. D.

, 19 (Address) 1516 N. Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemtery

DATE OF BURIAL 6/24 1925

20 UNDERTAKER Mrs Jas H. Dennis

ADDRESS 1303 Fremtman St

Rev of E. Nelson.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 99800 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 99800

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1810 E. Monument St., 7-1 Ward) Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME. Ida I. Bennett

(a) Residence No. 1810 E. Monument St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Jame B. Bennett

6-DATE OF BIRTH (month, day and year) May 22, 1861

7-AGE. 64 yrs. 1 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At Home

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Charles Roycroft

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Delah Tucker

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto. Md

14- (Informant) Delight Harrington

(Address) 413 E. Fort Ave

15- JUN 24 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 21-1925

17- I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1924, to June 21, 1925, that I last saw h[illegible] alive on June 20, 1925, and that death occurred, on the date stated above, at 8 p. m.

The CAUSE OF DEATH* was as follows: 1

Cascinoma of stomach

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Xray-S.C.-P.E.

(Signed) Arthur L. Good, M. D.

(Address) 735 N. Eutaw

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park — DATE OF BURIAL, June 27, 1925

20-UNDERTAKER. William G. Schaeffer — ADDRESS 816 Mount

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99801

CERTIFICATE OF DEATH.

100 D 99801

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1154 Shields St. 17-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred Newby

(a) RESIDENCE No. 1154 Shields St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Cd

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 12, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Eddie Newby

11 BIRTHPLACE OF FATHER (city or town) (State or country): Smithfield Va

12 MAIDEN NAME OF MOTHER: Lois Winfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Smithfield Va

14 Informant (Address): Rose Newby 1154 Shields Alley

15 JUN 24 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 22 1925

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1925, to June 22, 1925.

that I last saw him alive on June 22, 1925.

and that death occurred, on the date stated above, at 6 9 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Primary)

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. D.

. 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	June 24/25
UNDERTAKER	ADDRESS
Samuel Wheeley	Baltimore

Spec.—1-10-21—M&T—1500 Bks.

D 99802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 | D 99802

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 Fawn ST., 17-2 WARD)

2-FULL NAME Emma Wilson

(a) RESIDENCE No. 819 Fawn ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Walter Wilson

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day,.....hrs. or.....min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. Carolina

PARENTS

10 NAME OF FATHER William Cunningham

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. Carolina

12 MAIDEN NAME OF MOTHER Ellen Cunningham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant Walter Wilson
(Address) 819 Fawn St

Filed JUN 24 1925 ROBERT N. KRAUTER Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21th 1925

17 I HEREBY CERTIFY, That I attended deceased from March 15th, 1925, to June 21th, 1925, that I last saw h[illegible] alive on June 21th 1925, and that death occurred, on the date stated above, 9:40 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) ✓

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 4 4 9 Orchard St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Chew, M. D.

19 (Address) 819 Fawn St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	June 25 1925

20 UNDERTAKER Samuel J. Kennedy ADDRESS 1128 Bank St.

Spec.—6-9-19—H. P. Co.—1000 Blks.

D 99803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 741 S. Potomac ST.: 1st WARD)

REGISTERED NO. 90 D 99803

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernstina Koehler

(a) RESIDENCE. No. 741 S Potomac ST., 1st WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. — mos. — ds. How long in U. S., if of foreign birth? 43 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Herman J. E. Koehler

6 DATE OF BIRTH (month, day, and year) Aug 27th 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	69	9	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs August Hull

(Address) 741 S Potomac St

15 JUN 24 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 31 1925 to June 22 1925

that I last saw him alive on June 21 1925

and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Valvular Dis Heart

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) C Chausnes, M. D.

6/23/25 (Address) 408 E Pat Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem	June 26 1925

20 UNDERTAKER Peter Nicolaus ADDRESS 2060 Eastern Ave

Spec.—1-10-21—M&T—1500 Bks.

D 99804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 99804

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1034 N. Eden ST., 10 WARD)

REGISTERED NO. 10-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen. M. Quinn

(a) RESIDENCE No. 1034 N Eden ST., 10 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred about 69 yrs. — mos. — ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of ~~the late~~ (or) WIFE of William Quinn

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 69	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md

PARENTS

10 NAME OF FATHER Matthias Murphy

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Catherine Burn

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Miss. Catherine Quinn

(Address) 1034 N. Eden St

15 JUN 24 1925 HUBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 1925

17 I HEREBY CERTIFY, That I attended deceased from ——— 19 17 to June 22 19 25

that I last saw her alive on June 22 19 25

and that death occurred, on the date stated above, at 8:10 A m.

The CAUSE OF DEATH* was as follows:

Fatty degeneration of the muscles of the heart

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) ———

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ———

Did an operation precede death? No Date of ———

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Franby M. D.

6/22/1925 (Address) 1223 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	June 25 1925
20 UNDERTAKER	ADDRESS
Henry Hoeck Son	1301 E Eager St

HEALTH DEPARTMENT—CITY OF BALTIMORE

99805

CERTIFICATE OF DEATH. 6 13 18-003 D 99805

1-PLACE OF DEATH: Pennington Ave & Filbert St. Registered No. C.....

City of BALTIMORE: (No. ..... Curtis Bay. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Robert Wilkinson.

(Residence in Baltimore: No. 423 N.Curley St. St.; yrs., 22 mos. 8 ds. 26)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Male.	White	Single.

6-DATE OF BIRTH. September 27, 1902. (Month) (Day) (Year)

7-AGE. 22 yrs. 8 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machine operator
(b) General nature of industry, business, or establishment in which employed (or employer): Con. Gas, El. & P. Co.

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Alexander Wilkinson.

11-BIRTHPLACE OF FATHER, (State or Country). Baltimore, Md.

12-MAIDEN NAME OF MOTHER. Margaret Heim.

13-BIRTHPLACE OF MOTHER, (State or Country). Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Calvin Wilkinson.(brother)

(Address) 423 N.Curley St.

15- Filed JUN 24 1925 19.. ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 22, 1925. (Month) (Day) (Year) 192....

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Caught under an overturned tractor.
Accidental Death.

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs....mos....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

June, 28, 1925 (Address) 1017 S. Charles St.

*State the **Disease Causing Death**, or, In deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Oak Lawn Cem. DATE OF BURIAL. June 25 1925

20-UNDERTAKER, John Leonard ADDRESS 2208 Orleans

Spec.—1-10-21—M&T—1500 Blks.

D 99806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 ✓ D 99806

1-PLACE OF DEATH Colonial Hospital

CITY OF BALTIMORE: (No. 422 N. Mount ST. 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Herman

(a) RESIDENCE NO. 911 Bennett ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. 4 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 30, 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Learner

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER Adam Herman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER Annie Wittle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant Adam. Herman

(Address) 911 Bennett Place

15 JUN 24 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21, 1925

17 I HEREBY CERTIFY, That I attended deceased from June 17, 1925, to June 21, 1925.

That I last saw him alive on June 21, 1925.

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Acute myocarditis, auricular fibrillation

Chr. nephritis. Bilateral

Acute pulmonary tuberculosis (?)

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clin. data

(Signed) Carlos I. Taggart, M. D.

, 19 (Address) 1015 Monroe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: 6-26-1925

20 UNDERTAKER: H. C. Brauning's Son

ADDRESS 517 N. Schroeder St

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99807

CERTIFICATE OF DEATH.

29 D 99807

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 917 Bennett Place St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adam A Miller

(a) Residence No. 917 Bennett Place Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Annie Miller deceased

6-DATE OF BIRTH (month, day and year) May 2nd 1847

7-AGE. 78 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Shoe Custom worker
(b) General nature of industry, business, or establishment in which employed (or employer): ~~do~~
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Adam Miller

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Elizabeth Burkhard

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14-
(Informant) Barbara Imgold
(Address) 917 Bennett Place

15-
Filed JUN 24 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 6-21-25

17- I HEREBY CERTIFY, That I attended deceased from 6-10- 1925 to 6-21 1925

that I last saw him alive on 6-21 1925

and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows:

Chronic Int. Nephritis

6 (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

2 (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Adam Miller M. D.

, 19 (Address) 1500 Bdway

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer — DATE OF BURIAL. 6-25-, 1925

20-UNDERTAKER. H C Brauning Son — ADDRESS 317 N Schroeder st

99808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99808

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. Church Home & Infirmary St., 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Reilly

(Residence in Baltimore: No. 1633 E. Lombard St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	white	mar

6-DATE OF BIRTH. Sept. 12-1861 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
63 yrs. 9 mos. 9 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto. Md

PARENTS.

10-NAME OF FATHER. William Sappe

11-BIRTHPLACE OF FATHER, (State or Country). Balto. Md

12-MAIDEN NAME OF MOTHER. Mary Jane -----

13-BIRTHPLACE OF MOTHER, (State or Country). Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James M. Reilly (Husband)

(Address) 1633 E. Lombard St

15-

JUN 24 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 21-25 (Month) (Day) 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina (History)

(Duration) yrs. mos. ds.

(Signed) J. H. Falen M. D.
(Coroner.)

6-23-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Wendell Reppold & Son	June 25 1925
20-UNDERTAKER,	ADDRESS
Baltimore Cem	378 N

Spec. 1-10-21 M&T 1500 Blks.

D 99809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99809

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1520 Cliffer Rd ST.) 13-3 WARD

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick A Heckner

(a) RESIDENCE NO. 1520 Cliffer Rd ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Wht

5 ~~Single~~, Married, Widowed, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth K Heckner

6 DATE OF BIRTH (month, day, and year) July 3 1848

7 AGE: Years 76, Months 11, Days, If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laboring

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER Henry Heckner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Ehrhart

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Elizabeth K Heckner (Address) 1520 Cliffer Rd.

15 FILED JUN 24 1925 ROBERT A. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1924, to June 23, 1925, that I last saw him alive on June 22, 1925, and that death occurred, on the date stated above, at 10.35 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

6/23 1925 (Address) 846 W 36 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: June 26 1925

20 UNDERTAKER: E. Williamson 502 E Monta — ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

99810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 D 99810

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 2000 East 30th ST., 9-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Ann Glass

(a) RESIDENCE NO. 2000 E. 30th ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 4 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Widow of David W. Glass

6 DATE OF BIRTH (month, day, and year) Feby 14, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	4	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Balto Maryland

PARENTS

10 NAME OF FATHER William Graham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann Reese

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wales

14 Informant David W. Glass
(Address) 2000 E. 30th St.

15 Filed JUN 24 1925, 19.. ROBERT R. KRAUTER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 1925

17 I HEREBY CERTIFY, That I attended deceased from May 6, 1925, to June 22, 1925, that I last saw her alive on June 22, 1925, and that death occurred, on the date stated above, at 1 30 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of
ascending Colon and
Gall Bladder

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. 2 mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Carroll Lockard M. D.

1925 (Address) 42 Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	June 25 1925

20 UNDERTAKER John B Spencer ADDRESS 1325 N. Caroline St

Spec—12-23-21—E.B.R.S.—400 Blks.

D 99811

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99811

CERTIFICATE OF DEATH.

5-12

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1210 E. Fayette St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Kaat Schneider

(a) Residence No. 1210 E. Fayette St., ... Ward .....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 18 mos. ds. How long in U. S., if of foreign birth? yrs. 18 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob M. Schneider

6-DATE OF BIRTH (month, day and year) .

7-AGE. 67 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer .....

9-BIRTHPLACE (city or town) ? (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) ..... (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) ..... (State or Country), Russia

14- (Informant) Manuel Schneider

(Address) 4119 Norfolk Ave.

15- Filed JUN 24 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 23-25

I HEREBY CERTIFY, That I attended deceased from May 1, 1925 to June 23 1925

that I last saw h[illegible] alive on June 23 1925

and that death occurred, on the date stated above, at 2 45 p. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Chron Nephritis

(Duration) yrs. 6 mos. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E. D. Baughman M. D.

6/23, 1925 (Address) 1210 E. Fayette St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Hebrew Mt Carmel — DATE OF BURIAL, 6/24, 1925

20-UNDERTAKER, Jack Lewis — ADDRESS 1439 E Balto St

Spec.—1-10-21—M&T—1500 Blks.

99812

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

23 D 99812

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 W. Preston ST., 11-1 WARD)

2-FULL NAME Alberta Evelyn

(a) RESIDENCE NO. 210 W. Preston ST., WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Col.	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Evelyn

6 DATE OF BIRTH (month, day, and year) May 5- 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house-wife 07

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (city or town) Demarara.
(State or country) British West Indies

PARENTS

10 NAME OF FATHER unknown (Brazo)

11 BIRTHPLACE OF FATHER (city or town) unknown
(State or country) unknown.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown
(State or country) unknown.

14 Informant Joseph Evelyn
(Address) 210 W. Preston St.

15 Filed JUN 24 1925 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23- 1925

17 I HEREBY CERTIFY, That I attended deceased from June 6- 1925, to June 24- 1925, that I last saw her alive on June 22- 1925, and that death occurred, on the date stated above, at 4:55 a.m.

The CAUSE OF DEATH* was as follows:

Epidemic Lethargic Encephalitis

(duration) — yrs. — mos. 18 ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical Signs & Symptoms

(Signed) Chester Riland, M. D.

6-23, 1925 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery — DATE OF BURIAL June 26 19 25

20 UNDERTAKER John D Stevens — ADDRESS 933 Pierce St.

D 99813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital. (Ward) 1-3

Registered No. C 109-002 D 99813

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfred Andrzejczuk.

(Residence in Baltimore: No. 804 S.Glover St. St.; yrs. 1 mos. 1 ds. 5)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male.

4-COLOR OR RACE: White.

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-DATE OF BIRTH: May 17 1924 (Month) (Day) 1 (Year)

7-AGE: 1 yrs. 1 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore, Md.

PARENTS:

10-NAME OF FATHER: Walter Andrzejczuk.

11-BIRTHPLACE OF FATHER. (State or Country): Poland.

12-MAIDEN NAME OF MOTHER: Mary Gaciuk.

13-BIRTHPLACE OF MOTHER. (State or Country): Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Andrzejczuk.(father)

(Address) 804 S.Glover St.

15- JUN 24 1925 192 ROBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 22nd. 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Post Pharyngeal Abscess. Sepsis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(Duration) yrs. mos. ds.

(Signed) Victor Reinhardt M. D. (Coroner.)

June 24 1925 (Address) 1017 E. Charles St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Rosary	June 24. 1925
20-UNDERTAKER.	ADDRESS
Justin McAleer	1803 Bank

Spec. 12-23-21—E.B.R.S.—400 Bks.

D 99814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Registered No. D 99814

1-PLACE OF DEATH

City of BALTIMORE: (No. 530 N. Monroe St. St., 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Ropp

(a) Residence No. 530 N. Monroe St. St., Ward
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Elizabeth F. Ropp

6-DATE OF BIRTH (month, day and year) May 1st. 1840

7-AGE, 85 yrs. 1 mos. 22 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Shoe-maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, George Biersock

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Elizabeth Fritch Ropp

(Address) 530 N. Monroe St.

15- Filed JUN 24 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 23rd. 1925.

17- I HEREBY CERTIFY, That I attended deceased from June 23, 19 25 to June 23 19 25

that I last saw h. im alive on June 23 19 25

and that death occurred, on the date stated above, at 2 30 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 5 yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edward Mackelcan M. D

, 19 (Address) 24 W. Fulton Ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park	6/26th 1925
20-UNDERTAKER.	**ADDRESS**
C.F.Evans & Son Inc.-	118 W. Mt Royal Ave.

D 99815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

19 129 99815 Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 108 Addison St., ... Ward)

2-FULL NAME Louise Kilber

(Residence in Baltimore: No. 108 Addison St.; 50 yrs., ... mos. ..... ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

6-DATE OF BIRTH: March 30 (Month) (Day) 1875 (Year)

7-AGE: 81 yrs. 2 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of Industry, business, or establishment in which employed (or employer): do

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Geo. Kuester

11-BIRTHPLACE OF FATHER, (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Otto Horner

(Address) 62x Appleton St

15- JUN 24 1925 ROBERT R. KRAUTER, Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: June 23rd (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Nephritis

(Duration) Unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. B. Hayton M. D.
(Coroner.)

June 23rd 1925 (Address) Curtis Bay Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) Whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery DATE OF BURIAL: June 25 1925

20-UNDERTAKER: F. B. Wehrfurt ADDRESS: 850 W. Baltimore

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99816

CERTIFICATE OF DEATH.

1-001

D 99816

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Baltimore Line Ward 20-3 ST., WARD)

2-FULL NAME Francis W. Orrell

(a) RESIDENCE NO. 2550 W. Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 Yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nannie Orsell

6 DATE OF BIRTH (month, day, and year) June 16 1876

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
49		6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clothing Cutter 080

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer H.W.Rothstine

9 BIRTHPLACE (city or town) Baltimore, md. (State or country) Maryland

PARENTS

10 NAME OF FATHER Francis W.Orrell

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Florence Stewart

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Richard Orrell

(Address) 2550 West Fayette St.

15

JUN 24 1925 ROBERT H. [illegible] Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 1925

17 I HEREBY CERTIFY, That I attended deceased from June 12, 1925, to June 22, 1925, that I last saw him alive on June 22, 1925, and that death occurred, on the date stated above, at 12:50 P m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) yrs. mos 45 ds.

CONTRIBUTORY (Secondary) Perforation - Peritonitis

(duration) yrs. mos. ½ ds.

18 Where was disease contracted if not at place of death? 2550 W. Fayette

Did an operation precede death? No Date of -

Was there an autopsy? Yes

What test confirmed diagnosis? Blood - culture.

(Signed) Truman B Dallam, M. D.

6/22 1925 (Address) 808 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	June, 25, 25

20 UNDERTAKER Joseph B. Cook ADDRESS 1003 N Bals St

Spec.—1-10-21—M&T—1500 Bks.

D 99817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8-21

D 99817

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 N. Paterson Park Ave. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret E Craigh

(a) RESIDENCE No. 1603 N. Paterson Park Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William P. Craigh

6 DATE OF BIRTH (month, day, and year) June 26 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Thos Clifford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14

Informant William Craigh

(Address) 1603 N. Paterson Park ave

15

JUN 24 1925 ROBERT R. KRAMER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 24th, 1924, to June 21, 1925.

that I last saw h.. alive on June 19, 1925

and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:

Vascular Heart Disease

(duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Reginald D Tonry, M. D.

, 19 (Address) 4142 North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Peter Cemetery	June 25 1925

20 UNDERTAKER ADDRESS

Geo. J. Ruth 1735 Harford ave.

Spec—12-23-21—E.B.R.S.—400 Blks.

99818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57 D 99818

1-PLACE OF DEATH

City of BALTIMORE: (No. 1633 N Smallwood St., 15-12 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dittie Astrinsky

(a) Residence No. 1633 N Smallwood St. St., ... Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? 34 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE. W

5-Single, Married, Widowed, or Divorced, (Write the word.) M

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Joseph Astrinsky

6-DATE OF BIRTH (month, day and year)

7-AGE. 48 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Morris Peskowsky

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Russia

14- (Informant) Jack Lewis

(Address) 1439 E Balt St

15-

Filed ..... 19..... ROBERT R. KRAUEL Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 6/23/25

17- I HEREBY CERTIFY, That I attended deceased from April, 1922 to June 23, 1925

that I last saw h.. alive on June 23 1925

and that death occurred, on the date stated above, at 11-30 m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

Hypertension

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) myocardial insufficiency

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? Ud Date of.....

Was there an autopsy? Ud

What test confirmed diagnosis?.....

(Signed) Samuel Whitehouse M. D.

19 (Address) 1810 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Hebrew Rosedale	6/26, 19 25
20-UNDERTAKER	ADDRESS
Jack Lewis	1439 E Balt St

D 99819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

187-006

D 99819

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Sq. Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Edward Sampson

(Residence in Baltimore: No. 1123 Sharp St. St., ... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Cold

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-DATE OF BIRTH. Unknown ..... (Month) ..... (Day) ..... 1..... (Year)

7-AGE. 27 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). United Iron & Metal Co. Balto.

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Edward Sampson

11-BIRTHPLACE OF FATHER, (State or Country). Md

12-MAIDEN NAME OF MOTHER. Lizzie Madden

13-BIRTHPLACE OF MOTHER, (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lizzie Sampson

(Address) 265 W. Henrietta St.

15- JUN 24 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 23rd 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or Inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Infected abscess Rectum

(Duration) — yrs. — mos. 28 ds.

CONTRIBUTORY (Secondary) Had accident Feb 9/25

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. B. Horton M. D. (Coroner.)

June 24 1925 (Address) Curtis Bay

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cordora Md, Love Point — DATE OF BURIAL, June 25, 1925

20-UNDERTAKER, N. E. Broome & Son — ADDRESS 1617 Monument St

Bea Love Point Route

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

111-001

D 99820

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 113 Calsa Ave St., 27-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary W. Wells

(a) Residence No. 113 Calsa Ave St., Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 2 mos. 5 ds. How long in U. S., if of foreign birth? 67 yrs. 2 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) April 18, 1876

7-AGE. 49 yrs. 2 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None 037

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER. Louis Spies

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER. Mary Steugel

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) E. Melton Wells

(Address) 113 Calsa ave

15- FILED JUN 24 1925 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 23-1925

17- I HEREBY CERTIFY, That I attended deceased from October 15, 1924 to June 23, 1925

that I last saw h.. alive on June 23 1925

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Ulcer of Stomach

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan 22 '25

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Wm J Watson M. D.

June 23 1925 (Address) 2128 St Paul St Balto

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. London Park Cem DATE OF BURIAL, June 26 1925

20-UNDERTAKER. Harry W. Ehlen ADDRESS 1944 W. North Ave

Spec.—1-10-21—M&T—1500 Blks.

(Superior)

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99821

CERTIFICATE OF DEATH.

122-001

19-122

D 99821

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS (St.) (Ward)

2-FULL NAME Peter Superor

(a) RESIDENCE NO. 211 S. Vincent ST., WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wood Worker

(b) General nature of industry, business, or establishment in which employed (or employer) 014

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hungary

PARENTS

10 NAME OF FATHER George Superor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hungary

12 MAIDEN NAME OF MOTHER Marie Monjor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hungary

14 Informant Baltimore City Hospitals Records
(Address)

15 Filed 6-24, 1925 Robert P. Harrison, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 1925

17 I HEREBY CERTIFY, That I attended deceased from March 20, 1925, to June 23, 1925, that I last saw h alive on June 23, 1925, and that death occurred, on the date stated above, at 3:40 P m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of liver

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? laboratory

(Signed) Lindsay Miller, M. D.

6/24 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross A & C Co — DATE OF BURIAL: 6-25 1925

20 UNDERTAKER: E & B Harle — ADDRESS: 1145 E Pratt

D 99822 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 1925 D 99822

1-PLACE OF DEATH Harbor Hospital Registered No. C.....

City of BALTIMORE: (No. Thompson Sts East Ave 46-6 St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Alexander P. Gilmore

(Residence in Baltimore: No. 116 S. 6th St, 49 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. March 17 1863 (Month) (Day) (Year)

7-AGE. 62 yrs. 3 mos. 6 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Deck Hand
(b) General nature of industry, business, or establishment in which employed (or employer). Dredge Sand & Gravel

9-BIRTHPLACE, (State or Country). Ireland

PARENTS.

10-NAME OF FATHER. John Gilmore

11-BIRTHPLACE OF FATHER, (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Ernst

(Address) 824 Streeper St

15- JUN 4 1925 19.. Robert P. Harrison, Registrar.

Burial Permit Given.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 22 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry. thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning
fell from dredge while
attempting to get Rowboat
which had broken loose
(Duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Suffering from Hernia
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M. Fenlon M. D.
(Coroner.)
June 24 1925 (Address) 700 E Chase St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Sacred Heart Cem.	June 26, 1925

20-UNDERTAKER.	ADDRESS
Lilly and Zeiler	403 S. Wolfe St

Spec.—1-10-21—M&T—1500 Blks.

D 99823

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99823

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital 20-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr Raymond Hoffmaster

(a) RESIDENCE No. 2536 W Pratt ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 31 1911

7 AGE — Years: 14 — Months: 2 — Days: 22 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Mary Land

PARENTS

10 NAME OF FATHER: Elsworth Hoffmaster

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Ulma Corbett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant (Address): Elsworth Hoffmaster 2536 W Pratt st

15 4 1925 Robert P. Harrison, Registrar

Burial Permit Chart.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/22 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 12 1920 to June 22 1925, that I last saw him alive on June 22 1925, and that death occurred, on the date stated above, at 6 P.M. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Oedema of Lung

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

What test confirmed diagnosis? Clinical

(Signed) Edward Neuvalen M. D.

, 19 (Address) 24 N Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem — DATE OF BURIAL: 6/25/25

20 UNDERTAKER: George A Farley — ADDRESS: Fulton Ave

Spec.—1-10-21—M&T—1500 Blks.

D 99824

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37 D 99824

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. University Hosp. ST., 13-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Elizabeth Mathias

(a) RESIDENCE NO. 3304 Chestnut ave ST., East WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1/4 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~ 0

(b) General nature of industry, business, or establishment in which employed (or employer) ~

(c) Name of employer ~

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Harry Mathias

11 BIRTHPLACE OF FATHER (city or town) ~
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Edith Crook

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country)

14 Informant Records.
(Address)

15 Robert J. Harrison,
Registrar

JUN 24 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 1925

17

I HEREBY CERTIFY, That I attended deceased from June 17, 1925, to June 22, 1925,

that I last saw h[illegible] alive on June 22, 1925

and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. mos. 21 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical findings

(Signed) [signature], M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	June 25, 1925
UNDERTAKER	ADDRESS
Chenowet & Son	3617 Chestnut Ave

Spec—12-23-21—E.B.R.S.—400 Blks.

D 99825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15-90

D 99825

1-PLACE OF DEATH

City of BALTIMORE: (No. 1802 N. Payson St., Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Weisman

(a) Residence No. 1802 N. Payson St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., If of foreign birth? 13 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Weisman

6-DATE OF BIRTH (month, day and year) -----1850

7-AGE.	If LESS than 1 day,
75 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Cheia Smotritzky

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Rebecca

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14-

(Informant) Harry Weisman

(Address) 1802 N. Payson

15-

FEB 24 1925

Robert P. Harrison,

Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 24-25

17- I HEREBY CERTIFY, That I attended deceased from June-1-, 19 25 to June-24, 19 25 that I last saw h[illegible] alive on June-24, 19 25 and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Cardio-vascular disease

(Duration) several yrs. mos. ds.

CONTRIBUTORY (Secondary) Heat exhaustion

(Duration) yrs. mos. 10 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Herman Seidel M. D.

, 19 (Address) 2404 Entaw[illegible]

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Mt. Lebanon Mt. Carmel	6-24, 19 25

20-UNDERTAKER, ADDRESS

Jacob Reed, 1439 Eutaw Pl.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99826

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99826

CERTIFICATE OF DEATH.

1524-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 3209 Windsor Ave. St., 15 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mary Rosalie Staub

(a) Residence No. 3209 Windsor Ave. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Staub

6-DATE OF BIRTH (month, day and year) Feb. 7, 1842

7-AGE, 83 yrs. 4 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Martinsburg, W. Va.

PARENTS.

10-NAME OF FATHER, John Blondel

11-BIRTHPLACE OF FATHER (city or town) (State or Country), France

12-MAIDEN NAME OF MOTHER, Caroline Young

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Martinsburg, W. Va.

14-Informant) Miss Emma E. Staub

(Address) 3209 Windsor Ave.

Filed 1925 Robert P. Harrison, 192 Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 22-1925

17- I HEREBY CERTIFY, That I attended deceased from June 2, 1925, to June 22, 1925, that I last saw h.. alive on June 22, 1925, and that death occurred, on the date stated above, at 11.20 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy —

(Duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Isaac C. Dickson M. D.

June 24, 1925 (Address) 3055 W. North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL.
Martinsburg, W. Va.	June 25, 1925

20-UNDERTAKER	ADDRESS
Henry W. Mears & Son	805 W. Calvert

VIA. B.&O. R.R. — MISS EMMA E. STAUB, ESCORT

Spec.—1-12-23—M&T—500 Blks.

D 99827 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99827

CERTIFICATE OF DEATH. + 45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. 25-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Ida Morris

(a) RESIDENCE No. Hilliard, Washington State WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of A. C. Morris RED 9

6 DATE OF BIRTH (month, day, and year) [illegible] 1860

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	65	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Michigan

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " " Unknown

14 Informant Mrs. Emma Tubbs

(Address) 2028 Pierce Mill Rd Washington

15 Filed 6-24-1925, 19 Robert F. Harrison

Burial Permit Issued

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-24 — 1925

17

I HEREBY CERTIFY, That I attended deceased from 6-16, 1925, to 6-24, 1925,

that I last saw her alive on 6-23 —, 1925

and that death occurred, on the date stated above, at 8 15 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of rectum

& ascending colon

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? Yes Date of January 25

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Newman B Friedman, M. D.

6-24-1925 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D C DATE OF BURIAL 6-24-1925

20 UNDERTAKER Sam W Case & Son ADDRESS 405 Main

Spec.—8-24-14—M. & T.—2000 Blks.

(Angela M. Taylor) ✓

D 99828

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 D 99828

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 137 W. Druid Hill ST. 23-1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Angela M Taylor

(Residence in Baltimore: No. 137 W Druid Hill St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH. Apr (Month) 23 (Day), 1921 (Year)

7-AGE. 4 yrs. 1 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Saml H. Taylor

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Sadie Williams

13-BIRTHPLACE OF MOTHER (State or Country), Cuba

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sadie Taylor

(Address) 137 W Druid Hill St

15- Robert B. Harrison, Registrar.

Filed Jan 24 1925, 191.... Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 24 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 30 1924 to Jan 24 1925 that I saw her alive on Jan 23 1925, and that death occurred, on the date stated above, at 2.50 p.m.

The CAUSE OF DEATH* was as follows:

Tb Pneumonia

.....

.....

..... (Duration) ....yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Tb Pneumonia

..... (Duration) ....yrs. ....mos. 1 ds.

(Signed) [illegible] M. D.

Jan 27, 1925 (Address) 1125 Mont

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Jan 27, 1925

20-UNDERTAKER John H. Toadvine — ADDRESS 1027 Hand Hillman

D 99829 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 99829

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Crook's Ship yard. Spring Garden — Registered No. C 24-182

City of BALTIMORE: (No. Foot of Towson St. St., 24-3 Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard J.E. Daly.

(Residence in Baltimore: No. 1351 Hull St. St.; 10 yrs., 11 mos., 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced. (Write the word.)
Male.	White.	Single.

6-DATE OF BIRTH. July 19, 1914. (Month) (Day) (Year)

7-AGE. 10 yrs. 11 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. John Daly.

11-BIRTHPLACE OF FATHER. (State or Country). Ireland.

12-MAIDEN NAME OF MOTHER. Rose U. Brown.

13-BIRTHPLACE OF MOTHER. (State or Country). Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose U. Daly. (mother)

(Address) 1351 Hull St.

15-

Filed JUN 24 1925 19.. (Robert F. Harrison) Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. June 21, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.
Fell into a water-filled hull of a boat.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Geisenhaver M. D. (Coroner.)

June 23, 1925 (Address) 1017 E. Charles St.

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cem. DATE OF BURIAL June 25 1925

20-UNDERTAKER. Margaret E. Flynn ADDRESS 1432 Light St.

Spec.—1-10-21—M&T—1500 Bks.

Dr Warner 1191 N Carey St

99830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91-002

D 99830

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Leibig Sanitarium ST. 28-1 WARD)

2-FULL NAME Sara Jones

(a) RESIDENCE No. 1501 Pennhurst Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E Jones

6 DATE OF BIRTH (month, day, and year) Aug 3, 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Charles Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Andrew

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Robert C Jones

(Address) 1501 Pennhurst Ave

15 JUN 25 1925 ROBERT N. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 1925

17 I HEREBY CERTIFY, That I attended deceased from 6/19, 1925, to 6/23, 1925, that I last saw h[illegible] alive on 6/23, 1925, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Arterio - Sclerosis

(duration) 1 yrs. 0 mos 0 ds.

CONTRIBUTORY (Secondary) Hemiplegia

(duration) 0 yrs. 6 mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. H. Warner, M. D.

6/25, 1925 (Address) 700 N. Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Fredericksburg, Caroline Co	June 25 1925
20 UNDERTAKER Wm Cook	ADDRESS 502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

D 99831

CERTIFICATE OF DEATH.

113 D 99831

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3507 Cedar Ave (Ward) 13-4

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Ann Greenwald

(a) RESIDENCE No. 3507 Cedar Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Apr. 9-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto City Md

PARENTS

10 NAME OF FATHER: John Greenwald

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. City

12 MAIDEN NAME OF MOTHER: Mary Zepp

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto City

14 Informant (Address): John Greenwald 3507 Cedar Ave

15 JUN 25 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 1925

17 I HEREBY CERTIFY, That I attended deceased from June 23, 1925, to June 24 1925.

that I last saw her alive on June 23, 1925

and that death occurred, on the date stated above, at 9.45 A m.

The CAUSE OF DEATH* was as follows:

Entero-Colitis

Eclampsia (duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) [illegible], M. D.

19 (Address) 4037 Fallo Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: June 25 1925

20 UNDERTAKER: A S Marshall — ADDRESS: 3589 Fall Rd

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99832

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99832

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. ..... St., Municipal Tuberculosis Hospital Ward) 18-2

Registered No. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Serio

(a) Residence No. 1126 Hollins st. St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Singl

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 1903

7-AGE.	If LESS than 1 day.
22 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Fruit dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Samuel Serio

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Italy

12-MAIDEN NAME OF MOTHER, Minnie Farace

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Italy

14- (Informant) Hospital Records

(Address) M.T.H.

15- JUN 25 1925 ROBERT R. KRAUSE Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 23, 1925

17- I HEREBY CERTIFY, That I attended deceased from June 22, 1925 to June 23, 1925

that I last saw him alive on June 23, 1925

and that death occurred, on the date stated above, at 9.05 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. White, M. D.

6-24-, 1925 (Address) Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	June 26 1925
20-UNDERTAKER	ADDRESS
John F. Gowan & Son. per F. J. Gowan.	90 Holliday St

Spec—12-23-21—E.B.R.S.—400 Blks.

D 99833

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99833

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital 11-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Franklin Wilson Levering

(a) Residence No. 906 St. Paul St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 11 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Bull

6-DATE OF BIRTH (month, day and year) Jany 30th 1861

7-AGE. 64 yrs. 11 mos. 23 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Insurance

(b) General nature of industry, business, or establishment in which employed (or employer) Life

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER Eugene Levering

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Ann F. Slaker

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto Md

14- (Informant) Mr. Eugene Levering

(Address) 1308 Eutaw Place

15- Filed KOBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 23 1925

17- I HEREBY CERTIFY, That I attended deceased from June 15 1925 to June 23 1925 that I last saw h. living on June 23 1925 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of prostate with Metastasis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm B Jarrett, M. D.

, 19 (Address) Union Memorial Hosp

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Green Mount — DATE OF BURIAL, June 25th 1925

20-UNDERTAKER, Henry H Jenkins Son Co — ADDRESS McCulloh & Orchard Sts.

Spec.—1-10-21—M&T—1500 Pds.

D 99834 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99834

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Colonial Hospital

CITY OF BALTIMORE: (No. 1122 N Mount ST., 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellis Alexander

(a) RESIDENCE NO. 737 Dolphin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colred	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Pearl Alexander

6 DATE OF BIRTH (month, day, and year) Feb 6, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	22	4	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) General

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. C.

PARENTS

10 NAME OF FATHER David Alexander

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Elizabeth Rice

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant (Address) Colonial Hospital 1122 N. mount st

15 JUN 25 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 1925

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1925, to June 22, 1925.

that I last saw him alive on June 22, 1925

and that death occurred, on the date stated above, at 12 o'c P m.

The CAUSE OF DEATH* was as follows:

Pyonephrosis due to
acute retention following
acute gonorrheal prostatitis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. data

(Signed) A. M. Rytina, M. D.

, 19 (Address) 330 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cem — DATE OF BURIAL 6/26/1925

20 UNDERTAKER Daniel Easton — ADDRESS 916 Pa ave

D 99835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1927 D 99835

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St., 17-3 W. ...)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Coles

(Residence in Baltimore: No. 773 Bradley St 8 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-DATE OF BIRTH. March 6 1912
(Month) (Day) (Year)

7-AGE. 13 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). B Md.

PARENTS.

10-NAME OF FATHER. A Coles

11-BIRTHPLACE OF FATHER, (State or Country). Va.

12-MAIDEN NAME OF MOTHER. Cora Snowden

13-BIRTHPLACE OF MOTHER, (State or Country). A. G. Ga.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cora Coles

(Address) 770 Bradley

15- JUN 25 1925

ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 23 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract. skull

acc. dirigible fell down Elevator Shaft (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. Wiley M. D.
(Coroner)

June 24 1925. (Address) 10 S. Gay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cem	6/26/1925
20-UNDERTAKER.	ADDRESS.
Daniel Easton	916 Pa ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 ✓ D 99836

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1105 Shades St., 27-4 Ward) Registered No.

2-FULL NAME Isaac Landaman

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1105 Shades St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Nechama Landaman

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE 54 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) 1045

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), —

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), —

14- (Informant) Jacob Landaman

(Address) 1439 E Baltimore St

15- Filed JUN 25 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 6/25/25

17- I HEREBY CERTIFY, That I attended deceased from 6/22/, 1925, to 6/25/, 1925, that I last saw him alive on 6-25-, 1925, and that death occurred, on the date stated above, at 2306 m.

The CAUSE OF DEATH* was as follows:

Nephritis

(Duration) yrs. mos. 30 ds.

CONTRIBUTORY (Secondary) Dropsy

(Duration) yrs. mos. 10 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Robert Dram, M. D.

, 19 (Address) 1727 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Herbert Jack Road — DATE OF BURIAL, 6/25, 1925

20-UNDERTAKER, Jack Lewis — ADDRESS 1439 E Balto St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99837

D 99837

CERTIFICATE OF DEATH.

146

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hosp. ST. 3-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Greenberg

(a) RESIDENCE No. 1437 E Balt. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Morris Greenberg

6 DATE OF BIRTH (month, day, and year) Unk

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Max Coffelus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Celia —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Morris Greenberg

(Address) 1437 E Balt St

15 JUN 25 1925 ROBERT H. KRAUTER, Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1925

17 I HEREBY CERTIFY, That I attended deceased from June 14, 1925, to June 25, 1925, that I last saw her alive on June 25, 1925 and that death occurred, on the date stated above, at 12:20 A m.

The CAUSE OF DEATH* was as follows:

Puerperal Sepsis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Infarct

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. & Lab.

(Signed) Samuel R. Siegel M. D.

6/25 1925 (Address) Hebrew Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rock Rd DATE OF BURIAL 6/25 1925

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Balt St

Spec.—1-10-21—M&T—1500 Blks.

99838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 99838

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 6-1 WARD)

2-FULL NAME Harry Paty B. Paty

(a) RESIDENCE NO. 14 Irving Place ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rebecca Potts

6 DATE OF BIRTH (month, day, and year) July 12 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Russia

14 Informant Rebecca Potts

~~Irving Place 14 Ewald St~~

15 JUN 25 1925 ROBERT N. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25, 1925

17

I HEREBY CERTIFY, That I attended deceased from May 4, 1925, to June 25, 1925, that I last saw h— alive on June 25, 1925 and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Mitral Stenosis and Aortic Insufficiency (duration) 2(?) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & Lab.

(Signed) Isidore D. Frey, M. D.

June 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 6/25 1925

20 UNDERTAKER Jack Lewis

ADDRESS 1439 E Balto St

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99839
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

Declared dead at Hopkins Hospital

90 D 99839
Registered No. C.....

City of BALTIMORE: (No.....St., Ward 7-2)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael C. Walzhauser

(Residence in Baltimore: No. 636 N. Washington St St.; yrs. 60 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced (Write the word.)
male	white	mar

6-DATE OF BIRTH. Jan 6-1843, 1..... (Month) (Day) (Year)

7-AGE. 81 yrs. 5 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired 045
(b) General nature of industry, business, or establishment in which employed (or employer): Poultry Dealer

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER. John Walzhauser

11-BIRTHPLACE OF FATHER, (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Margaret Glos

13-BIRTHPLACE OF MOTHER, (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barbara Walzhauser

(Address) 636 N. Washington St

15- JUN 25 1925 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 22-25 (Month) (Day), 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Senility

.....(Duration).....yrs.....mos.....ds.

(Signed) J. S. Hollen M. D. (Coroner.)

6-24-25, 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer — DATE OF BURIAL. June 26 1925

20-UNDERTAKER. Geo M. Fink & Son — ADDRESS 511 N Wolfe

D 99840

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99840

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 905 Mmis alley St. 11 Ward) 31

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Daniel Pibs

(Residence in Baltimore: No. 905 Mms alley St.; 40 yrs., ...mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	colored	single

6-DATE OF BIRTH. about 1845
(Month) (Day) (Year)

7-AGE. 40 yrs. .....mos. .....ds. If LESS than 1 day, ...hrs. or .....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer)..... 073

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country),

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER, (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stella Myers

(Address) 1022 Druid Hill Ave

15-

JUN 25 1925

ROBERT R. KRAUTER, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 23, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(Duration) .....yrs. 2 mos. .....ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. .....mos. .....ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

June 24 1925 (Address) 2802 Eastern Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Cemetery	June 25 1925
20-UNDERTAKER.	ADDRESS
Adolphus Halsted	904 N Eutaw St

Spec.—1-10-21—M&T—1500 Bks.

D 99841 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99841

CERTIFICATE OF DEATH. 65-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3625 Fairview Ave. ST., 15-4 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John James Bain

(a) RESIDENCE NO. 3625 Fairview Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced (or) HUSBAND of WIFE of Francis Bulb Bain

6 DATE OF BIRTH (month, day, and year) Oct 28/1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	26	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman. 066

(b) General nature of industry, business, or establishment in which employed (or employer) Millinery Supplies

(c) Name of employer Spellenberg

9 BIRTHPLACE (city or town) Portland.

(State or country) Indiana

PARENTS

10 NAME OF FATHER Fred Bain

11 BIRTHPLACE OF FATHER (city or town) Portland

(State or country) Indiana

12 MAIDEN NAME OF MOTHER Rebecca Davis

13 BIRTHPLACE OF MOTHER (city or town) Portland

(State or country) Indiana

14 Informant Mrs Fred Bain

(Address) 218 E. Mount Street Portland Ind.

Filed JUN 25 1925 H. A. Lee Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 1925

17 I HEREBY CERTIFY, That I attended deceased from June 24, 1925, to June 24, 1925, that I last saw h in live on June 24, 1925, and that death occurred, on the date stated above, at 4.51 P m.

The CAUSE OF DEATH* was as follows:

Hodgkin's Disease

(duration) 1 yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema.

(duration) yrs. 0 mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Excision of Gland

(Signed) E. H. Pezold, M. D.

, 19 (Address) 1300 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	June 26 1925
UNDERTAKER Margaret G. Flynn	ADDRESS 1417 W Fayette St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99842

CERTIFICATE OF DEATH.

117 D 99842

1-PLACE OF DEATH Johns Hopkins Hosp.

CITY OF BALTIMORE: (No. Broadway & Fairmount Ave ST., 17-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Master H. Warner Buell

(a) RESIDENCE NO. 3170 Remington Ave ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 5 - 1910

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	14	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co Md

PARENTS

10 NAME OF FATHER Wm L Buell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Annie Warner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant Wm L Buell
(Address) 3170 Remington Ave

15 Filed [illegible] Registrar

Burial Permit [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 19 25

17

I HEREBY CERTIFY, That I attended deceased from June 20, 19 25, to June 23, 19 25.

that I last saw him alive on June 23, 19 25

and that death occurred, on the date stated above, at 8 30 A m.

The CAUSE OF DEATH* was as follows:

Peritonitis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Appendicitis - Acute

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of Appendectomy 6-20-25

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Keith C Rice, M. D.

19 (Address) Church Home & Inf

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Westburg Cemetery Balto Co Md	June 26, 1925
20 UNDERTAKER	**ADDRESS**
E Le Roy Stiffler	1252 North Ave

Spec.—1-10-21—M&T—1500 Bks.

(Kaisler)

99843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 D 99843

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2527 Ashland Ave ST., 7-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emanuel Kaisler

(a) RESIDENCE NO. 2527 Ashland Ave ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Kaisler

6 DATE OF BIRTH (month, day, and year) Mar 10 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Joseph Kaisler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Mary Kaisler

(Address) 2527 Ashland Ave

15 Filed ..... 19..... Robert F. Harrison, Registrar

5 1925 Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 1925

17 I HEREBY CERTIFY, That I attended deceased from June 17, 1925, to June 24, 1925, that I last saw h[illegible] alive on June 24, 1925, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Adeno Carcinoma Cranii (primary)

(duration) ..... yrs. ? mos ..... ds.

CONTRIBUTORY (Secondary) Carcinomatosis & cachexia

(duration) ..... yrs. 1 mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? yes Date of March 3, 1925

Was there an autopsy? no

What test confirmed diagnosis? Microscopic Section

(Signed) Joseph Sokorny, M. D.

, 19 (Address) 2124 Ashland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL June 27 1925

20 UNDERTAKER Frank Eversdon — ADDRESS 1706 Eutaw

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99844

CERTIFICATE OF DEATH.

24-001

D 99844

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2900 St Paul St 17-3 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Ann Gorsuch

(a) Residence No. 2900 St Paul St Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of B Howard Gorsuch

6-DATE OF BIRTH (month, day and year) Jan 23 1847

7-AGE. 77 yrs. 5 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At Home

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Balto Co Md

PARENTS.

10-NAME OF FATHER. Daniel Marks

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ohio

12-MAIDEN NAME OF MOTHER. Elizabeth Markey

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto Co Md

14-

(Informant). B. Stanley Gorsuch

(Address). 2900 St Paul St

15-

JUN 26 1925

ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 26 1925

17- I HEREBY CERTIFY, That I attended deceased from June 1, 19 25 to June 26th 19 25

that I last saw h[er] alive on June 26th 19 25

and that death occurred, on the date stated above, at 1.45 a.m.

The CAUSE OF DEATH* was as follows:

Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Apoplexy

and (Duration) 2 yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Usual signs

(Signed) A Stanley Gorsuch M. D.

6-26, 19 25 (Address) 2900 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Carmel Cem

DATE OF BURIAL, June 29, 19 25

20-UNDERTAKER. A S Marshall

ADDRESS 3539 Fall Rd

Spec.—1-10-21—M&T—1500 Bks.

D 99845 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99845

CERTIFICATE OF DEATH.

156

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6300 Pinehurst Road ST., 27 WARD) 7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.) 11,30 PM

2-FULL NAME Clarke Spaulding Carpenter

(a) RESIDENCE NO. 6300 Pinehurst Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word)
male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 22. 1910

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	15	2	2.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Hubert L Carpenter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Maryland

12 MAIDEN NAME OF MOTHER Elizabeth B Clarke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Maryland

14 Informant Hubert L Carpenter

(Address) 6300 Pinehurst Road

Filed JUN 26 1925 ROBERT A. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 1925

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1925, to June 24 1925, that I last saw h alive on June 24th 1925, and that death occurred, on the date stated above, at 11 30 P m.

The CAUSE OF DEATH* was as follows:

Typhoid Arthritis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C W Isley M. D.

(Address) 1501 E Eager

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL June 27 1925

20 UNDERTAKER John B. Spencer — ADDRESS 1325 N Caroline St

Spec.—1-10-21—M&T—1500 Blks.

99846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Infirmary 27-6 132 V 99846

CITY OF BALTIMORE: (No. ..... ST. 27 WARD) REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Dolan

(a) RESIDENCE NO. 201 Ashland Ave ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel P. Dolan

6 DATE OF BIRTH (month, day, and year) June 27, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Alex Darralt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna.

12 MAIDEN NAME OF MOTHER Annie Brase

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Daniel P. Dolan

(Address) 201 Ashland Ave.

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar

JUN 26 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1925

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1925, to June 25, 1925, that I last saw h[illegible] alive on June 25, 1925, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Renal Calculus left.
Hypertension
Myocarditis ?

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) None

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? Yes Date of June 25

Was there an autopsy? No.

What test confirmed diagnosis? Operation -

(Signed) Keith C. Rice, M. D.

, 19 (Address) Church Home & Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL June 29 1925

20 UNDERTAKER J. M. Cook — ADDRESS 502 E North Ave

Spec.—1-10-21—M&T—1500 Blks. D. Weinberg 2302 Madison Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99847

CERTIFICATE OF DEATH.

129 D 99847

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 153 Dorchester Ave ST. 27 (WARD) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine E Lammrich

(a) RESIDENCE NO. 153 Dorchester Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John A Lammrich

6 DATE OF BIRTH (month, day, and year): June 7, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	0	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Christopher A Korber

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Anna Paul

(Address): 153 Dorchester Ave.

15 JUN 26 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 24 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 24th, 1925. to June 24th, 1925.

that I last saw h.. alive on June 24th, 1925.

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Chronic Brights.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Samuel Weinberg, M. D.

, 19 (Address) 2302 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western — DATE OF BURIAL: June 27 1925

20 UNDERTAKER: Wm. Cook — ADDRESS: 512 E North Ave

Spec.—1-10-21—M&T 1500 Blks.

D 99848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 D 99848

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. St. Josephs Hosp - ST., 9 WARD) 3

2-FULL NAME Miss Lauretta Sweeney

(a) RESIDENCE NO. 20 Homestead St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
70			

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) ——— Off

(c) Name of employer ———

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Family Welfare Assn
(Address) 1904 Eastern Ave.

15 JUN 26 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1925

17 I HEREBY CERTIFY, That I attended deceased from June 4, 1925, to June 25, 1925, that I last saw h alive on June 25, 1925, and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

T. B. (Pulmonary)

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Abscess of the Rectum.

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? Yes Date of June 2 '25

Was there an autopsy? No

What test confirmed diagnosis? Surg, Clin & Lab. tests

(Signed) Geo B Sy dent, M. D.

, 19 (Address) St Josephs Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — DATE OF BURIAL June 27 1925

20 UNDERTAKER Wm Cook — ADDRESS 502 E North Ave.

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99849

CERTIFICATE OF DEATH.

D 99849

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 224 N. 2nd St Brooklyn WARD 25

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Hansal

(a) RESIDENCE No. 224 N. 2nd St Brooklyn WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Hansal

6 DATE OF BIRTH (month, day, and year) Sept 26 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cabinet Maker 014

(b) General nature of industry, business, or establishment in which employed (or employer) Prudential Cab Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Hansal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Kramm

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Minnie Hansal

(Address) 224 N. 2nd St Brooklyn Md

JUN 26 1925 ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1925

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to June 26, 1925.

that I last saw him alive on June 25, 1925,

and that death occurred, on the date stated above, at 4:45 P.M.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

from Contributory (duration) One yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J H Cushing M. D.

June 26, 1925 (Address) 3100 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	June 28 1925

20 UNDERTAKER ADDRESS

Hellman Bro 502 E North Ave

Spec.—1-10-21—M&T—1500 Blks.

D 99850

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 99850

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 Somerset ST., 10 WARD 2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph F. Reed

(a) RESIDENCE No. 1004 Somerset. ST., 10 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 25 ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 30 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
		5	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER John W. Reed

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Sophia M. Traguer

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Mr. John W. Reed

(Address) 1004 Somerset st

JUN 26 1925

Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1925

17

I HEREBY CERTIFY, That I attended deceased from June 19 25 to June 25 19 25,

that I last saw him alive on June 25 19 25

and that death occurred, on the date stated above, at 11 45 a m.

The CAUSE OF DEATH* was as follows:

Chronic Diarrhea

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Convulsions ?

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Chas E Culbreth, M. D.

June 26, 1925 (Address) 925 N Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	June 27 25
20 UNDERTAKER	ADDRESS
Henry Hoech Son	1301 E Eager st

Spec.—1-10-21 M&T 1500 Mks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99851

CERTIFICATE OF DEATH.

101-601

D 99851

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital ST., 12 WARD) 12-4

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Hughes

(a) RESIDENCE No. 3425 Roland Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Wh.	Married

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of Preston Hughes

6 DATE OF BIRTH (month, day, and year) Aug 8, 1889

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
35	10	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work general housework

(b) General nature of Industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John P. Keering

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emma Barker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

16 Informant Preston Hughes

(Address) 3425 Roland Ave

15 JUN 26 1925 ROBERT R. KRAMER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1925

17

I HEREBY CERTIFY, That I attended deceased from June 24, 1925, to June 25, 1925, that I last saw h[illegible] alive on June 25, 1925, and that death occurred, on the date stated above, at 6 30 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. One mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. B. Sybert M. D.

June 26 1925 (Address) St. Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Hanover	June 27 1925
20 UNDERTAKER Chenoweth Son	ADDRESS 617 Cathedral

D 99852

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99852

CERTIFICATE OF DEATH.

14-001

1-PLACE OF DEATH
City of BALTIMORE: (No. at Fairfield Oil Co. Plant St., 10 Ward) 5

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elma W. Miles

(Residence in Baltimore: No. 4 S. Monroe St. St.; 18 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	married

6-DATE OF BIRTH. Sept. 5, 1857
(Month) (Day) (Year)

7-AGE. 51 yrs. 9 mos. 15 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stationary engineer
(b) General nature of industry, business, or establishment in which employed (or employer): Fairfield Oil Co.

9-BIRTHPLACE, (State or Country), U.S. 820

PARENTS.

10-NAME OF FATHER, Wm. Miles

11-BIRTHPLACE OF FATHER, (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mulberry

13-BIRTHPLACE OF MOTHER, (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. Helena Miles
(Address) 4 S. Monroe St.

15-
Filed JUL 26 1925 HUBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 23, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

arteria - sclerosis

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) cerebral hemorrhage fatal

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) D. T. Hennessy M. D.
(Coroner.)

June 24, 1925 (Address) 202 Equitable Bldg.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park DATE OF BURIAL, June 26 1925

20-UNDERTAKER, Charles Schmidt ADDRESS 505 N. Monroe

Spec.—1-12-25—M&T—500 Blks.

Henry Keller

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99853

CERTIFICATE OF DEATH.

24-001

D 99853

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1703 Enson ST., 9 WARD 10

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annia Barbara Xylander

(a) RESIDENCE NO. 1703 Enson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles G. Xylander.

6 DATE OF BIRTH (month, day, and year) July 9 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or...min.
	74	11	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Keeping

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Shulmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Shulmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Minnie Murphy (Address) 1703 Enson

15 Filed JUN 26 1925 ROBERT N. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1925

17 I HEREBY CERTIFY, That I attended deceased from June 21, 1925, to June 25, 1925, that I last saw h[illegible] alive on June 24, 1925 and that death occurred, on the date stated above, at 9:30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Geo Keller M. D.

6/25, 1925 (Address) 1937 Gough St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartz

DATE OF BURIAL June 27 1925

20 UNDERTAKER Wendell Duffield Son

ADDRESS 378 Penn

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99854 Hebrew Boro. X 88 ✓ D 99854

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 14-N. ST., 7—1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Irene Scheer

(a) RESIDENCE NO. Charleston, W. Va. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. 4 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 10 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	4	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Samuel H. Scheer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Walter Shepard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Samuel H. Scheer (Address) Charleston W. Va.

15 Filed , 19 ROBERT R. KRAUTER, Registrar

JUN 26 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/26 1925

17 I HEREBY CERTIFY, That I attended deceased from 6/12/25, 19 , to 6/26, 1925.

that I last saw her alive on 6/26, 19 25

and that death occurred, on the date stated above, at 5-A. m.

The CAUSE OF DEATH* was as follows:

Bacterial Endocarditis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary & Cerebral Embolism (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Philip Jaskon, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mosh X C	6/26 25
20 UNDERTAKER	ADDRESS
Jack Lewis 1439	E Balto

Spec.—1-10-21—M&T—1500 Bks.

D 99855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99855

1-PLACE OF DEATH Hebrew Hosp. 6-129

CITY OF BALTIMORE: (No.) H.H. ST., 15 WARD) 2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaac Hoffman

(a) RESIDENCE No. 1640 Mayson St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? 74 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Hoffman

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Store

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant & Oils

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Solomon D. Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Jennie —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis

(Address) 1439 E. Baltimore St

15 Filed JUN 26 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/26 1925

17

I HEREBY CERTIFY, That I attended deceased from 6/23, 1925, to 6/26, 1925,

that I last saw him alive on 6/26, 1925,

and that death occurred, on the date stated above, at 3.30 A. m.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Abscess of abdominal Wall,

2. Uremia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 6/23

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Philip Jaffe, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Home Rem

DATE OF BURIAL 6/26 1925

20 UNDERTAKER Jack Lewis 1439 E. Balt St

ADDRESS

Cor.—1-12-23—M&T—100 Blks.

D 99856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

99856

1-PLACE OF DEATH Hotel Emerson

CITY OF BALTIMORE: (No. Baltimore & Calvert ST., WARD 4-129

REGISTERED NO. 99856

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hamilton P. Rucker

(a) RESIDENCE No. Oakland, Calif, ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6 DATE OF BIRTH (month, day, and year) 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Hotel Prop.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

BIRTHPLACE (city or town) Illinois
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town)
(State or country) Police Dept.

Informant
(Address)

Date JUN 25 1925, 192 ROBERT H. KRAUTER
Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Influenza

Duration (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pulmon. Edema

Duration ....yrs. ....mos. ....ds.

(Signed) W. J. Peter, M. D.
(Coroner)
June 24, 192 5 (Address) 1137 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) Cable Car
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL LOUDON PARK CEMETERY

DATE OF BURIAL June 26 1925

20 UNDERTAKER W. C. Hughes.

ADDRESS 412 N. Broadway

Ashes Shipped to Oakland Calif. 6/30/25

Spec.—1-10-21—M&T—1500 Bks.

ID 99857

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99857

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 Lennox ST., 13-6 WARD)

2-FULL NAME Alexander Dallas Bache Courtenay

(a) RESIDENCE No. 610 Lennox ST., WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 76 yrs. 6 mos. 8 ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Virginia Courtenay

6 DATE OF BIRTH (month, day, and year): Dec-16-1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired MD

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Charlottsville Virginia

PARENTS

10 NAME OF FATHER: Edw. H. Courtenay

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Maryland.

12 MAIDEN NAME OF MOTHER: Virginia P. Howard

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Maryland.

14 Informant: Mrs. Edw. H. Courtenay - (son)
(Address) 610 Lennox St. City.

15 Filed JUN 26 1925 ROBERT A. KRAUTER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 24, 1925.

17 I HEREBY CERTIFY, That I attended deceased from April, 1921, to June 24, 1925, that I last saw him alive on June 23, 1925, and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows: Interstitial Nephritis

of at least 2 years
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral insufficiency
of many years (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of X

Was there an autopsy? No

What test confirmed diagnosis? Usual tests.

(Signed) Eldridge C. Price, M. D.

6-25, 1925 (Address) 1705 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: June 28 1925.

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Supervisor) — ADDRESS: 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

B 99858

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99858

CERTIFICATE OF DEATH

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2505 Maryland Av ST., 12 WARD)

REGISTERED NO. 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Hoyt Stewart

(a) RESIDENCE No. 2505 Maryland Av ST., 12 WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ? mos. ! ds. How long in U. S., if of foreign birth? 66 yrs. 10 mos. 18 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Aug-6-1858

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
66	10	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: U.S. Customs

(b) General nature of industry, business, or establishment in which employed (or employer): Inspector.

(c) Name of employer: U.S. Government

9 BIRTHPLACE (city or town) (State or country): North Attleboro Massachusetts

PARENTS

10 NAME OF FATHER: Jas. M. Stewart

11 BIRTHPLACE OF FATHER (city or town) (State or country): Jamestown N.Y.

12 MAIDEN NAME OF MOTHER: Sarah Hoyt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Norwich Connecticut.

14 Informant: Miss Edith Hoyt Stewart (Sister)

(Address) 2505 Maryland Av.

JUN 26 1925

ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 24th 1925

17 I HEREBY CERTIFY, That I attended deceased from June 6th, 1925 to June 24th, 1925.

that I last saw him alive on June 24th, 1925,

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart frustration

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Surgeon H. Cropp, M. D.

, 19 (Address) 28 W 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: June 26 1925

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS: 108 W. NORTH AVE.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99859

CERTIFICATE OF DEATH.

13 129

D 99859

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2038 Linden ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Wilhelmina L. Hoopes

(Residence in Baltimore: No. 2038 Linden Ave St.; 57 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (Write the word.) Widow

6-DATE OF BIRTH, June (Month) 10 (Day), 1868 (Year)

7-AGE 57 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, William Kennon.

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Arabella Lyell

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Burdon K. Hoopes

(Address) 2038 Linden Ave

15-FILED JUN 26 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit ~~Clerk~~.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 25 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1. 1925, to June 25 1925, that I saw h[er] alive on June 25, 1925, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Arterio Sclerosis

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) ..... yrs. 4 mos. ..... ds.

(Signed) H. Pat C Black M. D.

June 25, 1925 (Address) 1014 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cem DATE OF BURIAL, June 27, 1925

20-UNDERTAKER John O Mitchell ADDRESS 1201 W Fayette

Spec.—1-10-21—M&T—1500 Blks.

99860

HEALTH DEPARTMENT—CITY OF BALTIMORE

99860

CERTIFICATE OF DEATH.

100 OB

1-3

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2402 Hudson ST., 1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard B Goralski

(a) RESIDENCE No. 2402 Hudson ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 10/1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		8	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Anton Goralski

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Lillian Zuzgnaska

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Poland

14 Informant Mrs. Lillian Goralski
(Address) 2402 Hudson St

JUN 26 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/25/1925

17

I HEREBY CERTIFY, That I attended deceased from 6/20, 1925, to 6/25, 1925, that I last saw h[illegible] alive on 6/25, 1925, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos 2 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Samuel S Fisher, M. D.

1925 (Address) 1825 Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cem.

DATE OF BURIAL 6/27/25

20 UNDERTAKER W F. Sadowski

ADDRESS 705 S. Ann

Spec.—1-10-21—M&T—1500 Bks.

D 99861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99861

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 McCullough. ST., 14 X 129 WARD) 1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Montagne

(a) RESIDENCE NO. 1622 McCullough ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Nickens Montagne

6 DATE OF BIRTH (month, day, and year) Nov. 15-1848

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Northumberland Co, Virginia

PARENTS

10 NAME OF FATHER George Montagne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Northumberland Co, Va.

12 MAIDEN NAME OF MOTHER Martha Waddy.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Northumberland Co Va.

14 Informant Lenora Hutchins

(Address) 1904 Ettings St.

15 JUN 26 1925 ROBERT A. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1925

17

I HEREBY CERTIFY, That I attended deceased from June 12-, 1925, to June 26, 1925, that I last saw him alive on June 24, 1925, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(duration) unknown. yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatous Nephritis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Northumberland Co, Va.

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical signs & symptoms

(Signed) Chester Ruland, M. D.

6-25 1925 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loan Wharf-Northumberland Co. Va.

DATE OF BURIAL 6/27/1925

20 UNDERTAKER

ADDRESS Mrs. Geo. E. Holland 1631 Druid Hill

Spec.—1-10-21—M&T—1500 Bks.

D 99862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99862

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1910 Mosher St ST., 16 WARD 47

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sadie V. Turner

(a) RESIDENCE No. 1910 Mosher St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. E. Turner

6 DATE OF BIRTH (month, day, and year) July 13, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co.

PARENTS

10 NAME OF FATHER Jesse Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Indiana

12 MAIDEN NAME OF MOTHER Serah Vansant

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Indiana

14 Informant (Address) Chas. E. Turner 1910 Mosher St.

15 Filed JUN 26 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 1925

17

I HEREBY CERTIFY, That I attended deceased from May 5 1925 to June 24 1925, that I last saw her alive on June 24, 1925, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast 8 Mo.
Carcinoma of liver 1 Mo
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acidosis
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? pathologist

(Signed) Edward V Kunkalen M. D.
, 19 (Address) 24 N Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Interred at Prospect Mt Cemetery

DATE OF BURIAL June 27 1925

20 UNDERTAKER Foreman Dyer

ADDRESS 1600 W North Ave

Spec.—1-10-21—M&T—1500 Blks.

D 99863

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99863

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 540 N Bond ST., 7-1 WARD)

REGISTERED NO. 43

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Greenbury Boyd

(a) RESIDENCE No. 540 N Bond ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Widowed.

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Boyd.

6 DATE OF BIRTH (month, day, and year) Aug 17, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. 010

(b) General nature of industry, business, or establishment in which employed (or employer) Odd Jobs.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Samuel Boyd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ellen Bailey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Elizabeth Monroe. Friend (Address) 529 d Eden St

JUN 26 1925

ROBERT R. KRAUTER, Registrar

Burial Permit (Clerk)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 1925

17 I HEREBY CERTIFY, That I attended deceased from April 2, 1925, to June 23, 1925, that I last saw h[illegible] alive on June 23, 1925, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Gum and Cheek

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) (Starvation) unable to swallow due to growth (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Young, M. D.

6/24/1925 (Address) 1426 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	June 26 1925
20 UNDERTAKER	ADDRESS
Mrs. R. G. Elliott.	925 Ashland Av.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99864

CERTIFICATE OF DEATH.

99864

1-PLACE OF DEATH

City of BALTIMORE: (No. 4008 Hawthorne Ave St., 15 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Hugh Joseph Barker Jr

(a) Residence No. 4558 Hawthorne Ave St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, W

5-~~Single,~~ Married, ~~Widowed,~~ or ~~Divorced,~~ (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Genevieve E Baker

6-DATE OF BIRTH (month, day and year) Jan 28-1877

7-AGE. 45 yrs. 6 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work... Agent
(b) General nature of industry, business, or establishment in which employed (or employer)... Blue Line
(c) Name of employer... Same

9-BIRTHPLACE (city or town). (State or Country), Bridgeport Conn

PARENTS.

10-NAME OF FATHER, Hugh Joseph Barker

11-BIRTHPLACE OF FATHER (city or town). (State or Country), England

12-MAIDEN NAME OF MOTHER, Elizabeth Jones

13-BIRTHPLACE OF MOTHER (city or town). (State or Country), England

14-
(Informant) Mrs Genevieve E Baker
(Address) 4558 Hawthorne Ave

15-
JUN 26 1925 Robert P. Harrison Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 6/25/25

17- I HEREBY CERTIFY, That I attended deceased from 6/25 1925 to 6/25 1925
that I last saw him alive on 6/25 1925
and that death occurred, on the date stated above, at 1.55 m.
The CAUSE OF DEATH* was as follows:
Cerebral Haemorrhage

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis - Hypertension

(Duration) 5 yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Otto L Schaupeck M. D.
6/25, 1925 (Address) 2806 Eastern Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cemt	June 27, 1925
20-UNDERTAKER.	ADDRESS
J Fisemel Sons	1733 W Lexington

D 99865 HEALTH DEPARTMENT—CITY OF BALTIMORE 1902 99865

CERTIFICATE OF DEATH.

25-15

1-PLACE OF DEATH

City of BALTIMORE: (No. 27 Cereal St. Curtis Bay. St., ... Ward.)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... William J.A.Kiessling.

(Residence in Baltimore: No. 27 Cereal St. Curtis Bay. St.; yrs. 2 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced. (Write the word.)
Male.	White.	Single.

6-DATE OF BIRTH. March 30, 1925. (Month) (Day) (Year)

7-AGE. --- yrs. 2 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore, Md-

PARENTS.

10-NAME OF FATHER. Martin F.Kiessling.

11-BIRTHPLACE OF FATHER, (State or Country). Baltimore, Md.

12-MAIDEN NAME OF MOTHER. Beatrice Cooper.

13-BIRTHPLACE OF MOTHER, (State or Country). Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Beatrice Kiessling.(mother)

(Address)... 27 Cereal St. Curtis Bay.

15-

Filed..... 192.....

Robert F. Harrison, Registrar.

26 1925 Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 25, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.
Congenital.

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

.....(Duration).....yrs.....mos.....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

June 26, 1925. (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Kiessling Private	June 26 1925

20-UNDERTAKER. John A. Weber ADDRESS 1803 Bank st.

Spec.—1-10-21—M&T—1500 Bks.

D 99866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

97-092 D 99866

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene ST., 2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Krolczyk.

(a) RESIDENCE NO. 310 S. Washington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 6 1908

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
16	10	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Canning Factory

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Atlantic Can Factory

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Peter Krolczyk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Amelia Onyszkowicz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Hosp. Records.

(Address)

15 Filed ....., 19 Robert P. Harrison, Registrar

25 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/25/25

17

I HEREBY CERTIFY, That I attended deceased from 6-18-25, 19..., to 6-25-25, 19...,

that I last saw h[illegible] alive on 6-25-25 19...

and that death occurred, on the date stated above, at 5-A. m.

The CAUSE OF DEATH* was as follows:

Benzol Poisoning.

(Acquired in canning factory)

(duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) Severe Anemia with hemorrhages (duration) ... yrs. ... mos. 7 ds.

18 Where was disease contracted if not at place of death? Atlantic Can Factory

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical findings

(Signed) Wm S. Love M. D.

, 19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem	June 29 1925
20 UNDERTAKER	ADDRESS
John M Weber	1803 Bank St

IMPORTANT. See instructions on back of certificates.

D 99867

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99867

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. Hopkins Hospital St., 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis X. Vincent

(Residence in Baltimore: No. 201 S. Ellwood Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	Single

6-DATE OF BIRTH. Dec (Month) 1923 (Day) 1 (Year)

7-AGE.	If LESS than 1 day,
2 yrs. 7 mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Joseph E. Vincent

11-BIRTHPLACE OF FATHER, (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER, Anhoinette Thaner

13-BIRTHPLACE OF MOTHER, (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph X. Vincent

(Address) 201 S. Ellwood Ave

15-

Filed 6 1925 192 Robert P. Harrison, Registrar.

Burial Permit [illegible]

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24-25 (Month) (Day) 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis

(Operation)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. D. (Coroner.)

6-26-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Sacred Heart Hen	June 27 19 25

20-UNDERTAKER, J. A. Moran ADDRESS 3000 E Balto

Spec.—1-10-21—M&T—1500 Blks.

D 99868

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99868

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 93 Spring Cove, ST., 11-14 WARD) 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William J. Miller

(a) RESIDENCE NO. 93 Spring Cove ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

(If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word) Widower

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Jeanette Mack (dec'd)

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 015

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer none for years

9 BIRTHPLACE (city or town) Germany (State or country)

PARENTS

10 NAME OF FATHER Christopher Miller

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Jeanette Mack

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Joseph F. Jeffers

(Address) 25 N. Spring St. - Claren

15 6 1925 19

Roger O. Harrison, Registrar

~~Burial Permit Issued~~

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/25 1925

17 I HEREBY CERTIFY, That I attended deceased from 6/20, 1925, to 6/25, 1926, that I last saw him alive on 6/25, 1925, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows: Myocarditis & (Arteriosclerosis)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of left leg (duration) 1 yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None (Clinical)

(Signed) Henry F. Couch M. D.

6/26, 1925 (Address) 1 Roland Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	June 27 1925
20 UNDERTAKER	ADDRESS
Lilly & Zeller	4058 Wolfe &

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99869

CERTIFICATE OF DEATH.

54 002

54 D 99869

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Vincents Infant Asy (ST.) (WARD) 2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William J. Pettifordd

(a) RESIDENCE NO. 1433 Madison Ave (ST.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 5 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	##	5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm J Pettifordd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Cecelia Lombert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mr Wm J. Pettifordd (Address) 1433 Madison Ave.

15 Filed ....., 19.... Registrar

6 1925 Chas. R. Perrett Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1925

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1925, to June 26, 1925.

that I last saw him alive on June 25, 1925

and that death occurred, on the date stated above, at 5.30 a m.

The CAUSE OF DEATH* was as follows:

Congenital Debility

(duration) yrs. 5 mos. 21 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? — Yes

What test confirmed diagnosis?

(Signed) Chas. R. Edes Jr., M. D.

, 19 (Address) 2923 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cem.	June 27 1925
20 UNDERTAKER Wm J Tuckerman	ADDRESS North Ave

FROM EVERY important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Blks.

(Crusse)

D 99870

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99870

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3611 Mt Pleasant Av ST.: 16 WARD: 29

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Cruser

(a) RESIDENCE. No. 3611 Mt Pleasant Av ST. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Cruser

6 DATE OF BIRTH (month, day, and year) Aug. 25. 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Michael Lynch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Charles Cruser

(Address) 3611 Mt Pleasant Av

15 Filed JUN 26 1925, 19 Robert F. Heffron, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/25/25

17 I HEREBY CERTIFY, That I attended deceased from Mar 17, 1925, to 6/25/25, that I last saw h[er] alive on 6/25/25, and that death occurred, on the date stated above, at 7 10 P m.

The CAUSE OF DEATH* was as follows:

Acute Pulm Oedema

2

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chr Int Nephr.

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hng H. S. Leyden M. D.

6/26 1925 (Address) 3326 Gallows St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	June 30 1925

20 UNDERTAKER Henry Sander Sons Inc ADDRESS 1710 Pleasant St

(Loyn)

D 99871

HEALTH DEPARTMENT—CITY OF BALTIMORE

180 D 99871

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 517 N. Eutaw St. Ward) 11-2

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel R. Loyn

(Residence in Baltimore: No. 517 N. Eutaw St. St.; yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word) Single

6-DATE OF BIRTH, June (Month) 9 (Day) 1[illegible]9 (Year)

7-AGE, ... yrs. ..... mos. 17 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Louis R. Loyn

11-BIRTHPLACE OF FATHER, (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Mattie Wolf

13-BIRTHPLACE OF MOTHER, (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis R. Loyn

(Address) 517 N. Eutaw St.

15-

Filed ..... 192[illegible] Robert F. Harrison, Registrar.

6 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 26 (Day) 192[illegible]5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suffocation while in bed, (accidental)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

June 26 192[illegible]5 (Address) [illegible]

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	June 27 192[illegible]5
20-UNDERTAKER	ADDRESS
Wm Cook	502 E Read Ave

Spec.—1-10-21—M&T—1500 Blks.

D 99872

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99872

CERTIFICATE OF DEATH.

X 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 4 — 1 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia M. Roberts

(a) RESIDENCE No. Keller Va ST., WARD Keller Va.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of John E. Roberts

6 DATE OF BIRTH (month, day, and year) Feb.-1870-

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work -

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Keller (State or country) Virginia -

PARENTS

10 NAME OF FATHER Louis Beloat

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia -

12 MAIDEN NAME OF MOTHER Mary S. Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia —

14 Informant Hospital Records -

(Address)

Filed 27 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1925

17

I HEREBY CERTIFY, That I attended deceased from June 16, 1925, to June 26, 1925, that I last saw her alive on June 26, 1925, and that death occurred, on the date stated above, at 8 30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Broncho-pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Virginia —

Did an operation precede death? No Date of —

Was there an autopsy? No -

What test confirmed diagnosis? Clinical Findings -

(Signed) Authony V. Buchness, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Keller Va

DATE OF BURIAL 6/27/25 19

20 UNDERTAKER Harry H Witzke

ADDRESS 531 W Lombard St

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99873 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99873

CERTIFICATE OF DEATH.

X 31

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., 26-7 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME....Daniel J. Moore

(a) Residence No. Unknown St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6-DATE OF BIRTH (month, day and year): 1865

7-AGE: 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown 031

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Washington, D.C.

PARENTS.

10-NAME OF FATHER: James Moore

11-BIRTHPLACE OF FATHER (city or town) (State or Country): England

12-MAIDEN NAME OF MOTHER: Margaret McMellan

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): England

14- (Informant): Hospital Records

(Address): M.T.H.

15- Filed 192 Robert F. Norris Registrar.

7-1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): June 25, 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1925 to June 25, 1925

that I last saw him alive on June 25, 1925,

and that death occurred, on the date stated above, at 12.45p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) L. F. White, M. D.

6-25-, 1925 (Address) Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross DATE OF BURIAL: June 27, 1925

20-UNDERTAKER: W. M. Cook ADDRESS 502 E. North Ave

Spec.—1-10-21—M&T—1500 Blks.

D 99874

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99874

CERTIFICATE OF DEATH.

37-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 525 W Hoffman ST., 17 WARD) 2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Read

(a) RESIDENCE NO. 525 W Hoffman ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Read

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
49	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer General

9 BIRTHPLACE (city or town) (State or country) Staunton Va

PARENTS

10 NAME OF FATHER Harrison Read

11 BIRTHPLACE OF FATHER (city or town) (State or country) Staunton Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ["]

14 Informant Jamie Read

(Address) 917- 36th St W Lenbury Pl

15 Filed ..... 19 ..... Registrar

7 1925

Burial permit issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 1925

17

I HEREBY CERTIFY, That I attended deceased from June 18, 1925, to June 24, 1925, that I last saw him alive on June 24, 1925, and that death occurred, on the date stated above, at 1.15 P m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Gustav Hoffman M. D.

. 19 (Address) 1 Esther Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	June 27 1925

20 UNDERTAKER Samuel J Kinsley ADDRESS 538 Eddison

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99875

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99875

CERTIFICATE OF DEATH.

4-31

1-PLACE OF DEATH

City of BALTIMORE: (No.) Municipal Tuberculosis Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Conway

(a) Residence No. 640 W. Fayette st. St., Ward,
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1890

7-AGE.	If LESS than 1 day.
35 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9-BIRTHPLACE (city or town) (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, George W. Conway

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

11- (Informant) Hospital Records

(Address) M.T.H.

15- Robert P. Harrison

Filed 192

Registrar.

7 1925 Burial Permit [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 25, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 20 19 25 to June 25 1925 that I last saw him alive on June 25 1925 and that death occurred, on the date stated above, at 11.30 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) J. J. White M. D.

6-26-25. (Address) Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Holy Cross a.a.Co.	June 29th 25
20-UNDERTAKER,	ADDRESS
A. Jones	111 S. Gilmor St

D 99876 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 99876

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 707 N. Calhoun St., 16 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Carrie Burgess

(Residence in Baltimore: No. 707 N. Calhoun St.; yrs. 30 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	colored	married

6-DATE OF BIRTH. Sept. 11, 1899

(Month) (Day) (Year)

7-AGE. 34 yrs. 9 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of Industry, business, or establishment in which employed (or employer). (illegible)

9-BIRTHPLACE. (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. John Burgess

11-BIRTHPLACE OF FATHER. (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Eleanor Green

13-BIRTHPLACE OF MOTHER. (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eleanor Burgess

(Address) 707 N. Calhoun St.

15- Filed June 27 1925 192.. Robert F. Harrison, Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 24, 1925

(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, autopsy or inquiry, find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. T. Hennessey M. D.
(Coroner.)

June 25 1925 (Address) 2802 Eastern Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
West View M. P.	6/27 192..
20-UNDERTAKER.	ADDRESS
Mrs. Isaac D. Bailey	1420 Jefferson St

Cor.—1-12-23—M&T—100 Bks.

D 99877

HEALTH DEPARTMENT—CITY OF BALTIMORE

99877

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Avenue 1073 St. 10 — 1 WARD

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Juan Rodriguez

(a) RESIDENCE NO. — Unknown ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
33	about		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer) 067
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Spain

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Police Dept
(Address)

15 Filed 27 1925, 192 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an M Enquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said M Enquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Struck by jumping under motor truck thereby causing fracture of skull

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A Kirby M. D.

Jan 25. 1925 (Coroner) (Address) 1039 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion	June 27 1925

20 UNDERTAKER John N. Toadvine ADDRESS 1027 Druid Hill Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99878

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-006 99878

1-PLACE OF DEATH

City of BALTIMORE: (No. 715 S. 3rd St., 26 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Elizabeth Agatha Meyer

(a) Residence No. 715 S. 3rd St. St., Ward.....

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph C. Meyer

6-DATE OF BIRTH (month, day and year) April 29 1882

7-AGE. 43 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At Home

(b) General nature of industry, business, or establishment in which employed (or employer). 037

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. James Ayres

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER. Annie Kaufman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Penna

14- (Informant) Joseph C. Meyer (Address) 715 S. Highland Ave

15- [illegible] 192.....

Registrar.

No. 71925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 24 1925

17- I HEREBY CERTIFY, That I attended deceased from June 23 1925 to June 24 1925 that I last saw h[illegible] alive on June 24 1925 and that death occurred, on the date stated above, at 8.45 P.m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) yrs. mos. 10 ds.

18-Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) Horace B Tilow, M. D

6-27-1925 (Address)

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cem. DATE OF BURIAL. June 29 1925

20-UNDERTAKER. Lilly & Zeiler ADDRESS 403 S. Wolfe St

Spec.—1-10-21—M&T—1500 Blks.

D 99879 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 129 D 99879

1-PLACE OF DEATH President Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 10 WARD) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Dolly Powell

(a) RESIDENCE No. 709 Hartford Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE C.

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE Years 64 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Dentsville S.C.

PARENTS

10 NAME OF FATHER Benjamin Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant N. Lee (Address) 709 Hartford Ave

15 6 27 1925, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-24-25 19

17

I HEREBY CERTIFY, That I attended deceased from 6-23-25, 19 to 6-24-25, 19,

that I last saw her alive on 6-24-25, 19,

and that death occurred, on the date stated above, at 11.15 a.m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular Renal Disease

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. B. Butler, M. D.

, 19 (Address) 425 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Louisa DATE OF BURIAL 6/27/25

20 UNDERTAKER R. C. Gross ADDRESS 1405 McElderry

D 99880 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99880

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

113

Registered No. C.....

City of BALTIMORE: (No. 630 S. Charles St. St., 22-2 W.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis Wm. Bull.

(Residence in Baltimore: No. 630 S. Charles St. St.; yrs., 2 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed or Divorced, (Write the word.)
Male.	White.	Single.

6-DATE OF BIRTH. March 31, 1925
(Month) (Day) (Year)

7-AGE, ---yrs. 2 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Julius C. Bolton.

11-BIRTHPLACE OF FATHER, (State or Country), Virginia.

12-~~XXXXX~~ NAME OF MOTHER, Elizabeth Bull.

13-BIRTHPLACE OF MOTHER, (State or Country), Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Bull. (grandmother)

(Address) 630 S. Charles St.

15-

Filed ...2...1925 ..... 192.....

Robert P. Harrison
Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 26, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diarrhoea & Enterits.

.....(Duration)....1.....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

.....(Duration).....yrs.....mos.....ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner.)

June 26, 1925 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Int Olivet	JUNE 27, 1925
20-UNDERTAKER, John F. Denny	ADDRESS 715 Light St

Spec.—1-10-21—M&T—1500 Blks.

D 99881 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99881

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2601 E. Preston ST., 8-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine D. Henry

(a) RESIDENCE No. 2601 E. Preston ST., 8 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry S. Henry

6 DATE OF BIRTH (month, day, and year) Sept. 18 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) and

PARENTS

10 NAME OF FATHER Joseph Muller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Conrad

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Annie Mengel

(Address) 1725 E. 25th St.

15 Filed ....., 19 .....

Registrar

27 1925

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1925

17 I HEREBY CERTIFY, That I attended deceased from June 21, 1925, to June 25, 1925, that I last saw h.. alive on June 25, 1925, and that death occurred, on the date stated above, at 11.15 A. m.

The CAUSE OF DEATH* was as follows:

Acute encephalitis

(Type unknown)

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Probably Grip.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Robt J Green, M. D.

6-25, 1925 (Address) 126 Aisquith st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery. DATE OF BURIAL: June 29 1925

20 UNDERTAKER: Young J. Smith ADDRESS: 1235 Harford ave.

Spec.-6-9-19—H. P. Co.—1000 Bks.

D 99882 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99882

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1315 N. Gilmor ST.: 15 WARD: 13

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E. Taylor

(a) RESIDENCE. No. 1315 N. Gilmor ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William F Taylor.

6 DATE OF BIRTH (month, day, and year) Jan - 1 - 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dressmaker

(b) General nature of industry, business, or establishment in which employed (or employer) 069

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Maryland

PARENTS

10 NAME OF FATHER John H. Parker.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co Maryland.

12 MAIDEN NAME OF MOTHER Sarah E. ——

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co. Maryland

14 Informant Viola Purviance

(Address) 1315 N. Gilmor

15 Filed 6 27 1925, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/24 1925

17 I HEREBY CERTIFY, That I attended deceased from 1/15, 1925, to 6/24, 1925, that I last saw h. W. alive on 6/23 1925, and that death occurred, on the date stated above, at 12 —M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis - Arteriosclerosis —

Chronic Nephritis -

(duration) Uncertain mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? not.

What test confirmed diagnosis? urine +++

(Signed) Dan'l Frumkin, M. D.

6/25 1925 (Address) 122 N. Gay St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

M E Lutheran June 27 1925

20 UNDERTAKER — ADDRESS

Sam'l W Case & Co 1400 Madison

Spec.—1-10-21—M&T—1500 Blks.

D 99883 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99883

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Stanleyn Apts ST., 12 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Ann Petri Thomas

(a) RESIDENCE No. Stanleyn Apts ST., 12 WARD Phila. Pa.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 10 mos. 0 ds. How long in U. S., if of foreign birth? 86 yrs. 3 mos. 24 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edw. J. B. Thomas

6 DATE OF BIRTH (month, day, and year) Mar-2-1839

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	86	3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Peterboro
(State or country) New York

PARENTS

10 NAME OF FATHER Genl. Foster Petri

11 BIRTHPLACE OF FATHER (city or town) N.Y.
(State or country) New York

12 MAIDEN NAME OF MOTHER Catherine Bellinger

13 BIRTHPLACE OF MOTHER (city or town) N.Y.
(State or country) New York

14 Informant Mr. Matthew Fenton (daughter)
(Address) Stanleyn Apts. City

15 6/27 1925 .19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/26/ 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 10 , 1924, to June 26, 1925, that I last saw h[illegible] alive on June 26, 1925, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
due to Hypertension

(duration) — yrs. — mos. 1 hr ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration Unknown ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Jefferies Buck M. D.

6/26/25 (Address) 2846 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Philadelphia Pa. | DATE OF BURIAL June 29 1925

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) | ADDRESS 108 W. NORTH AVE

Burial Permit Clerk.

Spec.—1-10-21—M&T—1500 Bks.

D 99884 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. X 38 D 99884

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 Jefferson ST., WARD 5-2 REGISTERED No.

2-FULL NAME Mitchell Wilson

(a) RESIDENCE NO. 1409 Jefferson ST., WARD King and Queens Co Va
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 1895

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) King and Queen County, Va

PARENTS

10 NAME OF FATHER Julius Coldburn Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) King and Queen County Va

12 MAIDEN NAME OF MOTHER Sophonia Lobley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) King and Queen County Va

14 Informant Frank Wilson
(Address) 1409 Jefferson St

15 Robert P. Harrison, Registrar

JUN 27 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1925

17 I HEREBY CERTIFY, That I attended deceased from June 22, 1925, to June 25, 1925, that I last saw him alive on June 25, 1925, and that death occurred, on the date stated above, at 12 30 p m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Aortic and Mitral Insufficiency

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Geo. S. Allen, M. D.

, 19 (Address) 501 Somerset St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL West Point Va — DATE OF BURIAL June 27 1925

20 UNDERTAKER Edward Bryan — ADDRESS 631 Orleans st

Spec.--1-10-21--M&T--1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99885

CERTIFICATE OF DEATH.

D 99885

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hosp (ST.) 27-11-2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bettie Darnell

(a) RESIDENCE NO. 5343 Denmore ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Darnell

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
39 years	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Omaha Nebraska

PARENTS

10 NAME OF FATHER Francis A Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ind

12 MAIDEN NAME OF MOTHER Steiser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ind

14 Informant Henry Darnell

(Address) 5343 Denmore ave

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1925

17 I HEREBY CERTIFY, That I attended deceased from June 21, 1925, to June 25, 1925.

that I last saw h.. alive on June 25, 1925

and that death occurred, on the date stated above, at 7 45 P. m.

The CAUSE OF DEATH* was as follows:

Peritonitis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Ruptured appendix

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? 5343 Denmore Ave

Did an operation precede death? Yes Date of 6/22/25

Was there an autopsy? No.

What test confirmed diagnosis? Phys. Evidence & Opinion

(Signed) Geo. B. Sybert, M. D.

, 19 (Address) St Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	June 29 1925
20 UNDERTAKER	ADDRESS
Martin Fahey & Son	North Ave

Burial Permit Sent.

D 99886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99886

1-PLACE OF DEATH

City of BALTIMORE: (No. 1403 Shields alley 14-1 Ward)

Registered No. C. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Lillie Carter Harris

(Residence in Baltimore: No. 1403 Shields alley St.; 35 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-DATE OF BIRTH, (Month) about (Day) (Year) 1890

7-AGE, 35 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 070

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: James Harris

11-BIRTHPLACE OF FATHER, (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Barbara Harris

13-BIRTHPLACE OF MOTHER, (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Wilson

(Address) 1403 Shields alley

15-

Filed ..... 192.....

Robert F. Harrison, Registrar.

Burial Permit Clerk.

7 1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) June (Day) 25, (Year) 192.5

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inq (Inquest, autopsy or inquiry) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

ac. gastro enteritis (Duration of dis.)

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) ac. Dis. of Heart 5 minutes

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Hennessy M. D. (Coroner.)

June 26 1925 (Address) 2 E. Edmondson Ave

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
J. M. V. Auburn	6/27/1925
20-UNDERTAKER.	ADDRESS
Daniel Corbin	916 Pa ave.

Spec.—1-10-21—M&T—1500 Blks.

D 99887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 D 99887

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2536 Astor Place ST. 15-3 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie I Brewer

(a) RESIDENCE (Usual place of abode) No. 2536 Astor Place ST., WARD

Length of residence in city or town where death occurred 39 yrs. 3 mos. 1 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Edward W. Brewer

6 DATE OF BIRTH (month, day, and year) Mar 24 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	39	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Thos Malley

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Ed. H. Brewer
(Address) 2536 Astor Place

15 Filed ....., 19.... Registrar

Relief & Interment Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25th 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1925, to June 25, 1925.

that I last saw h.. alive on June 25, 1925

and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Ovary,

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) General Metastasis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Albert H. Levy, M. D.

6/25/25 (Address) 1202 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	June 27, 1925

20 UNDERTAKER F. B. Williford ADDRESS 1850 N. Bells St

JUN 27 1925

Burial Permit Clerk.

FRONT is very important. See instructions on back of certificate

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99888

CERTIFICATE OF DEATH.

90 D 99888

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 323 Valley view ave ST., 26-1 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Thomas Hill

(a) RESIDENCE No. 323 Valley View ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [redacted] yrs. [redacted] mos. [redacted] ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
[redacted]	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida E Hill

6 DATE OF BIRTH (month, day, and year) May 30, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Oiler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John A Hill

11 BIRTHPLACE OF FATHER (city or town) [redacted] (State or country) Md

12 MAIDEN NAME OF MOTHER Emma L Turing

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Ida E Hill

(Address) 323 Valley View ave

15 Filed ....., 19 .....

Registrar

JUL 7 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 1925

17 I HEREBY CERTIFY, That I attended deceased from June 18th, 1925, to June 26th, 1925, that I last saw him alive on June 26th, 1925, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Edw H Benson, M. D.

1925 (Address) Overlea Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	June 30 1925
20 UNDERTAKER	ADDRESS
George J Smith	1532 Hollins st

Spec.—2-12-23—M&T—500 Bks.

99889

HEALTH DEPARTMENT—CITY OF BALTIMORE

99889

CERTIFICATE OF DEATH.

100-901

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2603 Hampden Ave (WARD) 24

REGISTERED No. 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edgar C West

(a) RESIDENCE No. 2603 Hampden Ave (Street) WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 17 1917

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	7	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of Industry, business, or establishment in which employed (or employer) Boy

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Joseph T West

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME Helen Morris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Joseph T West

(Address) 2603 Hampden Ave

15 [illegible] 1925 Robert F. Harrison Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1925

17 I HEREBY CERTIFY, That I attended deceased from June 17th, 1925, to June 26th, 1925, that I last saw him alive on June 26th, 1925, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Primary Broncho Pneumonia

(duration) — yrs. — mos 9 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W A Fair, M. D.

6/26 1925 (Address) 12 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Hampden	June 29 1925

20 UNDERTAKER Chenoweth & Son ADDRESS 617 Chestnut Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 99890 ✓

D 99890

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 Pierce ST.; 7-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Jackson

(a) RESIDENCE. NO. 625 Pierce ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6 DATE OF BIRTH (month, day, and year): Jan, 1- 1876

7 AGE — Years: 49 — Months: 6 — Days: 25 — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): St Marys Co Md

PARENTS

10 NAME OF FATHER: Geo Jackson Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country): St Marys Co Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: John Gough

(Address): 265 Myrtle Ave

Filed ..... 19..... Registrar

27 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 25 19 2

17 I HEREBY CERTIFY, That I attended deceased from June 8 19 5, to June 25 19 25, that I last saw him alive on June 25 19 25, and that death occurred, on the date stated above, at 10.40 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) — yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Reggelay

(Signed) F. C. Leuth M. D.

(Address) June 26th 26th St & Towson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: June 27 28

20 UNDERTAKER: Samuel J Wrenley — ADDRESS: 1078 N Eddn

Cor.—1-12-23—M&T—100 Bks.

D 99891

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99891

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 226 Colvin ST., 5-1 WARD) REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Lizzie Grace

(a) RESIDENCE NO. 226 Colvin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	col.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William H Grace

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48 years			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Rag assorter
(b) General nature of industry, business, or establishment in which employed (or employer) Rag
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Zac. Green

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER S. Johnson

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant W. H. Grace
(Address) 226 Colvin

JUN 26 1925

ROBERT H. KRAUTER,
Burial Permit Clerk (Registrar)

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Val. disease Heart

Said to have (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

(Signed) W. J. Fuller, M. D.
(Coroner)
June 26, 1925 (Address) 459 Bradury

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	6/29/1925

20 UNDERTAKER Byron Wright ADDRESS 1218 McElderry St

Spec. 1219 H.P. Co.—1000 Bks.

D 99892

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99892

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3046 Boston ST.: 1 WARD) 4

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alexander Malinowski

(a) RESIDENCE. No. 3046 Boston ST., 1 WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? yrs mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 3-1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	11	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Aly. Malinowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs Malinowski
(Address) 3046 Boston St

JUN 26 1925

ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1925

17 I HEREBY CERTIFY, That I attended deceased from 6/20 1925, to 6/25 1925, that I last saw him alive on 6/25/25, 19..., and that death occurred, on the date stated above, at 8 30 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate.
Gland.

(duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam.

(Signed) Harry Goldberg M. D.

6/26, 1925 (Address) 2210 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem	June 27 '25

20 UNDERTAKER Stephen J Fiaskowski ADDRESS 1000 S Kenwood Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 99893

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99893

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 S Bunney ST.: 1 WARD) 1-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cecilia Sroda

(a) RESIDENCE. No. 1106 S Bunney ST., 1 WARD.
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. — mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 31-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		2	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Bath Md
(State or country)

PARENTS

10 NAME OF FATHER John Sroda

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Mary Zacyeka

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant Mary Sroda
(Address) 1106 S Bunney St

15 Filed JUN 26 19 32 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 1925

17 I HEREBY CERTIFY, That I attended deceased from June 26, 1925, to June 27, 1925, that I last saw h[illegible] alive on June 26, 1925, and that death occurred, on the date stated above, at 12 30 a.m.

The CAUSE OF DEATH* was as follows:

Entero-Colitis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. B. Bortmuller M. D.

6-27-25 (Address) 3037 Edmondson Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem	June 29 1925
20 UNDERTAKER	ADDRESS
Stephen Fialkowski	100 Aisquith

Sec. 4. Penalty imprisonment. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

1825-6 99894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

114

D 99894

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. 6-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Simi Hoffman

(a) RESIDENCE NO. 2006 Fairmount Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	5	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER J Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Esther Gompers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Friends

(Address) J. H. H.

JUN 28 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 - 1925

17

I HEREBY CERTIFY, That I attended deceased from June 18, 1925, to June 26, 1925, that I last saw h[illegible] alive on June 26, 1925, and that death occurred, on the date stated above, at 6.40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Intestinal Indigestion

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Thrombosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lumbar Puncture

(Signed) C. Scott M. D.

6-27 19 25 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL 6/28 1925

20 UNDERTAKER Jack Levis

ADDRESS 1439 E Balto St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99895

37-09 D 99895

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., WARD)

2.-FULL NAME Rosetta Holly

(a) RESIDENCE NO. 1412 Argyle Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1733 yrs. 12 mos. ds. How long in U. S., if of foreign birth? yrs. 1725 mos. Abt. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 1 old

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John H Holly

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Marys Co Md

12 MAIDEN NAME OF MOTHER Henrietta Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore City

14 Informant (Address) Father John H Holly 1412 Argyle Ave Baltimore

15 Filed JUN 26 1925 ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/25/25

17 I HEREBY CERTIFY, That I attended deceased from 6/18, 1925, to 6/26, 1925, that I last saw h alive on 6/26, 1925 and that death occurred, on the date stated above, at 9.25 P M.

The CAUSE OF DEATH* was as follows:

Malaria Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. W. Holly, M. D.

, 19 (Address) Mercy.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashley Cemetery — DATE OF BURIAL June 28. 1925

20 UNDERTAKER Wm R A Elliott — ADDRESS 1725 Ashland Av

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99896

CERTIFICATE OF DEATH.

16-90

REGISTERED NO. D 99896

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 427 S. 7 St. ST., (WARD) 16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Connelly

(a) RESIDENCE No. 427 S 7 St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie E Connelly

6 DATE OF BIRTH (month, day, and year) Aug 27 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boiler Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Bethlehem Steel Co

9 BIRTHPLACE (city or town) (State or country) Aberdeen Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Carrie E Connelly (Address) 427 S. 7 St

15 JUN 28 1925 ROBERT M. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH 6-26-25

16 DATE OF DEATH (month, day, and year) June 26 1925

17 June-25

I HEREBY CERTIFY, That I attended deceased from 1926, 19..., to June-26, 1925

that I last saw him alive on June 23 1925

and that death occurred, on the date stated above, at 1206 m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bc. Pul. Edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Frank Jr M. D.

6-26, 1925 (Address) 1829 McElderry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Lawn — DATE OF BURIAL June 28 1925

20 UNDERTAKER William Carson & Sons — ADDRESS Baltimore

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99897

118-002

D 99897

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 E Biddle ST., 10-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James F. Davey

(a) RESIDENCE NO. 1014 E Biddle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. 8 mos. 12 ds. How long in U. S., If of foreign birth? 19 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) October 16 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	19	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist Helper

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Michael J. Davey

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Mary ann Bryan

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Mr. Michael J. Dovey (Address) 1014 E Biddle

15 Received JUN 28 1925 ROBERT R. KRAUTER Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 1925

17 I HEREBY CERTIFY, That I attended deceased from June 23 19 25, to June 27 19 25.

that I last saw h[illegible] alive on June 27th 19 25.

and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Intestinal Obstruction (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. A. Shewsmith, M. D.

, 19 (Address) 1337 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetery Harford Road	June 30 1925
20 UNDERTAKER	ADDRESS
Henry Hosch Son	1301 E Eager St

FOR IS very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99898

CERTIFICATE OF DEATH.

D 99898

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 Biddle ST., 8 WARD) 4

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma V. Noonan

(a) RESIDENCE NO. 609 Biddle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. 4 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: John J. Noonan

6 DATE OF BIRTH (month, day, and year): Feby. 5 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	Seventy two	4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: No

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John McWilliams

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Jane Jamison

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: E. John Schmit

(Address): 1604 E Baltimore St

15 JUN 28 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 26 1925

17

I HEREBY CERTIFY, That I attended deceased from May 28, 1925, to June 26, 1925, that I last saw he alive on June 25, 1925, and that death occurred, on the date stated above, at 10.10 a.m.

The CAUSE OF DEATH* was as follows:

Carbuncle of neck

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of May 24-1925

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Conrad Schmit, M. D.

(Address) 701 N Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: June 29th 1925

20 UNDERTAKER: Geo E Billings Sons — ADDRESS: Monument ave & Aisquith St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99899

CERTIFICATE OF DEATH.

90 D 99899

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 N. Milton ST., 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nicholas Klein

(a) RESIDENCE NO. 1515 N. Milton Ave. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Magdalena Klein.

6 DATE OF BIRTH (month, day, and year) Dec. 6-1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	6	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paver

(b) General nature of industry, business, or establishment in which employed (or employer) Balto. City Dept.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Michael Klein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Emma M. Schwartzhoff.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Magdalena Klein (Address) 1515 N. Milton ave.

15 JUN 28 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1925

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1925, to June 26, 1925, that I last saw h... alive on June 25, 1925, and that death occurred, on the date stated above, at ... a. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
Cardiac Asthma
Hypertrophy
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) acute Pul. Edema
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

Signed ... M. D.

(Address) 6001 Walther Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL June 29 1925

20 UNDERTAKER Tilly and Zeiler. ADDRESS 403 S. Wolfe St.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99900

CERTIFICATE OF DEATH.

3-2 144

REGISTERED NO. 99900

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 E. Pratt Street ST., 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia . Krawczyk

(a) RESIDENCE No. 1625 E. Pratt Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Krawczyk

6 DATE OF BIRTH (month, day, and year) Dec. 1 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35	4	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 027

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Buffalo N. Y.

PARENTS

10 NAME OF FATHER Geo. Kamienski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mr . Peter . Krawczyk

(Address) 1625 . E. Pratt Street

15 Filed JUN 28 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 19 25

17 I HEREBY CERTIFY, That I attended deceased from June 25 , 19 25 , to June 26 , 19 25 .

that I last saw her alive on June 26 , 19 25

and that death occurred, on the date stated above, at 12 50 p. m.

The CAUSE OF DEATH* was as follows:

Puerperal-uterine- hemorrhage

12hours

(duration) yrs. mo. ds.

CONTRIBUTORY (Secondary) Placenta previa

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Frank J. Jammer M. D.

6/27 1925 (Address) 2431 Fait Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary DATE OF BURIAL June 28 1925

20 UNDERTAKER John McDeber ADDRESS 1883 Bank

FRONT—For Registrar. See instructions for back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 99901

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99901

CERTIFICATE OF DEATH.

REGISTERED NO. 16-690

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 W Lafayette Ave ST., 16 WARD)

2-FULL NAME Frances M. Eggers

(a) RESIDENCE NO. 1004 W Lafayette Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Eggers

6 DATE OF BIRTH (month, day, and year) May 21-1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Henry Forster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant Wm R. Eggers

(Address) 222 Laurens St

15 JUN 28 1925 ROBERT A. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1925

17

I HEREBY CERTIFY, That I attended deceased from June 18, 1925, to June 26, 1925, that I last saw h-r alive on 3 P.M., 1926, and that death occurred, on the date stated above, at 3:30 P.M. m.

The CAUSE OF DEATH* was as follows:

Cedema of Lungs

(duration) — yrs. — mos 3 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation & Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) W. J. Peter, M. D.

, 19 (Address) 3429 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	6/29/25

20 UNDERTAKER Carson / Kennard ADDRESS 713 W Lafayette

Instructions on back of certificate.

D 99902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

88-003 D 99902

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., 7- Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Jones

(Residence in Baltimore: No. 1511 E. Monument St St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	col	sing

6-DATE OF BIRTH. Dec 8-1919, 1..... (Month) (Day) (Year)

7-AGE. 5 yrs. 6 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto. Md

PARENTS.

10-NAME OF FATHER. John Jones

11-BIRTHPLACE OF FATHER, (State or Country). West Indies

12-MAIDEN NAME OF MOTHER. Grace Smith

13-BIRTHPLACE OF MOTHER, (State or Country). Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grace Smith Jones

(Address) 1511 E. Monument St

15- Filed JUN 28 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 26-25, 192..... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured skull- Autotruck Accident

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

.....(Duration).....yrs.....mos.....ds.

(Signed) J. H. Cain M. D. (Coroner.)

6-28-25 192.... (Address) 508 E. North Ave

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel cemetery	June 29, 1925
20-UNDERTAKER.	ADDRESS.
Edward Bryon	1631 arlens st

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99903

CERTIFICATE OF DEATH.

100 1001 99903

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 854 W Lexington ST., 18 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Majorie Cooper

(a) RESIDENCE NO. #854 W Lexington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 26/924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Bath Co. Va.

10 NAME OF FATHER Marion Cooper

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Maggie Cooper

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va

PARENTS

14 Informant Mary Cooper
(Address) 854 W Lexington

15 JUN 28 1925 ROBERT F. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 1925

17 I HEREBY CERTIFY, That I attended deceased from June 23, 1925, to June 27, 1925, that I last saw her alive on June 27, 1925, and that death occurred, on the date stated above, at 5.20 A m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. G.W. Kennard, M. D.

6-27 1925 (Address) 708 Easton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	6/29/1925
20 UNDERTAKER	ADDRESS 916
Dan'l Easton	Balto

IMPORTANT—Answer questions on back of certificate. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1/3/ D 99904

1-PLACE OF DEATH

City of BALTIMORE: (No. 1548 Pralie St., 12-15 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Edward Washington

(a) Residence No. 1548 Pralie St St., Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 10 mos. 20 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colord

5-Single, Married, Widowed, or Divorced, (Write the word.) Child

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Aug 7. 1923

7-AGE, 1 yrs. 10 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Infant

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Edward Scott Washington

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Lena Estell Stephens

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) Lena Estell Stephens

(Address) 1548 Pralie St

15- JUN 28 1925 ROBERT H. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 27. 25

17. I HEREBY CERTIFY, That I attended deceased from February 16, 1925, to June 27, 1925

that I last saw him alive on June 27, 1925

and that death occurred, on the date stated above, at 4.25 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

6

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Age —

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Wm N Wright M. D.

(Address) 1209 Eastern Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cem	6/29/25
20-UNDERTAKER David Earle	ADDRESS 916 Eastern Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99905

CERTIFICATE OF DEATH.

D 99905

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608 Guilford Ave St., 12 WARD) REGISTERED NO. 1329

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Wesley Abrahams

(a) RESIDENCE No. 1608 Guilford Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 88 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha A Abrahams

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	88			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore md

PARENTS

10 NAME OF FATHER John J Abrahams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Caroline Grimes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Tonya Abrahams

(Address) 1608 Guilford Ave

JUN 26 1925 Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 1925

17 I HEREBY CERTIFY, That I attended deceased from June 14, 1925, to June 27, 1925, that I last saw h in alive on June 27, 1925, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency.

(duration) — yrs. — mos. — da.

CONTRIBUTORY (Secondary) Chr. Nephritis.

(duration) 2 yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) A E Monninger, M. D.

6/27. 1925 (Address) 418 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount	June 29 1925
20 UNDERTAKER	ADDRESS
John O. Mitchell	1201 W Fayette

IMPORTANT: See instructions on back of certificates.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99906

D 99906

CERTIFICATE OF DEATH.

X 155

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. Broadway & Fairmount Ave ST.; 6-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Master John Stisser

(a) RESIDENCE NO. St Paul's School - Brooklandville Md. ST.; WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 19 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	15			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER G. William Stisser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Ella Schlestes.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Dr G. Wm Stisser 1919 Wallace St Phila Pa

15 JUN 28 1925 ROBERT H. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 1925

17

I HEREBY CERTIFY, That I attended deceased from May 17, 1925, to June 27, 1925,

that I last saw h. alive on June 27, 1925,

and that death occurred, on the date stated above, at 12:25 P m.

The CAUSE OF DEATH* was as follows:

Uremia. Pneumonia

(duration) yrs. mos 25 ds.

CONTRIBUTORY (Secondary) Osteomyelitis, Septicaemia

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death? At school 5-18-25

Did an operation precede death? Yes Date of 5-22-25 6-10-25 6-27-25

Was there an autopsy? No Operative findings

What test confirmed diagnosis? Phys. and Signs

(Signed) Keith C. Rice, M. D.

, 19 (Address) Church Home & Inf

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem DATE OF BURIAL June 27 1925

UNDERTAKER John O. Pritchett ADDRESS 201 W Fayette St

ITION is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 D 99907

D 99907

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH U.S. Marine Hospital No 1

CITY OF BALTIMORE: (NO. Baltimore, Md. ST., 12-2 WARD)

2-FULL NAME Joseph F. Fitzpatrick.

(a) RESIDENCE NO. Seamans Institute ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 15 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) Fireman

(c) Name of employer S/S E.A. Morse

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Self
(Address)

15 JUN 28 1925 ROBERT H. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1925

17 I HEREBY CERTIFY, That I attended deceased from March 25, 1924, to June 26, 1925, that I last saw him alive on June 26, 1925, and that death occurred, on the date stated above, at 3.03 P.M.

The CAUSE OF DEATH* was as follows:

Adeno-Carcinoma of ~~Large~~ Ascending Colon

I

(duration) — yrs. 8 mos. — ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? Yes Date of Nov. 25. 1924

Was there an autopsy? No

What test confirmed diagnosis? Physical findings and laboratory tests

(Signed) D.J. Krauter, M. D.

6/26, 1925 (Address) U.S. Marine Hospital Baltimore, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery

DATE OF BURIAL 6/28 1925

20 UNDERTAKER L.L. Quinn & Bro

ADDRESS 1127 E. Balto St.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

182456 D 99908

HEALTH DEPARTMENT—CITY OF BALTIMORE D 99908

CERTIFICATE OF DEATH.

REGISTERED NO. 113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hosp. ST. 23 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Beatrice Jones

(a) RESIDENCE No. 925 Leadenhall St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	—	2	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Lloyd Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Pearl Fallen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Registry (Address) J H D

15 Filed JUN 28 1925 ROBERT R. KRAUTER, Registrar, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1925

17 I HEREBY CERTIFY, That I attended deceased from June 25, 1925, to June 26, 1925, that I last saw her alive on June 26, 1925, and that death occurred, on the date stated above, at 1:50 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity.

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Diarrhoea (not Dysentery)

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? None.

(Signed) C. W. Scott M. D.

6-28 1925 Address Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Furnace Branch — DATE OF BURIAL 6-28 1925

20 UNDERTAKER John H. Toadvine — ADDRESS 1027 Hanover

TION is very important. See instructions on back of certificates.

Spec.—7-10-21 M&T 1500 Bks.

D 99909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15-11-31

D 99909

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2110 N. Pulaski ST., 15 WARD)

2-FULL NAME Mr. Frank D. Gosnell

(a) RESIDENCE NO. 2110 N. Pulaski ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 5 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lillie D. Gosnell

6 DATE OF BIRTH (month, day, and year) Jan 23 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) 009

(c) Name of employer Beck Life Insurance Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Gosnell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mackenzie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Lillie D. Gosnell

(Address) 2110 N. Pulaski

15 JUN 28 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 1925

17

I HEREBY CERTIFY, That I attended deceased from January, 1925, to June 27th, 1925.

that I last saw him alive on June 27th, 1925.

and that death occurred, on the date stated above, at 6:15 P. m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis, Cardiac dilatation, Pulmonary tuberculosis.

Sclerosis General yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis only few months, as far as could determine

18 Where was disease contracted if not at place of death? Not known.

Did an operation precede death? No Date of ?

Was there an autopsy? No

What test confirmed diagnosis? P. M. Health exam.

(Signed) H. Shuttuck O.N. Hoffman, M. D.

6/27/1925 (Address) 3400 Walbrook Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem.	June 30 1925
20 UNDERTAKER Jos. Jacobs Son	ADDRESS 217 S. Ba...

FROM IS very important. See Instructions on back of certificates.

KODA

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99910

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99910

CERTIFICATE OF DEATH.

25-590

1-PLACE OF DEATH

City of BALTIMORE: (No.) Hollins Ferry Road Lakeland Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Henry Fuchs

(a) Residence No. Hollins Ferry Road Lakeland Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. 9 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~Single~~, Married, ~~Widowed~~, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Fuchs

6-DATE OF BIRTH (month, day and year) June 17 1868

7-AGE, 57 yrs. 9 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Packer

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer..... Beech Bergan Hams

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER Henry Fuchs Sr

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12-MAIDEN NAME OF MOTHER, Dora Burkenstock

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Margaret A. Fuchs

(Address) Hollins Ferry Road

15- June 26 1925 Robert A. Krauter Undertaker.

JUN 26 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 26 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1923, to June 23 1925, that I last saw h.. alive on June 23 1925, and that death occurred, on the date stated above, at 3 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Cardiac Insufficiency

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W B Hall M. D.

, 19 (Address) Halethorp

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, London Park Cem. DATE OF BURIAL, June 28 19..

20-UNDERTAKER. Jos Jacobs Son ADDRESS 217 S. Pac...

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99911

CERTIFICATE OF DEATH.

74-002

2-5-2

D 99911 Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Nellie Simmons

(a) Residence No. 9 Montrose Ave Catonsville, Md Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. white

5-~~Single~~, Married, Widowed, or ~~Divorced~~. (Write the word.) widow

5a-If ~~married, widowed, or divorced~~ ~~HUSBAND of (or)~~ WIFE of John T. Simmons

6-DATE OF BIRTH (month, day and year) — — 1859

7-AGE. 66 yrs. mos. ds.

If LESS than 1 day. hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House wife

(b) General nature of Industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. [illegible]

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland

12-MAIDEN NAME OF MOTHER. Elizabeth Mitchell

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Ireland

14-

(Informant) Mrs. Pendleton (daughter)

(Address) 9 Montrose Ave

JUN 28 1925 192 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 6-26-25

17- I HEREBY CERTIFY, That I attended deceased from 5-19 1925 to 6-26 1925, that I last saw her alive on 6-26 1925, and that death occurred, on the date stated above, at 9.45 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Myocarditis - Arteriosclerosis yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) 33 N. Johnson Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Greenmount Cem. DATE OF BURIAL. 6/28, 1925

20-UNDERTAKER. J. Baker Sons ADDRESS 1518 Light St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99912

CERTIFICATE OF DEATH.

D 99912

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1774 Riverside Ave. (WARD) 24

2-FULL NAME Ellen Teresa Mulvihill

(a) RESIDENCE No. 1774 Riverside Ave. WARD 24

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If ~~married~~, widowed, ~~or divorced~~
~~HUSBAND~~ of
(or) WIFE of Michael Mulvihill

6 DATE OF BIRTH (month, day, and year) — — 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Dennis Mahon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Teresa —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Kate Reardon

(Address) 1774 Riverside Ave

15 Filed JUN 28 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1925

I HEREBY CERTIFY, That I attended deceased from June 15 1925, to June 26, 1925;

that I last saw h.. alive on June 26, 1925;

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Chr. Valvular Endocarditis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No.

What test confirmed diagnosis? ...

(Signed) John A. Schwenning, M. D.

, 19 (Address) 1337 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Catholic Cem

DATE OF BURIAL 6/29 1925

20 UNDERTAKER Jos. L. Stalfort Sons

ADDRESS 915 Light St.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

99913
D 99913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 101-001 D 99913

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital ST. 1-1-2 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby John Edward. Deweese

(a) RESIDENCE NO. Perryville Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Baby.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Baby

6 DATE OF BIRTH (month, day, and year) Jan. 29, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		4	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baby.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Perryville Md.

PARENTS

10 NAME OF FATHER Charles Deweese

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania.

12 MAIDEN NAME OF MOTHER Florence Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Mrs. Florence Deweese (Address) Perryville, Md.

15 JUN 29 1925 ROBERT R. KRAUTER, Registrar, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28 1925

17

I HEREBY CERTIFY, That I attended deceased from June 27, 1925, to June 28, 1925, that I last saw him alive on June 28, 1925, and that death occurred, on the date stated above, at 6:50 p.m.

The CAUSE OF DEATH* was as follows:

Pneumnia Bilateral Lobar.

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Evidence + X-R.

(Signed) [signature], M. D.

, 19 (Address) Maryland General Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marks Cem Perryville, Md. DATE OF BURIAL June 30, 1925

20 UNDERTAKER Lee A. Patterson ADDRESS Perryville Md.

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 31 D 99914

1-PLACE OF DEATH

City of BALTIMORE: (No. 820 China St., 27 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bettie Thomas

(a) Residence No. 820 China St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 11 mos. — ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col.

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Sept 22 1894

7-AGE. 30 yrs. 9 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) O.H.

(c) Name of employer —

9-BIRTHPLACE (city or town) A. A. Co.
(State or Country) Maryland

PARENTS.

10-NAME OF FATHER, Abraham Thomas

11-BIRTHPLACE OF FATHER (city or town) A.A. Co.
(State or Country) Maryland

12-MAIDEN NAME OF MOTHER, Mary Hawkins

13-BIRTHPLACE OF MOTHER (city or town) A. A. Co.
(State or Country) Maryland

14-

(Informant) Bertha Snowden

(Address) 820 China St.

JUN 29 1925 ROBERT R. KRAMER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 6/26/25

17- I HEREBY CERTIFY, That I attended deceased from 6/24, 19 25 to 6/26, 19 25

that I last saw her alive on 6/26 19 25

and that death occurred, on the date stated above, at 3.20 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(Duration) yrs. 2 mos. ? ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? Not Date of

Was there an autopsy? no.

What test confirmed diagnosis? none

(Signed) Dr Snowden M. D.

6/27, 19 25 (Address) 122 W Lee

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Furnace Brands Cem. | DATE OF BURIAL, 2nd June 29 19 25

20-UNDERTAKER, J. L. Brown & Son | ADDRESS 108 N. Stoughton St

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99915

CERTIFICATE OF DEATH.

100-001

D 99915

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS (St.) 2-3 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Antonio Obolski

(a) RESIDENCE NO. 1709 Fleet St. ST., 3 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 7 mos. — ds. How long in U. S., if of foreign birth? 15 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61 yr.	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospitals Record (Address)

15 ROBERT R. KRAUTER, Registrar ROBERT R. KRAUTER, Burial Permit Clerk. Burial Permit Clerk,

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924, to June 27, 1925, that I last saw h[illegible]live on June 27, 1925, and that death occurred, on the date stated above, at 5-9 m.

The CAUSE OF DEATH* was as follows:

Obesity, Hypertension

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller, M. D.

6-27-1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem

DATE OF BURIAL: June 29 1925

20 UNDERTAKER: Jacob Frackowski

ADDRESS: 728 Bond St

TION is very important. See instructions on back of certificates. ...ay be properly classified. EXACT STATEMENT OF OCCUPA-

Spec—12-23-21—E.B.R.S.—400 Blks.

D 99916 HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99916

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 9 S Schroeder St., 18 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Williams

(a) Residence No. 9 S Schroeder St., Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Fem	Col	Wid

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Williams

6-DATE OF BIRTH (month, day and year) unknown

7-AGE,	If LESS than 1 day,
70 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9-BIRTHPLACE (city or town) Walnut Rd (State or Country), Md.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (city or town) unknown (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14- Annie [redacted] Sister

(Informant)

(Address) 7 S Schroeder St

15- JUN 29 1925 ROBERT R. KRAUER, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 27 1925

17- I HEREBY CERTIFY, That I attended deceased from March 1, 19 25, to June 27, 19 25,

that I last saw h alive on June 27, 19 25,

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. 2 mos. ds.

18-Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Woodward, M. D.

June 29, 19 25 (Address) 939 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
National Cemetery	July 1, 1925
20-UNDERTAKER,	ADDRESS
Mrs. Katie R. Williams	322 N. Schroeder St

Spec.—1-12-23—M&T—500 Blks.

D 99917

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

46 D 99917

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp ST., 70-4 WARD)

2-FULL NAME Mrs. Marie Rosenkranz

(a) RESIDENCE No. 2127 McHenry ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, ~~Widowed,~~ or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Mr. Rosenkranz

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mary Rosenkranz
(Address) 2127 McHenry

15 JUN 29 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/28/25

17 I HEREBY CERTIFY, That I attended deceased from 6/16, 1925, to 6/28, 1925, that I last saw her alive on 6/28/25, and that death occurred, on the date stated above, at 1:45 P m.

The CAUSE OF DEATH* was as follows:

Metastatic carcinoma

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Carcinoma

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Examination

(Signed) [illegible], M. D.

, 19 (Address) 114 N. Brooks St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western — DATE OF BURIAL June 30 1925

20 UNDERTAKER Mr-Mrs N S Finch — ADDRESS 1737 W Pratt

Spec.—1-10-21—M&T—1500 Blks.

D 99918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 D 99918

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 Linnard ST., 16-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theodore Wesley Ebler

(a) RESIDENCE NO. 719 Linnard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 6 mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eva E. Ebler

6 DATE OF BIRTH (month, day, and year) Nov. 27, 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	6	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Freight Conductor 073

(b) General nature of industry, business, or establishment in which employed (or employer) B & O. R. R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Harry Ebler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Ida McNeir

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington, D. C.

14 Informant Eva E. Ebler (Address) 719 Linnard St.

15 Filed JUN 29 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25, 1925

17

I HEREBY CERTIFY, That I attended deceased from May 1st, 1925, to June 25, 1925, that I last saw him alive on June 25, 1925, and that death occurred, on the date stated above, at 3.40 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of May 1925

Was there an autopsy? No

What test confirmed diagnosis? Hist. Study - Operative Findings

(Signed) Walter E Grunwald, M. D.

, 19 (Address) 1013 Poplar Grove

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	June 29 1925
20 UNDERTAKER John F Denny	ADDRESS. 715 E 5th St

TION is very important. See instructions on

...s on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99919 ✓ D 99919

D 99919

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St., 14-31 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles H. Monroe

(a) Residence No. 1447 Mcculloh st. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Colored	Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6-DATE OF BIRTH (month, day and year) 1860

7-AGE.	If LESS than 1 day.
65 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer ONO

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Charles Monroe

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Caroline ? Collert

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) Hospital Records

(Address) M.T.H.

15- JUN 27 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 26, 1925

17- I HEREBY CERTIFY, That I attended deceased from June 18, 19 25 to June 26, 19 25

that I last saw h. im alive on June 26, 19 25

and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) J. D. White, M. D.

6-26-, 19 25 (Address) Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Loudon Park Cem	June 28 1925
20-UNDERTAKER	ADDRESS
Geo. W. Hoffman	406 W. Conway St

Instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99920

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., Ward) 1-1-48

Registered No. D 99920

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Deady

(a) Residence No. 240 S. Patterson Pk Ave St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

Single, Married, Widowed, or Divorced, (Write the word.) Married

5-If married, widowed, or divorced HUSBAND of (or) WIFE of Paul Deady

6-DATE OF BIRTH (month, day and year) March 1, 1906

7-AGE, 19 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER Ernest W. Harris

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ohio

12-MAIDEN NAME OF MOTHER Anna M. Doyle

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto. Md.

14-

(Informant) Ernest W. Harris

(Address) 240 S. Patterson Pk. Ave

15- JUN 29 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 27, 1925

17- I HEREBY CERTIFY, That I attended deceased from June 25 1925 to June 27 1925, that I last saw h[illegible] alive on June 27 1925, and that death occurred, on the date stated above, at 1.05 P. m.

The CAUSE OF DEATH* was as follows:

Eclampsia — (ante-partum - intra-partum - post-partum)

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M Alexander Novey M. D.

6/27, 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, New Cathedral — DATE OF BURIAL, June 30, 1925

20-UNDERTAKER, William G. Schaeffer — ADDRESS 1816 Monument

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99921

CERTIFICATE OF DEATH.

D 99921

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 Ridgley ST.; 21-5 31 Ward.)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Millie Elizabeth Smith

(Residence in Baltimore: No. 1105 Ridgley St St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, Aug (Month) 15th (Day), 188[illegible] (Year)

7-AGE. 37 yrs. 10 mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph Sadler

11-BIRTHPLACE OF FATHER (State or Country), Balto. md

12-MAIDEN NAME OF MOTHER Elizabeth Smith

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John W. Smith

(Address) 1105 Ridgely St

15- JUN 29 1925 ROBERT R. KRAUTER, 21 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 27th (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 5th 1925, to June 27th 1925, that I saw her alive on June 27 1925, and that death occurred, on the date stated above, at 830 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(Duration) yrs. 1 mos. ds.

(Signed) H. Perlman M. D.

6/27/25, 191... (Address) 3909 Gamon

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, June 30, 1925

20-UNDERTAKER F. A. Krauter & Son

ADDRESS 703 Hanover

Important: See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99922

CERTIFICATE OF DEATH.

15-41

D 99922

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2406 Allendale Rd ST., 15 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm H C Bill, Jr.

(a) RESIDENCE NO. 2406 Allendale Rd. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct. 18, 1913

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	11	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None, yet

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto., Md. (State or country)

PARENTS

10 NAME OF FATHER Wm H C Bill

11 BIRTHPLACE OF FATHER (city or town) Washington D.C. (State or country)

12 MAIDEN NAME OF MOTHER Lenetta M. Schuyer

13 BIRTHPLACE OF MOTHER (city or town) Balto., Md. (State or country)

14 Informant Mrs. Wm H C Bill

(Address) 2406 Allendale Rd

15 Filed JUN 29 1925 ROBERT R. KRAUTER, Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27, 1925

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to June 27, 1925, that I last saw him alive on June 27, 1925, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis — infection by streptococcus haemolyticus

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No and blood cultures.

What test confirmed diagnosis? physical signs and symptoms

(Signed) J. F. S Hammell, M. D.

June 28 1925 (Address) 2226 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	June 30 1925
20 UNDERTAKER F. A. Swanson & Son	ADDRESS 743 Hanover

CAUSE OF DEATH to be plainly written, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99923

CERTIFICATE OF DEATH.

126 D 99923

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1843 Chester St., 62 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geo. M. Thomas

(a) Residence No. 1843 Chester St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Annie E. Thomas

6-DATE OF BIRTH (month, day and year) June 9th 1862

7-AGE, 63 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work United Life Ins Co

(b) General nature of industry, business, or establishment in which employed (or employer) Insurance Co

(c) Name of employer Supt

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Thomas

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Annie Fisher

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14- (Informant) Norman Thomas

(Address) 1841 N. Chester St

15- JUN 29 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 26/25

17- I HEREBY CERTIFY, That I attended deceased from June 1, 1925, to June 26, 1925

that I last saw ~~him~~ alive on June 25, 1925,

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam.

(Signed) Frank E. Wagner M. D.

6/27/1925 (Address) 1006 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Parkwood

DATE OF BURIAL, June 29th 1925

20-UNDERTAKER, Leo G. Cook

ADDRESS 1731 Patterson Ave

Instructions on back of certificate.

D 99924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99924

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3528 Chestnut Ave ST.: 13-4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George E. Freeland

(Residence in Baltimore: No. 3528 Chestnut Ave. 63 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, July (Month) 4 (Day), 1861 (Year)

7-AGE, 63 yrs. 11 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Custom House

9-BIRTHPLACE, (State or Country), Baltimore Co. Md.

PARENTS.

10-NAME OF FATHER, Emmanuel Freeland

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Sarah E. Kelbaugh

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary E. Freeland

(Address) 3528 Chestnut Ave

15- JUN 29 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

Important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 26 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Paralysis
Disease of Heart
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) John J. Mowbray M. D.
(Coroner.)
June 27, 1925 (Address) 362 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Mary's Hampden — DATE OF BURIAL, June 29, 1925

20-UNDERTAKER Horace N. Burgee — ADDRESS 3631 Falls Road

Spec.—1-10-21—M&T—1500 Blks.

D 99925 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH.

31 D 99925

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 842 E. 34th St. (b) ST., 13 (c) WARD)

2-FULL NAME William Alban Somerville

(a) RESIDENCE No. 842 E. 34th St. ST., 13 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. — mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 21-1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38	—	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist 031

(b) General nature of industry, business, or establishment in which employed (or employer) Keus Bros.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER James A. Somerville

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Julia E. Downey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant James A. Somerville (Address) 842 E. 34th St.

15 Filed JUN 25 1925 19... ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 1925

17 I HEREBY CERTIFY, That I attended deceased from April, 1925, to June 27, 1925, that I last saw h— alive on June 27, 1925, and that death occurred, on the date stated above, at 10.45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) R. B. Norment, M. D.

June 29, 1925 (Address) 3643 Chesterfield Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL June 30, 25

20 UNDERTAKER Horace H. Burgee — ADDRESS 3631 Falls Rd.

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129Y D 99926

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 3401 Montabello Drive St. 9-2 Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Bremmer

(a) Residence No. 3401 Montabello Drive St. Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary Bremmer

6-DATE OF BIRTH (month, day and year) May 29 1868

7-AGE. 57 yrs. mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER Henry Bremmer

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Balto

12-MAIDEN NAME OF MOTHER Louisa Brummel

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Balto

14- (Informant) Mary Bremmer

(Address) 3401 Montabello Drive

15- JUN 29 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 25 25

17- I HEREBY CERTIFY, That I attended deceased from July 3 1924 to June 25 1925 that I last saw him alive on June 25 1925 and that death occurred, on the date stated above, at 730P m.

The CAUSE OF DEATH* was as follows:

Nephritis, Myocarditis, (Arteriosclerosis)

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) High Blood pressure

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo. L. Zimmerman M. D.

June 26 19 (Address) 2258 Harford Rd

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Holly Relamer	June 30 1925
20-UNDERTAKER	ADDRESS
Geo M. Zimmerman & Son	811 N Wolfe

Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99927

CERTIFICATE OF DEATH.

D 99927

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2105 N Calvert ST., 12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Richard Beckett

(a) RESIDENCE NO. 2105 N Calvert ST., 12 WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 83 yrs. 11 mos. 29 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Elizabeth V. Beckett

6 DATE OF BIRTH (month, day, and year) June-29-1841

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired from

(b) General nature of industry, business, or establishment in which employed (or employer): U.S. Government

(c) Name of employer: Employment, Calvert Co.

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: John Beckett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co Maryland

12 MAIDEN NAME OF MOTHER: Susan V Blake

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co Maryland

14 Informant: Mrs Elizabeth V. Beckett (wife)

(Address) 2105 N. Calvert St.

JUN 29 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29 1925

17

I HEREBY CERTIFY, That I attended deceased from ....., 1923, to June 29, 1925, that I last saw him alive on June 29, 1925, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Cancer of stomach

(duration) 4th yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Heart Disease (duration) Many yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Lymphs in abdomen, metastases to liver

(Signed) Jas. M. Cunningham, M. D.

(Address) 800 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR REMOVAL: St Paul's - Prince Frederick - | DATE OF BURIAL: June 30 1925.

20 UNDERTAKER Calvert Co. - Md STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor) | ADDRESS 108 W. NORTH AVE.

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99928
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

H 60-001 P 99928

Registered No.....

City of BALTIMORE: (No.... Union Memorial Hospital St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emily Belle Middleton

(a) Residence No... Union Memorial Hospital St., 12 Ward Centreville Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 7 ds. How long in U. S., if of foreign birth? 20 yrs. 5 mos. 27 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6-DATE OF BIRTH (month, day and year) Dec. 31-1904

7-AGE.	If LESS than 1 day,
20 yrs. 5 mos. 27 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... None
(b) General nature of Industry, business, or establishment in which employed (or employer)..... None
(c) Name of employer..... None

9-BIRTHPLACE (city or town) (State or Country). Queen Anne Co. Md.

PARENTS.

10-NAME OF FATHER, Samuel Middleton

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Wilmington Delaware

12-MAIDEN NAME OF MOTHER, Mary F. Robertson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore Md.

14-
(Informant) Mr. Wm. C. Hill (Uncle)
(Address) Ruxton Md.

15-
JUN 29 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 27, 1925

17- I HEREBY CERTIFY, That I attended deceased from June 27, 19 25 to June 27, 19 25
that I last saw h. alive on June 27, 19 25
and that death occurred, on the date stated above, at 11 A. m.
The CAUSE OF DEATH* was as follows:

Coup[illegible] Gastr.

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of June 27 25
Was there an autopsy? Not
What test confirmed diagnosis? Operation

(Signed) C. B. Price M. D.
, 19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
GreenMount Cemetery	June-29.. 1925
20-UNDERTAKER, STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)	ADDRESS 108 W. NORTH AVE.

Instructions on back of certificates.

Spec.—1-16-21—M&T—1500 Blks.

99929

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99929

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4207 Connecticut St., 20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie E. Lang

(a) RESIDENCE No. 4207 Connecticut Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 8 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Otho Lang

6 DATE OF BIRTH (month, day, and year) Oct 22 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Francis Tolle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Leopold Rhein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Otho Lang

(Address) 4207 Connecticut Ave

15 Filed JUN 29 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1925

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1925, to June 26, 1925, that I last saw h alive on ....., 19..., and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of Uterus

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Henry J. Stahl, M. D.

6-29 1925 (Address) 225 N. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL June 29 '25

20 UNDERTAKER H. B. Wyckoff

ADDRESS 853 N. Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D. 99930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4-100-001 B 99930

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST., WARD)

2-FULL NAME Eugene Edwin Lee.

(a) RESIDENCE NO. 630 Sarah Ann ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cecelia Lee.

6 DATE OF BIRTH (month, day, and year) 18 / /

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Truck driver

(b) General nature of Industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md. (State or country)

PARENTS

10 NAME OF FATHER Horace Lee.

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Emily Duvall.

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Susie Walker

(Address) 606 Bradley Av

15 JUN 29 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1925

17 I HEREBY CERTIFY, That I attended deceased from May 11, 1925, to June 26, 1925, that I last saw him alive on June 26, 1925, and that death occurred, on the date stated above, at 2.00 P m.

The CAUSE OF DEATH* was as follows:

Portal hemorrhage.

Myocardial Failure

(duration) yrs. mos. 4 2 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia & decubitis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Anthony V. Bonfiglio, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Lorraine June 29 25

20 UNDERTAKER — ADDRESS

Samuel Busby 1911 E. Eager

CAUSE OF DEATH to be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 99931 HEALTH DEPARTMENT—CITY OF BALTIMORE D 99931

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2027 Bank. ST., 7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael J. Lyston.

(a) RESIDENCE No. 2027 Bank St. ST., 2 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Isabella Lyston

6 DATE OF BIRTH (month, day, and year) Jan 1st 1848

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
77	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Iron.

(b) General nature of industry, business, or establishment in which employed (or employer) Moulder. 047

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS

10 NAME OF FATHER John Lyston.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Esther Tierney.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Katharine Lyston.

(Address) 2027 Bank St.

15 JUN 29 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27th 1925

17 I HEREBY CERTIFY, That I attended deceased from June 17. 1925, to June 27. 1925.

that I last saw him alive on June 26, 1925

and that death occurred, on the date stated above, at 3 30 P. m.

The CAUSE OF DEATH* was as follows:

Valvular Dis. Heart

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Chas. A. Neer, M. D.

6/28/25 (Address) 408 S. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	June 29th 1925
20 UNDERTAKER Lilly & Zeiler	ADDRESS 408 S. Wolfe

TION is very important. See instructions on back of certificates.

Spec.—1-19-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99932

D 99932

CERTIFICATE OF DEATH. Wagners Point East Brooklyn

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 53 Fourth ave ST., 25 WARD)

2-FULL NAME Louise Hasse.

(a) RESIDENCE No. 53 Fourth ave ST., 25 WARD East Brooklyn
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Joseph Hasse.

6 DATE OF BIRTH (month, day, and year) Feb. 25th 1854

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
71	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Jan Hasse.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Frank Hasse.

(Address) 53 Fourth ave

JUN 29 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26th 1925

17 I HEREBY CERTIFY, that I attended deceased from June 5th, 1925, to June 26th, 1925, that I last saw her alive on June 25th, 1925, and that death occurred, on the date stated above, at 2 20/a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the stomach

(duration) — yrs. — mos 21 ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) Harry Kleibel M. D.

6/26, 1925 (Address) 224 E Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	June 29 1925

20 UNDERTAKER Lilly & Geiler ADDRESS 403 S. Wolfe

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99933

CERTIFICATE OF DEATH.

38 D 99933

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.

CITY OF BALTIMORE: (No. Balto., Md. ST., 16-6 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Stream

(a) RESIDENCE No. 1116 N. Calhoun Street, ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Stream

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rosie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Baltimore City Hospitals, (Address) Baltimore, Md.

15 JUN 29 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26, 1925

17

I HEREBY CERTIFY, That I attended deceased from June 10th, 1925, to June 26th, 1925, that I last saw him alive on June 26th, 1925, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

General Paralysis of the Insane

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Luetic Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical, Serological and clin-

(Signed) Noah Weinstein, M. D.

, 19 (Address) Baltimore Post Graduate Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cem-

DATE OF BURIAL June 30 1925

20 UNDERTAKER Joseph A. Farrell

ADDRESS 22 Thames St

FILL IN very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99934

99934

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 616 Indiana Ave St. 9-5-4 Ward) Registered No.....

2-FULL NAME. Mrs Minnie L (Dreubinsky) Sugar

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 616 Indiana Ave St., Ward.....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 6/27/25

7-AGE, ...yrs. 0 mos. 1 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Baltimore
(State or Country), Md

PARENTS.

10-NAME OF FATHER Chas Dreubinsky

11-BIRTHPLACE OF FATHER (city or town)..... Md
(State or Country),

12-MAIDEN NAME OF MOTHER Alma Williams

13-BIRTHPLACE OF MOTHER (city or town)..... Md
(State or Country),

14-

(Informant) Chas Dreubinsky

(Address) 616 Indiana Ave

15-

JUN 29 1925 ROBERT R. KRAMER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 6/28/25

17- I HEREBY CERTIFY, That I attended deceased from 6/27, 1925, to 6/28, 1925, that I last saw h.... alive on 6/28, 1925, and that death occurred, on the date stated above, at 12:15 m.

The CAUSE OF DEATH* was as follows:

Spontaneous Birth

6 1/2 months

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY
(Secondary)

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Robert L Dunn, M. D.

, 19 (Address) 1719 Mt Royal Blvd

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Western Cemetery

DATE OF BURIAL, 6/29, 1925

20-UNDERTAKER, H. H. Leitz

ADDRESS 1000 Edmondson Ave

Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99935

CERTIFICATE OF DEATH.

78 D 99935

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST. 700 WARD)

2-FULL NAME Elizabeth Gulowski

(a) RESIDENCE NO. Mt Hope Retreat ST., 28th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. 5 mos. 0 ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 15 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	23	0	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER James Gulowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) (?) Poland

12 MAIDEN NAME OF MOTHER Ewa Fowlowski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) (?) Poland

14 Informant Record of Mt Hope Retreat (Address) Balto Md.

15 JUN 29 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 - 1925

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1925, to June 27th, 1925, that I last saw h[illegible] alive on June 26th, 1925, and that death occurred, on the date stated above, at 5-15 P m.

The CAUSE OF DEATH* was as follows:

Epilepsy

(duration) 2 yrs. 6 mos. 0 ds.

CONTRIBUTORY (Secondary) Epileptic Psychosis.

obt (duration) 2 yrs. 6 mos. 0 ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery, M. D.

June 27, 1925 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	6/30-1925
20 UNDERTAKER M. J. Kadowski	ADDRESS 405 S. Ann

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

99936 HEALTH DEPARTMENT—CITY OF BALTIMORE 99936

CERTIFICATE OF DEATH.

14-D

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 Penna. ave ST., 14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herman Coon

(a) RESIDENCE NO. 1509 Penna ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. 7 mos. 25 ds. How long in U. S., if of foreign birth? 74 yrs. 7 mos. 25 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 2 - 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe Maker

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Self

9 BIRTHPLACE (city or town) Balto
(State or country) Md.

PARENTS

10 NAME OF FATHER Fred Cook

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs Ida Cook
(Address) 1509 Penna ave

15 Filed ... 19 ... ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

JUN 29 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 1925

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1925, to June 27, 1925, that I last saw h alive on June 27, 1925, and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrage

(duration) ... yrs. ... mos 10 ds.

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis

(duration) 10 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Findings

(Signed) Paul Brown, M. D.

6/28 1925 (Address) 1837 Penna. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem.	June 30 1925
20 UNDERTAKER	ADDRESS 1944 W. North Ave
Harry W. Ehlen	

TION is very important See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

D 99937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 D 99937

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal Tuberculosis Hospital St. 8-4 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Egan

(a) Residence No. 1123 N. Milton ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widower

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Clara F. Egan

6-DATE OF BIRTH (month, day and year): Dec 6 1875

7-AGE: 49 yrs. 6 mos. 22 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Steam fitter

(b) General nature of industry, business, or establishment in which employed (or employer): 060

(c) Name of employer:

9-BIRTHPLACE (city or town): Baltimore (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Edward Egan

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Ella Lyons

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Ireland

14- (Informant): Hospital Records

(Address): M.T.H.

JUN 29 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): June 28, 1925

17- I HEREBY CERTIFY, That I attended deceased from June 24, 19 25 to June 28, 19 25 that I last saw him alive on June 28, 19 25 and that death occurred, on the date stated above, at 9 p. m. The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) J. D. White, M. D.

6-29- 19 25 (Address) Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: July 5, 1925

UNDERTAKER: Chas. S. Maus & Son — ADDRESS: 118 W. Mt. Royal Ave

instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99938

CERTIFICATE OF DEATH.

24-001 D 99938

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 Homestead ST.: 9-3 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Frances McClellan

(a) RESIDENCE. No. 600 Homestead ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Oct-10-1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	8	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

PARENTS

10 NAME OF FATHER John McClellan

11 BIRTHPLACE OF FATHER (city or town) Baltimore. (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Rosalia J. Myers.

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland.

14 Informant Mary L. McClellan (Address) 600 Homestead St.

15 Filed JUN 29 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1925

17 I HEREBY CERTIFY, That I attended deceased from June 16th, 1925 to June 25, 1925, that I last saw her alive on June 25, 1925, and that death occurred, on the date stated above, at 8.50 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos 3 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) D E Filly, M. D.

June 25 1925 (Address) 510 E Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
BALTIMORE CEMETERY	June 29 1925
20 UNDERTAKER N. E. Hughes	ADDRESS 1514 E Broadway

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 99939

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99939

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U.S. Marine Hospital No 1. Baltimore Md

REGISTERED NO. 90

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Zografhos,

(a) RESIDENCE NO. 723 South Broadway ST., ... WARD .....

(Usual place of abode) Baltimore, Md

Length of residence in city or town where death occurred ..... yrs. Unknown ds. How long in U. S., if of foreign birth? ..... yrs. Unknown ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Unknown.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) — " "

(c) Name of employer Unknown.

9 BIRTHPLACE (city or town) (State or country) Greece

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant Hospital Road (Address)

15 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 1925.

17 I HEREBY CERTIFY, That I attended deceased from June 22, 1925. to June 22, 1925.

that I last saw him alive on June 22, 1925.

and that death occurred, on the date stated above, at 1715 m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilation

Coroner John A Monroe

(duration) ..... yrs. ..... mos. 1 da.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings and autopsy

(Signed) W. H. Ruth, M. D.

(Address) U.S. Marine Hospital No 1, Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL 6/29 1925

UNDERTAKER George J Ruth — ADDRESS 1735 Hanford Ave

6 29 1925

Robert P. Harrison, Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 99940

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99940

CERTIFICATE OF DEATH.

REGISTERED NO. 13-490

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3510 Eden ave ST., WARD)

2-FULL NAME Barbara A. Holtz

(a) RESIDENCE NO. 3510 Eden ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W.

5 Single, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): widow

5a If married, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of: Edwin D. Holtz

6 DATE OF BIRTH (month, day, and year)

7 AGE: 80 (Years) (Months) (Days) If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of Industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Malcom McBoss

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Ellen Wakeman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant ..... (Address) 3510 Eden ave

15 Filed ..... 19 .....

JUN 29 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29 1925

17 I HEREBY CERTIFY, That I attended deceased from June 14, 1925, to June 28, 1925; that I last saw h.. alive on June 28, 1925, and that death occurred, on the date stated above, at 2. P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) C. J. Davis M. D.

6-29 1925 (Address) 800 W 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Hampden

DATE OF BURIAL 7/1 1925

20 UNDERTAKER: Wm Lenk

ADDRESS 50 E. Lan

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1400 Blks.

D 99941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

55 D 99941

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hospital St., 12 WARD 3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred Jeanne Kline

(a) RESIDENCE NO. 802 Union Ave St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leland

6 DATE OF BIRTH (month, day, and year) June 9 1920

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
3	—	5	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William H. Kline

11 BIRTHPLACE OF FATHER (city or town) (State or country) Reisterstown Md

12 MAIDEN NAME OF MOTHER Mildred Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs. Kline 802 Union Ave (Address)

15 Filed ..... 19 ..... Registrar

29 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28 1925

17 I HEREBY CERTIFY, That I attended deceased from May 31, 1925, to June 28, 1925

that I last saw h[illegible] alive on June 28, 1925

and that death occurred, on the date stated above, at 7 25 P. m.

The CAUSE OF DEATH* was as follows:

Septicaemia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Abscess neck Osteomyelitis cervical vertebrae (duration) yrs. 2 mos. 9 ds.

18 Where was disease contracted if not at place of death? 802 Union Ave

Did an operation precede death? Yes Date of May 31, 1925

Was there an autopsy? No

What test confirmed diagnosis? Physical Evidence & Operation

(Signed) Geo B. Dyer, M. D.

19 (Address) St Josephs Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

DATE OF BURIAL July 1, 1925

20 UNDERTAKER Edward L. Hartman

ADDRESS 2126 Eutaw Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

D 99942

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99942

CERTIFICATE OF DEATH.

REGISTERED NO. 57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608 Aisquith ST.) 15-9 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wingate J. Adams

(a) RESIDENCE. No. 1608 Aisquith ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred one yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Elmira Adams

6 DATE OF BIRTH (month, day, and year) March 27. 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	3	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Not any

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

PARENTS

10 NAME OF FATHER Archibald Adams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dorchester Co Md

12 MAIDEN NAME OF MOTHER Talitha A. Wroten

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dorchester Co Md

14 Informant Willie Richard Adams (Address) 1608 Aisquith St

15 Filed June 29 1925, 19... Robert P. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29th 1925

17

I HEREBY CERTIFY, That I attended deceased from June 27th 1925 to June 29th 1925

that I last saw h... alive on June 29th 1925

and that death occurred, on the date stated above, at 9:45 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus.

(duration) 2 yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(duration) One yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms and autopsy

(Signed) Wm. F. Sullivan, M. D.

6/29 1925 (Address) 1701 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Md	June 30 1925

20 UNDERTAKER W M Routson

ADDRESS 2238 N Howard

TION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Blks.

D 99943 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 99943

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 N. Caroline St ST.; 8 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matilda D. Daughetty

(Residence in Baltimore: No. 1605 N Caroline St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH. October 30, 1860
(Month) (Day) (Year)

7-AGE. 65 yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER. J. C. Daughetty.

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER Mary E. Stoppleton.

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary Abercrombie

(Address) 1605 N Caroline St.

15-

Filed ....., 192....

Registrar.

29 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 28, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1924, to June 28 1925, that I saw her alive on June 28 1925, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis

(Duration) 1 yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) Tuberculous toxemia

(Duration) ....yrs. 1 mos. ....ds.

(Signed) Wm. R Grauelt M. D.

June 29, 1925 (Address) 16 E. Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery. DATE OF BURIAL, 6/30, 1925.

20-UNDERTAKER E. D. Flannery & Son-1938 E. Lafayette ADDRESS

important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

(Schleicher)

D 99944

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99944

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Md. Genl. Hosp. 23-1 44

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 23-1 WARD)

2-FULL NAME Lewis Schleicher

(a) RESIDENCE NO. 1105 S. Charles st. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of~~ Matilda Schleicher

6 DATE OF BIRTH (month, day, and year) Feb. 12, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter 050

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John J. Schleicher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Annie Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Lewis Schleicher

(Address) 1105 Charles St.

15 JUN 29 1925 Robert F. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28 1925

17 I HEREBY CERTIFY, That I attended deceased from May 2, 1925 to June 28, 1925

that I last saw him alive on June 28, 1925

and that death occurred, on the date stated above, at 8:15 P. m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(duration) yrs. 16 mos. ds.

CONTRIBUTORY (Secondary) General Carcinomatosis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical - Laboratory

(Signed) Jno A Youngblood M. D.

, 19 (Address) Md Genl Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery — DATE OF BURIAL 7/1/1925

20 UNDERTAKER E. J. Fanning & Son - ADDRESS 1938 E. Lafayette

Burial Permit Given.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.--1-12-23—M&T—500 Blks.

D 99945

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99945

CERTIFICATE OF DEATH.

14-57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3027 Druid Hill Ave ST., 14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Johnson

(a) RESIDENCE NO. 3027 Druid Hill Ave ST., 14 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Ellen Johnson

6 DATE OF BIRTH (month, day, and year) October 2, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 016

(b) General nature of industry, business, or establishment in which employed (or employer) Contractor

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Dorchester Co. Md

PARENTS

10 NAME OF FATHER William Vaughn

11 BIRTHPLACE OF FATHER (city or town) Dorchester (State or country) Dor Co. Md.

12 MAIDEN NAME OF MOTHER Charlotte Johnson

13 BIRTHPLACE OF MOTHER (city or town) Dorchester (State or country) Dor Co. Md.

14 Informant Mrs Johnson

(Address) 2027 Druid Hill Ave

15 JUN 30 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/29/1925

17

I HEREBY CERTIFY, That I attended deceased from 12/26, 1924, to 6/29/1925,

that I last saw him alive on 6/29/, 1925,

and that death occurred, on the date stated above, at 3.20 P. m.

The CAUSE OF DEATH* was as follows:

Acidosis Diabetic
followed by Coma

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) 2 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis

(Signed) W. M. Bisland M. D.

, 19 (Address) 719 Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL July 2 1925

20 UNDERTAKER John H. Toadvine — ADDRESS 1027 Druid Hill

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

8

D 99946

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99946

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 Sharp. ST. 22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Ridgley.

(a) RESIDENCE NO. 810 Sharp. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2-15-1922

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	4	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Archabald Ridgley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elsie Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Elsie Ridgley

(Address) 810 Sharp St

15 JUN 30 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/29 1925

17

I HEREBY CERTIFY, That I attended deceased from 6/22, 1925, to 6/29, 1925,

that I last saw h alive on 6/29, 1925,

and that death occurred, on the date stated above, at 4 35 P.M.

The CAUSE OF DEATH* was as follows:

Whooping Cough

a Bronchitis

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Ben R. Kretter, M. D.

6/29 1925 (Address) 2134 O St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL June 30, 1925

20 UNDERTAKER John H. Treadwell — ADDRESS 1127 Hood Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99947

CERTIFICATE OF DEATH.

31 D 99947

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 909 Vine ST., 18-2 WARD

2-FULL NAME Mattie Corbett Johnson

(a) RESIDENCE NO. 909 Vine ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Ruben Johnson

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	00	00	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Benj Corbett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Morris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Richard Johnson
(Address) 909 Vine St

15 Filed JUN 30 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/29/1925

17 I HEREBY CERTIFY, That I attended deceased from June 27 1925 to Jun 29 1925
that I last saw him alive on Jun 29 1925
and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of lung

(duration) 0 yrs. 2 mos 17 ds.

CONTRIBUTORY (Secondary) None

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R B Thompson M. D.

(Address) 607 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem

DATE OF BURIAL 6/30/1925

20 UNDERTAKER Daniel Forbes

ADDRESS 916 Pa ave.

Spec.—1-10-21—M&T—1500 Blks.

99948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99948

1-PLACE OF DEATH

CITY OF BALTIMORE: No. St. Joseph's Hospital ST., 27-40 WARD 13

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna C. Dever

(a) RESIDENCE No. 5 Wolfe av - Bel Air Rd. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Clifford Dever

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
40	—	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework (37)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER William Potts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont Know

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

14 Informant J. Clifford Dever

(Address) 5 Wolf Ave

15 Filed JUN 30 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28 1925

17 I HEREBY CERTIFY, That I attended deceased from June 24, 1925 to June 28, 1925

that I last saw h alive on June 28, 1925

and that death occurred, on the date stated above, at 5-10 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Myocarditis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Bilat pyosalpingitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 5 Wolfe Ave

Did an operation precede death? Yes Date of 6/26/25

Was there an autopsy? No

What test confirmed diagnosis? Physical Evidence & Op

(Signed) Geo. B. Dyberk, M. D.

, 19 (Address) St Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL July 1 1925

20 UNDERTAKER Robt J Turner Jr — ADDRESS 442 N Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

99949

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99949

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 N. Montford ST., 8-2 WARD)

2-FULL NAME Mary A. Bond

(a) RESIDENCE NO. 1617 N. Montford ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John M. Bond

6 DATE OF BIRTH (month, day, and year) Oct. 8-1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59.	8	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York N.Y.

PARENTS

10 NAME OF FATHER John Kane

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York N.Y.

12 MAIDEN NAME OF MOTHER Catherine Short

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York N.Y.

14 Informant Stephen J. Bond.

(Address) 1617 N. montford

JUN 30 1925

ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 1925

17

I HEREBY CERTIFY, That I attended deceased from March 27 1925 to June 27 1925

that I last saw him alive on June 26 1925

and that death occurred, on the date stated above, at 2.40 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage 24 hrs

(duration) yrs. mos dys

CONTRIBUTORY (Secondary) Hypertention 3

(duration) yrs. 3 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sphygmomanometer

(Signed) Thos F Stevens, M. D.

6/28. 1925 (Address) 2878 Hanford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL July 1 1925

20 UNDERTAKER Robt F Turner Jr

ADDRESS 1442 W Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99950

CERTIFICATE OF DEATH.

3/ D 99950

8 4

1-PLACE OF DEATH

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 103 N. Patterson Park Ave. ST., WARD)

2-FULL NAME William Elias Craig

(a) RESIDENCE No. 1030 N. Patterson Park Ave ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Apr 2 - 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	20	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ship Builder

(b) General nature of industry, business, or establishment in which employed (or employer) Bethlehem Steel

(c) Name of employer 015

9 BIRTHPLACE (city or town) (State or country) Inch Harry

PARENTS

10 NAME OF FATHER Harry J. Craig

11 BIRTHPLACE OF FATHER (city or town) (State or country) Inch Ireland

12 MAIDEN NAME OF MOTHER Chrystie Plank

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada

14 Informant Harry J. Craig
(Address) 1030 N. Patterson Park Ave

JUN 30 1925 ROBERT R. KRAUTER, Burial Permit Clerk, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-27-1925

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to 6-27, 1925.

that I last saw h.. alive on 6-27, 1925.

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis.

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Laryngeal Tuberculosis

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Finding of Tub. Bacilli by Sputum Test

(Signed) ..... M. D.

19 (Address) 1030 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery.

DATE OF BURIAL 6/30 1925

20 UNDERTAKER J. A. Moran

ADDRESS 3000 E Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 99951

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99951

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1524 E. Pratt ST., 3-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George F Young

(a) RESIDENCE NO. 15-24 E Pratt- ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 17-1842

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Michael Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Johanna Rieff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Ida Russell

(Address) 1524 E. Pratt St.

15 JUN 30 1925 ROBERT R. KRAUTER Registrar

Asst. Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28 1925

17

I HEREBY CERTIFY, That I attended deceased from June 28, 1925, to June 28, 1925, that I last saw him alive on June 28, 1925, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Valvular Heart- Lesion

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Dld an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? Examination

(Signed) J Wade, M. D.

, 19 (Address) 116 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	July 1 1925
20 UNDERTAKER Zirkler + Zirkler	ADDRESS 1739 E. Eager St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99952

CERTIFICATE OF DEATH.

24-901

99952

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 724 Greenmount Ave ST.) (10th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Maxfield (Maxfield)

(a) RESIDENCE No. 724 Greenmount Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Maxfield

6 DATE OF BIRTH (month, day, and year) Mar 9, 1854

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
71	3	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Odd
(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant
(Address)

15 JUN 30 1925 ROBERT R. KRAUTER Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jun 28 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Central Lemonday

Ind Hem (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible], M. D.
(Coroner)

Jun 29, 192 5 (Address) 439 Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lt Marys Hampden	June 30 1925
20 UNDERTAKER Wm. Cook	ADDRESS 502 E Madison

TION is very important. See Instructions on back of certificate.

ESS statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

D 99953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

D 99953

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3735 Mt. Pleasant Ave ST., 26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Hanson

(a) RESIDENCE No. 3735 Mt. Pleasant Ave ST., 26 WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Hanson

6 DATE OF BIRTH (month, day, and year) June 24. 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Henry Hanson (Address) 3244 Eastern Ave.

15 JUN 30 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29 1925

17 I HEREBY CERTIFY, That I attended deceased from June, 1924, to June 29, 1925, that I last saw h[illegible] alive on June 28, 1925, and that death occurred, on the date stated above, at 3 20 A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) 1½ yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Auscultation

(Signed) Frank A. Islant, M. D.

Jun 27. 1925 (Address) 3244 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Hebrew Cem DATE OF BURIAL 7/1 1925

20 UNDERTAKER Philip Herring ADDRESS 5016 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

Green.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99954

CERTIFICATE OF DEATH.

D 99954

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 563 S Longwood St., 20-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Simon Green

(a) Residence No. 563 S. Longwood St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., If of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary J. Green

6-DATE OF BIRTH (month, day and year) Jan 7 1874

7-AGE. 51 yrs. 5 mos. 22 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Cutter 080

(b) General nature of industry, business, or establishment in which employed (or employer) Clothing

(c) Name of employer M. Stein & Co

9-BIRTHPLACE (city or town). (State or Country), Warsaw Poland

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (city or town). (State or Country), Warsaw.

12-MAIDEN NAME OF MOTHER, Dont Know

13-BIRTHPLACE OF MOTHER (city or town). (State or Country), Dont Know

14- (Informant) Mrs Mary J. Green

(Address) 563 S Longwood

15- Filed JUN 30 1925 16- ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 29 1925

17- I HEREBY CERTIFY, That I attended deceased from Mar 1924 to July 28 1925

that I last saw h. m. alive on July 28 1925

and that death occurred, on the date stated above, at 8.30 a. m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. ds.

18-Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Jas. O. Trachtman, M. D.

, 19 (Address) 5835 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Hebrew Cem. DATE OF BURIAL. July 31 19 25

20-UNDERTAKER. Jack Levin ADDRESS 1439 E Balto St

In plain terms, as exact as may be properly obtained. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE D 99955

D 99955

CERTIFICATE OF DEATH.

21-113

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. 903 Warner St. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carl F. Henry. (C)

(Residence in Baltimore: No. 903 Warner St. St.; yrs. 1 mos. 2 ds. 26)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Male.	Colored	Single.

6-DATE OF BIRTH. April 3, 1924 (Month) (Day) (Year)

7-AGE. 1 yrs. 2 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Hughlett Henry (C)

11-BIRTHPLACE OF FATHER, (State or Country). Easton, Md.

12-MAIDEN NAME OF MOTHER. Altha Thomas. (C)

13-BIRTHPLACE OF MOTHER, (State or Country). Easton, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Altha Henry. (C) mother.

(Address) 903 Warner St.

15- JUN 30 1925 ROBERT R. KRAUTER, Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 29, 1925 (Month) (Day), 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diarrhoea & Enteritis.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto A. Reinhardt M. D. (Coroner)

June 30, 1925 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Zion Ct	June 30, 1925
20-UNDERTAKER.	ADDRESS
S. E. Brandt & Son	108 W. Monument St.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

) 99956

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99956

CERTIFICATE OF DEATH.

9-135-6

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No.) Johns Hopkins Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Jesse Finster .....

(Residence in Baltimore: No. 1230 E.Federal St .....St.; (yrs., 3) mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	widower

6-DATE OF BIRTH. ..... June 26-1852 ....., 1.....
(Month) (Day) (Year)

7-AGE, ... 73 ....yrs. ..... 0 ....mos. ..... 3 ....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired .....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Carpenter .....

015

9-BIRTHPLACE, (State or Country), Carroll Co. Md

PARENTS.

10-NAME OF FATHER, Balster Finster

11-BIRTHPLACE OF FATHER, (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, ---- Frankforter

13-BIRTHPLACE OF MOTHER, (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).... Maud Finster .....

(Address)..... 1230 E. Federal St .....

15- JUN 30 1925 ..... ROBERT R. KRAUTER .....
Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June 29-25 ....., 192.....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... inquiry .....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
inquiry .....find that said deceased came to his ...death
(Inquest, autopsy or inquiry.)
on the day stated above.

The CAUSE OF DEATH* was as follows:

Uremia-Acute Retention Urine .....

.....

.....(Autopsy).....

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Benign Hypertrophy .....

Prostate Gland (Duration) .....yrs.....mos.....ds.

(Signed) ..... M. D.
(Coroner.)

6-30-25 192.... (Address) 508 E. North Ave...

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, July 1, 1925

20-UNDERTAKER, Walter R. McNamee ADDRESS 4114 Faces Rd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99957 — 99957

CERTIFICATE OF DEATH.

REGISTERED NO. 16

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp ST., 27—12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Elaine Addison

(a) RESIDENCE No. 103 Aulsa Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 28 1925 4:20 A.M.

7 AGE: Years — Months — Days 2 — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: William Thomas Addison

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Thelma Lomax Cox

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Mrs Mattie Addison

(Address) 103 Aulsa Ave

15 JUN 30 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 30 19 25

17

I HEREBY CERTIFY, That I attended deceased from June 28, 1925, to June 30, 1925, that I last saw h.w alive on June 30, 1925, and that death occurred, on the date stated above, at 5 A.M. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) G. B. Sybert, M. D.

. 19 (Address) St Jos. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Hill Cemetery — DATE OF BURIAL June 30th 1925

20 UNDERTAKER: F. B. Wagner — ADDRESS 1851 N. Bond St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99958

CERTIFICATE OF DEATH.

D 99958

1-PLACE OF DEATH Colonial Hospital

CITY OF BALTIMORE: (No. 1122 N. Mount ST. 15 WARD) 13

REGISTERED NO. 1-18-082

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Brown

(a) RESIDENCE NO. 1548 Woodyear ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of — Jennie Brown

6 DATE OF BIRTH (month, day, and year) — 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Joseph H. Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co Md.

12 MAIDEN NAME OF MOTHER Lydia Mason

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co Md.

14 Informant Mrs Lydia Brown

(Address) 1329 Woodyear St

15 JUN 30 1925 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 1925

17 I HEREBY CERTIFY, That I attended deceased from June 23, 1925, to June 27, 1925, that I last saw him alive on June 27, 1925, and that death occurred, on the date stated above, at 7 00 P m.

The CAUSE OF DEATH* was as follows:

Generalize peritonitis —
Intestenal obstruction from
Ld adhesions

(duration) yrs. mos. 10 da.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of June 23 1925

Was there an autopsy? No

What test confirmed diagnosis? Clin data

(Signed) A. G. Rytina, M. D.

, 19 (Address) 330 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery — DATE OF BURIAL July 1 1925

20 UNDERTAKER Mrs Jas H. Dennis per T. E. Kelam — ADDRESS 1303 Pressman St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99959 D 99959

CERTIFICATE OF DEATH.

66

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 411 E. Preston ST., 11 (WARD) 3

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Richard Barry

(a) RESIDENCE NO. 411 E. Preston ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Dixon Barry

6 DATE OF BIRTH (month, day, and year) Sept 12, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	9	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Conductor

(b) General nature of industry, business, or establishment in which employed (or employer) R.R.

(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) Williamsport Md.

PARENTS

10 NAME OF FATHER John Barry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Collins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Mary D. Barry
(Address) 411 E. Preston St.

15 Filed ..... 19 ..... Registrar

30 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29 1925

17

I HEREBY CERTIFY, That I attended deceased from June 26th, 1925, to June 29th, 1925.

That I last saw him alive on June 29th, 1925, 6.00 P.M.

and that death occurred, on the date stated above, at 6.35 P.M.

The CAUSE OF DEATH* was as follows:

Delirium Tremens with Convulsions

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Heart Exhaustion 24 hours

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No (Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Walter Dorton, M. D.

, 19 (Address) U.S. Coast Guard Station No. 1

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem.	July 2 1925
20 UNDERTAKER	ADDRESS
Wm. Fletcher Sons	Norrell Pa

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 99960

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99960

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE; No. 1438 Belvedere ST., 17-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary C Baker

(a) RESIDENCE NO. 1438 Belvedere ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Jan 29-1870

7 AGE — Years: 55 — Months: 5 — Days: — If LESS than 1 day, ... hrs. or ..... min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Daniel Harrison

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Mary M. Baker 1438 Belvedere

15 JUN 30 1925 Robert F. Harrison, Registrar

Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 30 1925

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1925, to June 30, 1925, that I last saw h alive on June 29, 1925, and that death occurred, on the date stated above, at 2.30 a m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Neuritis & Gastritis,

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Intestinal Neuritis & Gastritis (duration) 1 yrs. 2 mos. 2 ds.

18 Where was disease contracted if not at place of death? Washington D.C.

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Course

(Signed) Geo H Holland, M. D.

19 (Address) 1631 2236 St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: 7/1/25

20 UNDERTAKER: Wm. Geo H. Holland — ADDRESS: 1631 Druid Hill

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 8235 D 99961

HEALTH DEPARTMENT—CITY OF BALTIMORE D 99961

CERTIFICATE OF DEATH

74-001

1-PLACE OF DEATH Johns Hopkins Hospital

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD 7)

2-FULL NAME John Clement

(a) RESIDENCE No. Ebensburg, Pa ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS
10 NAME OF FATHER Lewellain Clement
11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa
12 MAIDEN NAME OF MOTHER Sarah James
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wales

14 Informant (Address) John Hopkins Hospital

15 Filed JUN 30 1925 Robert F. Harrison Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29 1925

17 I HEREBY CERTIFY, That I attended deceased from June 22, 1925, to June 29, 1925, that I last saw he alive on June 29 1925 and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:
*Diverticulum bladder - Post operative

(duration) Unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Apoplexy
(duration) ..... yrs. ..... mos. ½ ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of 6/29/25

Was there an autopsy? No

What test confirmed diagnosis? - Operation

(Signed) J. Lee Rowley M. D.

, 19 (Address) John Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ebensburg Pa — DATE OF BURIAL 6/30 1925

20 UNDERTAKER Lee H. Evans & Son — ADDRESS 118 West Royal Ave

IMPORTANT—SHOULD BE CAREFULLY SUPPLIED. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99962 D 99962

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 E. 33 ST., 17-3 WARD) REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John McHale

(a) RESIDENCE NO. 227 E. 33 ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE Mary J. McHale

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John McHale

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary McHale

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. John McHale
Address 227 E. 33 St

15 JUN 30 1925 Robert F. Harrison, Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia
Chronic Valvular Disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John Morrison, M. D.
(Coroner.)

June 30, 1925 (Address) 5832 Reland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem. DATE OF BURIAL July 1, 1925

20 UNDERTAKER Margaret J. Flynn ADDRESS 1411 Light St.

TION is very important. See instructions on back of certificate. Exact statement of OCCUPA-

Cor.—1-12-23—M&T—100 Bks.

D 99963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1803 D 99963

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Lacey

(a) RESIDENCE No. 3326 Greenmount Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 18 1914

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
11	5	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER John Lacey

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Mary E. Cochran

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14
Informant Mary E. Lacey
(Address) 3326 Greenmount Ave

15
Filed ..... 192.....
Robert P. Harrison,
Registrar

30 1925
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH was as follows:

Injuries from Auto motor accident

accidental

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Morrison, M. D.
(Coroner.)

June 30, 1925 (Address) 732 Fleet

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mary's Cemetery	July 1925

20 UNDERTAKER H. C. Wiedefeld ADDRESS 914 Greenmount Ave

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

D 99964

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99964

CERTIFICATE OF DEATH.

REGISTERED NO. 4-257

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 300 W. Fayette St. ST., (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Lahr or Lehr

(a) RESIDENCE No. 300 W Fayette St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: John Lahr

6 DATE OF BIRTH (month, day, and year): Aug 23, 1873

7 AGE: Years 51; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Austria

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant (Address): Mrs Charles Stavros 300 W. Fayette St

15 Filed 19 Robert P. Harrison, Registrar

JUL 30 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/29/1925

17 I HEREBY CERTIFY, That I attended deceased from 6/24/1925 to 6/29/1925.

that I last saw h alive on 6/29/1925

and that death occurred, on the date stated above, at 9:45 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mell.

History (duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? 829 Hollins

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Bernard Tenny, M. D.

6/29/1925 (Address) 914 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wicomico Cemetery — DATE OF BURIAL: July 1 1925

20 UNDERTAKER: Harry H. Witzke — ADDRESS: 1531 W. Lombard

CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

D 99965

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99965

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Bay View Asylum ST., No. 7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Meyers.

(a) RESIDENCE No. Bay View Asylum ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6 DATE OF BIRTH (month, day, and year) 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work (Midwife)

Retired at institution since 1917

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Unknown (State or country)

PARENTS

10 NAME OF FATHER Geo. Meyers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Mary Getzler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Hospital Records Baltimore City Hospital

Filed ....., 19 Robert F. Griffith, Registrar

JUN 30 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29. 1925

17 I HEREBY CERTIFY, That I attended deceased from July 1 1924, to June 29 1925, that I last saw her alive on June 29 1925 and that death occurred, on the date stated above, at 9 00 a. m.

The CAUSE OF DEATH* was as follows:

Senile Detenoration

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Terminal Broncho Pneumonia (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clynical & Lab Tests

(Signed) Ira P. Champe Jr, M. D.

Baltimore City Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: July 1 1925

20 UNDERTAKER: Wellwood — ADDRESS: 512 E Balto

AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99966

CERTIFICATE OF DEATH.

D 99966

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2402 Beech Ave ST., WARD 13-4 90

2-FULL NAME James R Higdon

(a) RESIDENCE NO. 2402 Beech Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed,~~ or ~~Divorced, (write the word)~~: Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 27 1867

7 AGE: Years 57 Months 2 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laboring

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: American Rad. Co

9 BIRTHPLACE (city or town) (State or country): St. Mary's Co. Md

PARENTS

10 NAME OF FATHER: Andrew F. Higdon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Washington D.C.

12 MAIDEN NAME OF MOTHER: Eliz. Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Susan E. Heyrmann (Address) 2402 Beech Ave

15 JUL 30 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1 1925, to June 30 1925.

That I last saw h[illegible] alive on June 30 1925

and that death occurred, on the date stated above, at 7.40 a.m.

The CAUSE OF DEATH* was as follows:

Endocarditis

Mitral regurg + stenosis, Cerebral Embolism

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Hypertension, Cerebral Arteriosclerosis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms & course

(Signed) Edwin F. Leary, M. D.

6/30, 1925 (Address) 4 Fonvue Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL July 2 1925

20 UNDERTAKER: Wm. Blanchard Sons & Nathan — ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 99967

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99967

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) BALTIMORE CITY HOSPITALS ST., 2-3 WARD)

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest Johnson

(a) RESIDENCE NO. 1103 Russell ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Joseph Johnson

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Sarah

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Baltimore City Hospitals Records (Address)

15 JUL 1 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29 1925

17 I HEREBY CERTIFY, That I attended deceased from June 2, 1925, to June 29, 1925, that I last saw h[illegible] alive on June 29, 1925 and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Hypertension, chronic nephritis, myocardial insufficiency (History)

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller, M. D.

6-30. 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL 7/1/25

20 UNDERTAKER Daniel Carlon Co ADDRESS 916 [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99968

CERTIFICATE OF DEATH.

90 D 99968

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 Myrtle Ave 17 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Bubb

(a) RESIDENCE NO. 1211 Myrtle ST. 6W. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Charles W Bubb

(Address) 1211 Myrtle ave

15 Filed JUL 1 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29th 1925

17

I HEREBY CERTIFY, That I attended deceased from Nov 17, 1924, to June 29, 1925.

that I last saw h alive on June 28, 1925,

and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Joseph J Mullin M. D.

6/30, 1925 (Address) 3219 Clements

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 7/1/25

20 UNDERTAKER Daniel Easter

ADDRESS 916 Pa ave

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Blks.

D 99969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99969

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 N. Carrollton Ave ST. 18 WARD) 1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Penelope Rollins

(a) RESIDENCE NO. 426 N. Carrollton Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 1 1856

7 AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
68	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Washington Rollins

11 BIRTHPLACE OF FATHER (city or town) Va. (State or country)

12 MAIDEN NAME OF MOTHER Francis Harders

13 BIRTHPLACE OF MOTHER (city or town) Va. (State or country)

14 Informant Ophelia Rollins (Address) 426 N. Carrollton Ave.

15 Filed JUL 1 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30 19 25

17 I HEREBY CERTIFY, That I attended deceased from June 12th, 19 25, to June 30, 19 25,

that I last saw h.. alive on June 30, 19 25,

and that death occurred, on the date stated above, at 4. P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Arter. Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. N. Mogwss M. D.

(Address) 14. E. Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL July 2 1925

20 UNDERTAKER Chas. E. Franck

ADDRESS 502 Madison

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

NATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99970

CERTIFICATE OF DEATH.

D 99970

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1625 N. Washington St. (ST.) (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J. Miller

(a) RESIDENCE NO. 1628 N. Washington St. WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 22 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Md. Steel Co

9 BIRTHPLACE (city or town) (State or country) Wilmington - Del.

PARENTS

10 NAME OF FATHER Peter H Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wilmington - Del.

12 MAIDEN NAME OF MOTHER Mary Wagner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Martin N. Miller

(Address) 1628 N. Washington

15 Filed JUL 1 - 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30 1925

17 I HEREBY CERTIFY, That I attended deceased from June 14, 1925, to June 29, 1925.

that I last saw him alive on June 29, 1925

and that death occurred, on the date stated above, at 2.10 A m.

The CAUSE OF DEATH* was as follows:

Cerrhosis of Liver

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Heart

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Walter E. Tuckerman M.D.

6/30. 1925 (Address) 2002 N. Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wilmington Del. Cathedral — DATE OF BURIAL: June 30 1925

20 UNDERTAKER: Geo. J. Ruth — ADDRESS: 1735 Hanford

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 99971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99971

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Gen. Hosp. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Hester

(Residence in Baltimore: No. 3716 Gwynns Falls Rd. St.; yrs. ..... mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-DATE OF BIRTH: (Month) Oct (Day) 17 (Year) 1921

7-AGE: 3 yrs. 7 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Kansas City, Kansas

PARENTS.

10-NAME OF FATHER: Wm P. Foster

11-BIRTHPLACE OF FATHER, (State or Country): Kansas City Mo

12-MAIDEN NAME OF MOTHER: Nellie Wood

13-BIRTHPLACE OF MOTHER, (State or Country): Kansas City Mo.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm P. Foster

(Address) Hotel Emerson

15- FILED JUL 1 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) June (Day) 30, (Year) 1925

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Coroner (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of neck (accidental)

(Duration) ..... yrs. ..... mos. Instant ds.

CONTRIBUTORY (Secondary) Fell from porch

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

June 30 1925 (Address) 2-30 Eden Building

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Kansas City

19-PLACE OF BURIAL OR REMOVAL, Kansas City Mo. DATE OF BURIAL, July 1 1925

20-UNDERTAKER, Benjamin Lowe ADDRESS 1723 W Lafayette Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99972

CERTIFICATE OF DEATH.

99972

REGISTERED NO. 15-476

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3409 Carlisle Ave ST.: WARD:

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cora Lee Norwood

(a) RESIDENCE. No. 3409 Carlisle Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	~~5 Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of John E. Norwood

6 DATE OF BIRTH (month, day, and year) June 23rd, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	0	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General natare of Indastry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER John McGinnis

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Carroll Co Md
(State or country)

14 Informant Mrs E. L. Keedy
(Address) 3409 Carlisle Ave

15 Filed JUL 1 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29, 1925

17 I HEREBY CERTIFY, That I attended deceased from February 24, 1924 to June 29, 1925, that I last saw her alive on June 29, 1925, and that death occurred, on the date stated above, at 5:25 P. m.

The CAUSE OF DEATH* was as follows:

Metastatic carcinoma, prob. primary in uterus involving intestines, peritoneum, abdominal & thoracic lymph glands, liver, spleen, st. iliac glands Duration 1 yr. 4 mos. 6 ds.

CONTRIBUTORY (Secondary) Terminal bronchopneumonia (duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? yes.

What test confirmed diagnosis? gross pathology.

(Signed) Norman B. Cole, M. D.

6-27, 1925 (Address) 1035 No. Calvert St., Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF ~~BURIAL~~, CREMATION ~~OR REMOVAL~~: Loudon Park Cemt. Crematory — DATE OF BURIAL: July 1st, 1925

20 UNDERTAKER Peterson & Cook — ADDRESS 1733 Mt. Royal Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ANY item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 99973

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99973

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. Johns Hopkins Hospital St., 19 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Edna Campbell .....

(Residence in Baltimore: No. 1410 W. Mulberry St ..... St., ... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	col	single

6-DATE OF BIRTH, June 19-1907, 1.....
(Month) (Day) (Year)

7-AGE, 18 yrs. 0 mos. 17 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Maid
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER, Alexander Campbell

11-BIRTHPLACE OF FATHER, (State or Country), Alexander Va.

12-MAIDEN NAME OF MOTHER, Eliza Harris

13-BIRTHPLACE OF MOTHER, (State or Country). Balto. Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliza Campbell

(Address) 1410 W. Mulberry

Filed JUL 1 - 1925 ROBERT R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 27-25, 192.....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Puerperal Peritonitis
(Post Abortal)
(Antecedent) over
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. S. Hoen M. D.
(Coroner.)

6-29-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cem. DATE OF BURIAL, July 1, 1925

20-UNDERTAKER, Samuel Hensley ADDRESS 528 Eden St

Spec.—1-10-21—M&T—1500 Bks.

D 99974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 D 99974

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2407 Maw St. ST.. 12-3 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen R. Robinson

(a) RESIDENCE NO. 2407 Maw St. ST.. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 10 1925

7 AGE — Years: — Months: 5 — Days: 19 — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Effie Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Alice Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Alice R. Robinson

(Address) 2407 Maw st

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29 1925

17 I HEREBY CERTIFY, That I attended deceased from June 28, 1925, to June 29, 1925.

that I last saw h.. alive on June 29, 1925,

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH was as follows:

Acute Gastro-Enteritis

Acid Colitis

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) General weakness

(duration) ..... yrs. 4 mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Chas. F. Wall, M. D.

, 19 (Address) 4 24 E 23 d St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: July 1925

20 UNDERTAKER: Mrs R G. Ellert — ADDRESS: 1923 Eutaw

JUL 1 - 1925 File

ROBERT R. KRAUTER, Burial Permit Clerk Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99975

CERTIFICATE OF DEATH.

38 ✓

D 99975

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore, Md. ST., 24-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Alexander,

(a) RESIDENCE No. 1550 Boyle Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred unk. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sam Alexander

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housework 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wisconsin

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospitals, (Address) Baltimore, Md.

15 JUL 1 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27, 1925

17 I HEREBY CERTIFY, That I attended deceased from December 18, 1924, to June 27, 1925, that I last saw her alive on June 27, 1925, and that death occurred, on the date stated above, at 6.50 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Exhaustion

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Manic Depressive Psychosis with lues

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Serological and clini

(Signed) [illegible], M. D.

, 19 (Address) Baltimore Dr Corpathia Hotel

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 7/1/ 1925

20 UNDERTAKER J. J. Bakey & Sons

ADDRESS 318 Light

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99976

CERTIFICATE OF DEATH.

10 001 D 99976

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1305 Light St., 24 (WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Barbara Lurz

(a) RESIDENCE NO. 1305 Light St., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced—
~~HUSBAND of~~
(or) WIFE of John E Lurz

6 DATE OF BIRTH (month, day, and year) Nov 25. 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35	7	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS
10 NAME OF FATHER Jacob Gaa
11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)
12 MAIDEN NAME OF MOTHER Mary Roth
13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant John E Lurz
(Address) 1305 Light St

Filed JUL 1 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29 1925

17 I HEREBY CERTIFY, That I attended deceased from June 14, 1925, to June 29, 1925
that I last saw her alive on June 29, 1925
and that death occurred, on the date stated above, at ....m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ....yrs. ....mos. 15 ds.

CONTRIBUTORY
(Secondary)
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) John H Gruber, M. D.
(Address) 3100 Harford Rd June 30 1925

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	7/1/25 19
20 UNDERTAKER	ADDRESS
J. J Daley & Sons	1318 Light St

N. B.—WRITE PLAINLY, WITH UNFADING INK—This is a PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

99977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 66 D 99977

1-PLACE OF DEATH Maryland Penitentiary

City of BALTIMORE: (No. 531 Forest St., 10 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Lee Young

(a) Residence No. 137 V St. N.W. Washington DC St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-Sex Male | 4-COLOR OR RACE, White | 5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE, 25 yrs. mos. ds. | If LESS than 1 day, hrs. or min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) 050

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Md Penitentiary Hospital

(Address) Reliance

15- JUL 1 - 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 29, 1925

17- I HEREBY CERTIFY, That I attended deceased from June 29 1925 to June 29 1925

that I last saw him alive on June 29 1925

and that death occurred, on the date stated above, at 11:10 P m.

The CAUSE OF DEATH* was as follows:

Alcohol Poisoning

Fractures

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cirrhosis Kidney

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. J. Riley, M. D. Coroner

, 19 (Address) 1639 Penn

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Rockville Md	June 2. 1925
UNDERTAKER, H. R. Humphreys Sons	ADDRESS Rockville

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99978 D 99978

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1025 William ST., W-1 WARD)

REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cassie E Bafford

(a) RESIDENCE No. 1025 William ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 ~~SEX~~	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Thomas Bafford.

6 DATE OF BIRTH (month, day, and year) Oct 20-1868

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
56	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Hesis E Dysart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Barbara J Harrison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Cora. Marshall.

(Address) 600 N. High land ave.

15 Filed JUL 1 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-30 1925

17

I HEREBY CERTIFY, That I attended deceased from June 28, 1925 to June 30, 1925, that I last saw her alive on June 28, 1925, and that death occurred, on the date stated above, at 10.55 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) Cont Hosp yrs. mos. ds.

CONTRIBUTORY (Secondary) Abscess

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Eastern Co. Hosp.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory.

(Signed) I. Hain, M. D.

, 19 (Address) 1215 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Solomons Island	7-1 1925
20 UNDERTAKER E B Harle	ADDRESS 115 E West St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

99979

HEALTH DEPARTMENT—CITY OF BALTIMORE

143-001

D 99979

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. Madison & Linden Ave ST., 7-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Ruth Tennyson.

(a) RESIDENCE NO. 612. N. Milton Ave ST., WARD.....

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. 2 mos. 28 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar R Tennyson

6 DATE OF BIRTH (month, day, and year) June, 30, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	22	2	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Charles Webber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md..

12 MAIDEN NAME OF MOTHER Elizabeth Linden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Ruth Tennyson. (Address) Patient herself

15 Filed JUL 1 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30 1925

17

I HEREBY CERTIFY, That I attended deceased from June 30, 1925, to June 30, 1925, that I last saw her alive on June 30, 1925, and that death occurred, on the date stated above, at 8:17 p. m.

The CAUSE OF DEATH* was as follows:

Premature Separation of Placenta - Pregnancy at term. Patient Moribound 12hrs.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) loss of Blood.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno A Tompkins, M. D.

, 19 (Address) 806 Guilford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oakland Cemetery	July 3 1925
20 UNDERTAKER	ADDRESS
Johannah Landes	1004 Aisquith St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 99980

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 D 99980

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital (WARD) 11

2-FULL NAME Mrs Virginia E. Boyer

(a) RESIDENCE NO. 2042 W. Fulton Ave (WARD)

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 26 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 637

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) Va.
(State or country)

PARENTS

10 NAME OF FATHER W J Osterman

11 BIRTHPLACE OF FATHER (city or town) N J
(State or country)

12 MAIDEN NAME OF MOTHER M Stone

13 BIRTHPLACE OF MOTHER (city or town) Ind
(State or country)

14 Informant Walter A Boyer
(Address) 2042 W Fulton

15 JUL 1 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/30/25

17 I HEREBY CERTIFY, That I attended deceased from 6/24/25 to 6/30/25; that I last saw h[illegible] alive on 6/30/25; and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Bilateral Salpingitis
Endometritis
Pelvic abscess.
General Peritonitis 1 wk. mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Mercy Hospital

Did an operation precede death? Yes Date of 6/29/25

Was there an autopsy? No Clinical Dx

What test confirmed diagnosis?

(Signed) K W Dilley, M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL July 2 1925

20 UNDERTAKER Smarten Fakey & Son — ADDRESS 1827 North ave

N. B.—WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 99981

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99981

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., WARD) No 7 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Klotz

(a) RESIDENCE No. Bay View Asylum ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Christopher Klotz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Baltimore City Hospitals Records (Address) Robert F. Harrison.

15 JUL 1 1925 Registrar

THE MORGUE.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924, to June 19, 1925,

that I last saw him alive on June 19, 1925,

and that death occurred, on the date stated above, at 3 9 m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Auricular fibrillation

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W Lindsay Miller, M. D.

6/22/1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY

DATE OF BURIAL JUL 1 19 1925

20 UNDERTAKER [illegible] ADDRESS

—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every ... mation should be carefully supplied. AGE ... CAUSE OF DEATH in plain terms, so that it ... TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 99982

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99982

CERTIFICATE OF DEATH.

61-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 752 W Lexington ST., 4-1 WARD)

2-FULL NAME Berg Wood

(a) RESIDENCE NO. 752 W. Lex. ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Wid

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 6/30/25—

7 AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
(6/30)				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) ghc

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Robt Wood

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Craig

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant .....
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Robert P. Harrison, Registrar

JUL 1 - 1925 Municipal Charity Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/30/ 1925

17 I HEREBY CERTIFY, That I attended deceased from 6/24/, 1925, to 6/30/25 19—,
that I last saw h— alive on 6/30/25—, 19
and that death occurred, on the date stated above, at 7 P. m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? .....

(Signed) Bernard Fantus, M. D.
6/30/ 1925 (Address) 910 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER Commissioner of Health, Per. Wm. E. Woodall — ADDRESS JUL 1 - 1925

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

D 99983

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99983

CERTIFICATE OF DEATH.

6-3-31

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1224 Potomac ST., WARD)

2-FULL NAME Helen S. Grebocka Johnson

(a) RESIDENCE No. 1224 Potomac ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) S.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Dec 18-1905

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	19	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cigar Maker

(b) General nature of industry, business, or establishment in which employed (or employer) 017

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Jos. Grebocka

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Anna Schnader

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Anna Johnson
(Address) 1224 Potomac St

15 Filed Robert P. Harrison, Registrar

JUL 1 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29, 1925

17

I HEREBY CERTIFY, That I attended deceased from May 26, 1925, to June 29, 1925, that I last saw h/r alive on June 29, 1925, and that death occurred, on the date stated above, at 12 ~~m~~ m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis both lungs.

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Tuberculous Pneumonia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms & X ray

(Signed) Joseph Delaney M. D.

, 19 (Address) 2124 Ashland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. | DATE OF BURIAL Jul 2 1925

20 UNDERTAKER J. A. Moran | ADDRESS 3000 E Pratt

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99984

CERTIFICATE OF DEATH.

D 99984

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1605 N. Gilmor ST., 15-13 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Brooks

(a) RESIDENCE NO. 1605 N. Gilmor ST., New Market St Mary's Co Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Shorter Brooks

6 DATE OF BIRTH (month, day, and year) Sept. 10 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Farming

(c) Name of employer Charlotte Hall

9 BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

PARENTS

10 NAME OF FATHER George Brooks, Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) St. Mary's Co. Md.

12 MAIDEN NAME OF MOTHER Julia Weems

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St. Mary's Co. Md.

14 Informant George Brooks, Jr.

(Address) Charlotte Hall, St. Mary's Co. Md.

15 JUL 1 - 1925 Robert F. Harrison, 19

Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-29- 1925

17

I HEREBY CERTIFY, That I attended deceased from 6-12, 1925, to June 29, 1925, that I last saw him alive on June 26, 1925, and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary T. B.

Personal knowledge

From History (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? St. Mary's Co. Md.

Did an operation precede death? no Date of -

Was there an autopsy? no

What test confirmed diagnosis? -

(Signed) George C. Page M. D.

, 19 (Address) 1806 N. Market St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Market St Mary's Co Md	July 2nd 1925
20 UNDERTAKER Joseph A Farrell	ADDRESS 2319 Druid Hill Ave

GISTRAR.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 - M&T - 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99985

D 99985

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3571 Old York Rd St., 9-1 WARD

REGISTERED NO. 89

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William A Rossiter

(a) RESIDENCE No. 3571 Old York Road St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A Rossiter

6 DATE OF BIRTH (month, day, and year) Feb 4 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of Industry, business, or establishment in which employed (or employer) John E Hurst Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Rossiter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ireland

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mary A Rossiter

(Address) 3571 Old York Road

15 Filed 1-1925, 19 Robert P. Marrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/30/1925

17

I HEREBY CERTIFY, That I attended deceased from 6/30/, 1925, to 6/30/, 1925

that I last saw him alive on 6/30/, 1925,

and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. 1/2 hour ds.

CONTRIBUTORY (Secondary) Coronary Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Surgical Signs & Symptoms

(Signed) Thomas F. Wade, M. D.

, 19 (Address) 405 E. 22nd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross	7-3 1925
20 UNDERTAKER	ADDRESS
E B Hurst	115 E 22nd St

JUL 1-1925

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ... mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 99986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 101-001 D 99986

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 118 W. Hill St., 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Gataroy Moore

(a) Residence No... 118 W. Hill St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 2 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Janie Moore

6-DATE OF BIRTH (month, day and year) Nov-27-1893

7-AGE, 31 yrs. 7 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)... Making Cement Blocks 040

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Gurr S. Carolina

PARENTS.

10-NAME OF FATHER, John Moore

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Gurr S. Carolina

12-MAIDEN NAME OF MOTHER, Risetta —

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Janie Moore

(Address) 118 W. Hill St.

JUL 2 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July - 1 - 1925

17- I HEREBY CERTIFY, That I attended deceased from June, 25, 1925 to July 1, 1925, that I last saw h[illegible] alive on June, 30, 1925, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Dan'l Francini M. D.

7/1, 1925 (Address) 122 N Lee

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Gastonia S.C. DATE OF BURIAL, July 2 1925

20-UNDERTAKER, John H. Toadvine ADDRESS 1027 Bond St ave

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

D 99987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99987

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 717 W. Saratoga St. St., 4-100 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Davis

(Residence in Baltimore: No. 717 W. Saratoga St. St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	Col.	Sngl

6-DATE OF BIRTH. Feb (Month) 24 (Day) 1925 (Year)

7-AGE. ....yrs. 4 mos. 6 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General natnre of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto City

PARENTS.

10-NAME OF FATHER. Mitchel Davis

11-BIRTHPLACE OF FATHER, (State or Country). B'Calty

12-MAIDEN NAME OF MOTHER. Agnes Robinson

13-BIRTHPLACE OF MOTHER, (State or Country) Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Agnes Davis

(Address) 717 W. Saratoga St

JUL 2 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 30 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an.....(Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said.....(Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Don't Know

(Duration) ....yrs. ....mos. ....ds.

(Signed) W K Gorter M. D. (Coroner.)

7-2 1925 (Address) 117 W. Saratoga St

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal**, or **Homicidal**.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cemetery DATE OF BURIAL. July 2, 1925

20-UNDERTAKER Thos R. Elliott ADDRESS 1722 Eastlander

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

99988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5-2-90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] ST., BALTIMORE CITY HOSPITALS WARD)

REGISTERED NO. 99988

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Taylor

(a) RESIDENCE No. 60 W Central Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER James Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Henrietta Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Baltimore City Hospitals Records (Address)

15 JUL 2 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1925, to July 1, 1925, that I last saw him alive on June 30, 1925 and that death occurred, on the date stated above, at 5 9, m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, chronic myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) W Lindsay Miller, M. D.

7/1, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL asbury cemetery — DATE OF BURIAL July 2 1925

20 UNDERTAKER Edward Bryan — ADDRESS 1631 orleans st

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

D 99989 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 99989

CERTIFICATE OF DEATH.

9-31

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. Municipal tuberculosis Hospital St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... William McGah (McGah)

(a) Residence No. 1322 Hillman st. St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? Unknown mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec 26 1878

7-AGE.	If LESS than 1 day.
46 yrs. 7 mos. 4 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Laborer 040

(b) General nature of Industry, business, or establishment in which employed (or employer)... Unknown

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Ireland

PARENTS.

10-NAME OF FATHER John McGahe (McGah)

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Annie ?

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Ireland

14- (Informant)... Hospital Records

(Address)... M.T.H.

15- Filed JUL 2 - 1925 ROBERT R. KRAUTER Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 30, 1925

17- I HEREBY CERTIFY, That I attended deceased from June 24, 1925 to June 30, 1925 that I last saw h. im alive on June 30, 1925 and that death occurred, on the date stated above, at 9 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? NO Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) M. Oliver McLane Jr. M. D.

7-1 . 1925 (Address) Baltimore City Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Cathedral Cem	7/3/25
20-UNDERTAKER.	ADDRESS
George A Tarley	Fulton & Fayette

IMPORTANT, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. AGE should be stated EXACTLY. AGE should be carefully supplied.

Spec.—1-10-21—M&T—1500 Blks.

D 99990 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 99990

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1925 Gough St. ST., 2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Casper Punte Jr.

(a) RESIDENCE NO. 1925 Gough St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Punte.

6 DATE OF BIRTH (month, day, and year) Feb. 8-1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carrier

(b) General nature of industry, business, or establishment in which employed (or employer) News-paper. 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Ignatius Punte

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Margaret Punte.

(Address) 1925 Gough St.

Filed JUL 2 - 1925 ROBERT R. KRAUTER, Burial Permit Officer Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30th 1925

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1925, to June 30, 1925, that I last saw him alive on June 30, 1925, and that death occurred, on the date stated above, at 5.40 A. m.

The CAUSE OF DEATH* was as follows:

(Portal) Cirrhosis of Liver

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas R Goldsborough, M. D.

, 19 (Address) 1923 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. DATE OF BURIAL July 2 1925

20 UNDERTAKER Tilly & Fuller 403 S Wolfe St ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99991 — 100-001 — D 99991

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 Park Ave St.; 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia A Thomas

(Residence in Baltimore: No. 910 Park Ave St.; 35 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, Apr 15, 1858 (Month) (Day) (Year)

7-AGE, 67 yrs. 2 mos. 15 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): Laundry

9-BIRTHPLACE, (State or Country), Richmond Va

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sylvania Newton

(Address) 1109 Mosher Street

15- JUL 2 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 6/30, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6/28 1925, to 6/29 1925, that I saw h~~er~~ alive on 6/29 1925, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Myocardial

Influenza (Duration) 1 yrs. mos. 3 ds.

(Signed) H E Gebhart M. D.

6/30, 1925 (Address) 1403 Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, July 24, 1925

20-UNDERTAKER Jno. McJohnson — ADDRESS 1309 Druid Hill Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

D 99992

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99992

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 N. Streeper ST., 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilhelmina Simmers

(a) RESIDENCE NO. 128 N. Streeper ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Wm H. Simmers

6 DATE OF BIRTH (month, day, and year) June 27/79

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46	—	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Peter Salathon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wm H. Simmers

(Address) 128 N. Streeper St

Filed JUL 2 - 1925 HUBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/1st 1925

17 I HEREBY CERTIFY, That I attended deceased from May 4 1924 to July 1 1925

that I last saw her alive on July 1 1925

and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Urinalysis

(Signed) John L. Ourbe M. D.

July 2. 1925 (Address) 35 E. Potomac St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cem

DATE OF BURIAL 7/3 1925

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99993

CERTIFICATE OF DEATH.

D 99993

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. Eastern Ave & Linwood ST., WARD 3)

2-FULL NAME Christopher J. Rochlitz

(a) RESIDENCE No. 2804 Philadelphia Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., If of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of late Rosalie Rochlitz

6 DATE OF BIRTH (month, day, and year) Dec 25/54

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	70	6	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Can Goods
(b) General nature of industry, business, or establishment in which employed (or employer): Packer
(c) Name of employer: 866

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: John Rochlitz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Rose Rochlitz
(Address): 2804 Phila. Ave

15 JUL 2 - 1925 ROBERT B. KRAMER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to His death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of Pelvis & Internal Hemorrhage
Auto accident while walking across Street (duration) Sudden yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) James M Fenlon M. D.
(Coroner.)
July 1, 1925 (Address) Gay & Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..yrs., ..mos., .. ds. In the State ..yrs., ..mos., .. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL 7/3 1925

20 UNDERTAKER: Philip Herwig — ADDRESS 2016 Aisquith

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 99994

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 99994

24 113

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 408 Sanders St. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Calvin W. Bradburn.

(Residence in Baltimore: No. 408 Sanders St. St.; yrs. 8 mos. 15 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Male.	White.	Single.

6-DATE OF BIRTH. October 16, 1924. (Month) (Day) 1... (Year)

7-AGE. ...yrs. 8 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Howard D. Bradburn.

11-BIRTHPLACE OF FATHER, (State or Country), Calvert Co. Md.

12-MAIDEN NAME OF MOTHER, Edna R. Hall.

13-BIRTHPLACE OF MOTHER, (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edna R. Bradburn. (mother)

(Address) 408 Sanders St.

15- JUL 2 - 1925 ROBERT R. KRAUTER Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 1, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diarrhoea & Enteritis.

(Duration)...yrs...mos...ds.

CONTRIBUTORY (Secondary) ..... (Duration)...yrs...mos...ds.

(Signed) Albert Reinhardt M. D. (Coroner.)

July 1, 1925 (Address) 1011 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death...yrs...mos...ds. In the State...yrs...mos...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL, July 7th 1925

20-UNDERTAKER. L. Lahey Sons ADDRESS 1318 Light St

Spec.—1-10-21—M&T—1500 Bks.

99995

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1001 99995

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen. St., WARD.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Florence May Boyer.

(a) RESIDENCE NO. 2108 Herbert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Lewis Wm Boyer.

6 DATE OF BIRTH (month, day, and year) Mar 30, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	55	3	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lichsville, Md.

PARENTS

10 NAME OF FATHER Geo. Roberson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Mary Ann Butcher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant Elwin W Boyer
(Address) 2108 Herbert St

15 Filed JUL 2 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30 1925

17 I HEREBY CERTIFY, That I attended deceased from June 16, 1925, to June 30, 1925, that I last saw her alive on June 30th, 1925, and that death occurred, on the date stated above, at 7:10 P. m.

The CAUSE OF DEATH* was as follows:

Bilateral Lobar Pneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. 5 minutes.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & Laboratory.

(Signed) Geo. Wright Blackman M. D.

19 (Address) Sheet Bell Jefferson Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brunswick Md. DATE OF BURIAL July 2 1925

20 UNDERTAKER W M Roerson ADDRESS 2288 N North

Srec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99996

CERTIFICATE OF DEATH.

5-1

31 D 99996

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1018 Lowe's St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Herbert Smith

(a) Residence No. 1018 Lowe's St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed or Divorced, (Write the word.)
Male	colored	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 1905

7-AGE,	If LESS than 1 day,
20 yrs. ..... mos. 2 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Laborer

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer..... Baltimore

9-BIRTHPLACE (city or town) (State or Country), ...

PARENTS.

10-NAME OF FATHER, William Smith

11-BIRTHPLACE OF FATHER (city or town) (State or Country), N. C

12-MAIDEN NAME OF MOTHER, Florence Baker

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), N. C

14-

(Informant). Florence Baker

(Address). 101 S. Lowe St.

15-

Filed ..... Registrar.

JUL 2 - 1925 ROBERT R. KRAUTER,

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 30-25

17- I HEREBY CERTIFY, That I attended deceased from May 14 1925 to June 30 1925

that I last saw him alive on June 30 1925

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. 3 mos. 0 ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Edw. Fisher, M. D.

July 1 1925 (Address) 1612 Monument St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Asbury Cem.	July 4 1925
20-UNDERTAKER	ADDRESS
Christ W. Johnson	467 N. Carolina St.

R. S.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. (See instructions on back of certificates.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99997

CERTIFICATE OF DEATH.

D 99997

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Seville Apts. 72 ST., 13-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Adler

(a) RESIDENCE No. Seville Apts. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Adler

6 DATE OF BIRTH (month, day, and year) March 13, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Emanuel Schoenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER — Leopold

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Sylvan Adler

(Address) Seville Apt.

15 JUL 2 - 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/30/1925

17

I HEREBY CERTIFY, That I attended deceased from October 22°, 1915, to June 30°, 1925, that I last saw h e alive on April 21°, 1925, and that death occurred, on the date stated above, at 9.10 P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris - Thrombosis of Coronary artery.

(duration) — yrs. 3 mos ± ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Lymph. (duration) 6 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Louis P. Hamburger, M. D.

July 1°, 1925 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Hebrew Cem.

DATE OF BURIAL 7/3/1925

20 UNDERTAKER David Sondheim

ADDRESS 1182 W. Mt. Royal Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 99998

CERTIFICATE OF DEATH.

74 D 99998

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 7 WARD)

2-FULL NAME Mrs. Edith Holmes

(a) RESIDENCE NO. 20 Wills St Pittsburgh Pa. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, Widowed, or divorced (of) HUSBAND of (or) WIFE of Harry L Holmes

6 DATE OF BIRTH (month, day, and year) Apr 10 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
48				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of Industry, business, or establishment in which employed (or employer) 03

(c) Name of employer Mahony Inv. Co

9 BIRTHPLACE (city or town) Pa

(State or country)

PARENTS

10 NAME OF FATHER Geo H. Pitts

11 BIRTHPLACE OF FATHER (city or town) Dont know

(State or country)

12 MAIDEN NAME OF MOTHER Dont know

13 BIRTHPLACE OF MOTHER (city or town) "

(State or country)

14 Informant Henry L. Holmes

(Address) Pittsburgh Pa

Filed JUL 2 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/1/1925

17

I HEREBY CERTIFY, That I attended deceased from 6-23, 1925, to 7-1, 1925,

that I last saw her alive on 7-1, 1925,

and that death occurred, on the date stated above, at 9:40 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 0 yrs. 0 mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Philip Jacobson, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pittsburgh Pa	July 2 1925
20 UNDERTAKER Robt R. Krauter	ADDRESS 1424 N. Bway.

Stec—12-23-21—E.B.R.S.—400 Blks.

D 99999

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24-001

D 99999

1-PLACE OF DEATH

City of BALTIMORE: (No. 715 N. Park St., Ward 7-3)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Joseph Svrjcek

(a) Residence No. 715 N. Park St., Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced. HUSBAND of ~~(or) WIFE~~ of Barbara Svrjcek

6-DATE OF BIRTH (month, day and year) Dec. 14 1849

7-AGE. 75 yrs. 6 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired 088

(b) General nature of industry, business, or establishment in which employed (or employer). Shoe Maker

(c) Name of employer.....

9-BIRTHPLACE (city or town). (State or Country). Austria

PARENTS.

10-NAME OF FATHER. James Svrjcek

11-BIRTHPLACE OF FATHER (city or town). (State or Country). Austria

12-MAIDEN NAME OF MOTHER. not known

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Europe

14- (Informant) Mrs Barbara Svrjcek wife

(Address) 715 N. Park St.

15- JUL 2 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 30th 1925

17-. I HEREBY CERTIFY, That I attended deceased from June 16 1925, to June 30 1925

that I last saw him alive on June 30 1925,

and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ...yrs. ...mos. 2 14 ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

(Duration) ...yrs. ...mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) William J. Dysart M. D.

July 2 1925 (Address) 801 N. Edwood

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Oak Hill Cem. DATE OF BURIAL, July 3, 1925

20-UNDERTAKER. Edward W. Conklin ADDRESS 924 E. Eager St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&I—1500 Hks.

E. 00001

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00001

CERTIFICATE OF DEATH.

REGISTERED NO. E 00001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Mt Union Place & Charles

CITY OF BALTIMORE: (No. Washington Apt ST., 11-2 WARD)

2-FULL NAME Joseph B Harrington

(a) RESIDENCE No. Easton Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	White	Married

5a If married, ~~widowed~~, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Mary Harper Harrington

6 DATE OF BIRTH (month, day, and year) Sept 28 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer) 087

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Talbert Co

PARENTS

10 NAME OF FATHER John Harrington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Talbert Co.

12 MAIDEN NAME OF MOTHER H M. Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Queen Annes Co

14 Informant Mary Harper Harrington (Address) Easton Md

15 JUL 2 - 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/2/ 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1925, to July 2, 1925, that I last saw him alive on July 2, 1925, and that death occurred, on the date stated above, at 3. a.m.

The CAUSE OF DEATH* was as follows: Arteriosclerosis, H. Myocarditis

Auto by puncturing [illegible]

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phy. Examination

(Signed) J. S. Thomas, M. D.

7/4 1925 (Address) 904 Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Easton Md — DATE OF BURIAL July 1 1925

20 UNDERTAKER Henry W Jenkins & Son — ADDRESS Orchard & Mc Collah St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00002

CERTIFICATE OF DEATH.

24-001

E 00002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 Grantley ST., 16 WARD)

2-FULL NAME Mary F. Minton

(a) RESIDENCE No. 603 Grantley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. H. Minton

6 DATE OF BIRTH (month, day, and year): Dec 3 - 1863

7 AGE — Years: 62 — Months: 7 — Days: — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: John H. Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Barranza

12 MAIDEN NAME OF MOTHER: Henrietta Buffla

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penn

14 Informant (Address): Geo H. Minton 603 N. Grantley St

15 Filed JUL 2 - 1925

16 ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/30/1925

17 I HEREBY CERTIFY, That I attended deceased from June 22, 1925, to June 30, 1925,

that I last saw her alive on June 29, 1925,

and that death occurred, on the date stated above, at 9:10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Leonard E. Black M. D.

19 (Address) 2224 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: 7/2 1925

20 UNDERTAKER: J. G. Moran — ADDRESS: 340 E. Baltimore

E 00003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 E 00003

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 831 Ryborg St. St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ena Johnson

(Residence in Baltimore: No. 831 Raborg St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	Col.	Widow

6-DATE OF BIRTH, ... Don't Know ..... 1.....
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
38 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt Md

PARENTS.

10-NAME OF FATHER, Samuel Edwards

11-BIRTHPLACE OF FATHER, (State or Country), N. C

12-MAIDEN NAME OF MOTHER, Ella Edward

13-BIRTHPLACE OF MOTHER, (State or Country), N. C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Hopkins

(Address) 708 Raborg St

15-

Filed ..... 192. ROBERT R. KRAUTER, Registrar.

JUL 2 - 1925 Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 30 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

3 weeks
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... Don't Know

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W K Jenkins M. D.
(Coroner.)

7-2 1925 (Address) 117 W Saratoga St

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.

Mt Auburn Cemetery July 2 1925

20-UNDERTAKER ADDRESS

Mrs Geo Hopkins 706 W. Conway St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

182478 E 00004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 36-004 E 00004

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST., 7-1 WARD)

2-FULL NAME Elgar A Enos

(a) RESIDENCE NO. Troy N Y ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 Weeks ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 20, 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	78	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clergyman

(b) General nature of industry, business, or establishment in which employed (or employer) 165

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Henry Enos

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Y.

12 MAIDEN NAME OF MOTHER Harriett Strong

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Y.

14 Informant

(Address) J. H. H.

15 Filed JUL 2 - 1925 HUBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1 - 1925

17 I HEREBY CERTIFY, That I attended deceased from June 26, 1925 to July 1, 1925.

that I last saw him alive on July 1, 1925.

and that death occurred, on the date stated above, at 11.25 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Kidney (Ott

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? 1

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy findings

(Signed) Winfield S. Leitch, M. D.

July 2 1925 (Address) 1715 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Troy N.Y. DATE OF BURIAL July 7 1925

20 UNDERTAKER John O. Mitchell ADDRESS 1201 W Fayette

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 00005

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

25 E 00005

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 841 N Collington ST., 7-2 WARD)

2-FULL NAME Mildred Pierce

(a) RESIDENCE NO. 841 N Collington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 17 1919

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Matthew Pierce

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Agnes Soul

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Matthew Pierce

(Address) 841 N Collington Ave

JUL 2 - 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1 1925

17

I HEREBY CERTIFY, That I attended deceased from June 26, 1925 to July 1, 1925.

that I last saw her alive on July 1, 1925,

and that death occurred, on the date stated above, at 10.40 A m.

The CAUSE OF DEATH* was as follows: Endocarditis & Myocarditis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Vincent V. Foaks M. D.

, 19 (Address) 845 N Patterson Pk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL July 4 1925

20 UNDERTAKER Paul Broullon — ADDRESS 1906 Aisquith

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 00006

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. E 00006

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 Lamont ST. 14-1 WARD)

2-FULL NAME Doris Nellie Grebe

(a) RESIDENCE NO. 624 Lamont ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 9 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 20 1917

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	7	9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student at

(b) General nature of industry, business, or establishment in which employed (or employer) School

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Andrew Grebe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Barbara Balladarsch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Andrew Grebe

(Address) 624 Lamont

15 Filed NOV 2 1925

ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1924 to June 30, 1925; that I last saw h. alive on June 30, 1925; and that death occurred, on the date stated above, at 8-45 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart disease - Mitral regurgitation

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) Paul Brown, M. D.

7/1. 1925 (Address) 1837 Pa. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Holy Redeemer	7/3/25

20 UNDERTAKER Geo. Weber & Son ADDRESS 2503 Edmondson Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00007

CERTIFICATE OF DEATH.

8-4 91-001

REGISTERED No. 6

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2213 E. Preston ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Wendt

(Residence in Baltimore: No. 2213 E. Preston St.; 63 yrs. 3 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 15, 1862 (Month) (Day) (Year)

7-AGE, 63 yrs. 3 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Sugar Makers

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Wendt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Christina Smith

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Sophia Wendt

(Address) 2213 E. Preston st

15- JUL 2 1925 1925 ROBERT R. KRAUTER, Registrar. Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 1, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 10 1925, to July 1 1925, that I saw h[illegible] alive on June 29 1925, and that death occurred, on the date stated above, at 3:30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. 1/4 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. mos. ds.

(Signed) Alan B. Lemmon M. D.

7/2, 1925 (Address) 718 N. Patterson Pk. Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, July 3, 1925

20-UNDERTAKER Henry Lutz — ADDRESS 1203 N. Broadway

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00008

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3-12-29 E 00008

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1507 E Baltimore St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Maggie Pfeiffer

(a) Residence No. 1507 E Baltimore St., 3 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life time yrs. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) April 10 1854

7-AGE, 71 yrs. 2 mos. 21 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of Industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Michel Pfeiffer

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, not Known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14-

(Informant) Mary E. Pfeiffer

(Address) 1507 E Baltimore St.

JUL 2 - 1925 ROBERT R. KRAUTER, Registrar. ~~Burial Permit Clerk.~~

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 1st 25

17- I HEREBY CERTIFY, That I attended deceased from June 25th, 19 25, to July 1st 19 25,

that I last saw h. ~~m~~ alive on June 30th, 19 25,

and that death occurred, on the date stated above, at 6.15 a.m.

The CAUSE OF DEATH* was as follows:

Hy prostate Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) A Hes, M. D.

July 2nd, 1925 (Address) 24 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park — DATE OF BURIAL, July 2, 19 25

20-UNDERTAKER, Louis Heemann — ADDRESS 32 S Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00009

CERTIFICATE OF DEATH.

E 00009

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2009 E Fayette ST., 6-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leopold J Ritter

(a) RESIDENCE NO. 2009 E Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christina Ritter

6 DATE OF BIRTH (month, day, and year) March 9 1867

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
58	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Upholster

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bath

PARENTS

10 NAME OF FATHER Michael Ritter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bath

12 MAIDEN NAME OF MOTHER Francis Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Christina Ritter

(Address) 2009 Fayette

15 Filed ....., 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1st 1925

17

I HEREBY CERTIFY, That I attended deceased from July 27 1923 to July 1 1925

that I last saw h. alive on July 1 1925

and that death occurred, on the date stated above, at 7:30 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

1½ Hours

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) G. J. Ritter, M. D.

, 19 (Address) 1902 E. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL July 4 1925

20 UNDERTAKER Wendell Oppelsdon — ADDRESS 318 Penn

JUL 2 - 1925

INK—THIS IS A PERMANENT RECORD. Every item should be stated EXACTLY. PHYSICIAN'S should be at it may be properly classified. Exact statement of OCCUPA- s on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00010

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00010

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. Union Memorials Hospital 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Francis Marion Baker

(a) Residence No... 213 E. Biddle ..... St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Ada F Baker

6-DATE OF BIRTH (month, day and year) Jan 12, 1860

7-AGE. 65 yrs. 5 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... manufacturing agents

(b) General nature of industry, business, or establishment in which employed (or employer)... O&G

(c) Name of employer...

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Charles F. Baker

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Elizabeth Bessemer

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Pennsylvania

14- (Informant) Frank M. Baker Jr

(Address) 213 E. Biddle St

15- Filed JUL 2 - 1925 Robert F. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 2 1925

17- I HEREBY CERTIFY, That I attended deceased from June 30, 1925, 1925 to July 2, 19 25 that I last saw him alive on July 2, 19 25 and that death occurred, on the date stated above, at 10:15 A. m.

The CAUSE OF DEATH* was as follows:

Malignant Tumor of the mediastinum with involvement of both lungs

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart failure

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edwin B. Jarrett M. D.

, 19 (Address)

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
London Park Cem	July 4, 19 25

20-UNDERTAKER	ADDRESS
John O Mitchell	1201 W Fayette

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 00011

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00011

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 863 Linden ave ST. 11-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arietta Woodyard

(a) RESIDENCE. No. 863 Linden ave ST., WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced: (~~HUSBAND of~~) (or) WIFE of David L Woodyard

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50			

8 OCCUPATION OF DEACESED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Potts Co. Va

PARENTS

10 NAME OF FATHER: John Derricks

11 BIRTHPLACE OF FATHER (City or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Eliza Diggs

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Va

14 Informant: Helen Brown

(Address) 863 Linden ave

15 Filed JUL 3 - 1925 ROBERT R. KRAUTER Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30- 1925

17 I HEREBY CERTIFY, That I attended deceased from May 19th, 1920, to June 30, 1925.

that I last saw h alive on June 29- 1925.

and that death occurred, on the date stated above, at 4.45 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Liver -

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) None known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. exam -

(Signed) Chas. J Keller, M. D.

, 19 (Address) 222 W Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	July 3 1925

20 UNDERTAKER: Samuel D Manley

ADDRESS: 1538 Bridge

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 00012

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00012

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals — REGISTERED NO. 185

CITY OF BALTIMORE: (No. Bay View Asylum ST., No. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Holmes T. Hood

(a) RESIDENCE No. Bay View Asylum ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah Hood

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Hospital Records (Address) Balto City Hospitals

15 Filed JUL 3 - 1925 19 ROBERT R. KRAUTER, Registrar Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1 1925

17 I HEREBY CERTIFY, That I attended deceased from 6/26, 1925, to 7/1, 1925.

that I last saw him alive on 7/1, 1925.

and that death occurred, on the date stated above, at 11.45 P.m.

The CAUSE OF DEATH* was as follows:

Fracture Lower 1/3 Left Fem. (accidental Fall). (Autopsy)

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Pernicious Anemia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & Lab Tests

(Signed) Dr. B. Champe Jr, M. D.

(Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Marys Manf.	July 4 1925
UNDERTAKER	ADDRESS
Eberwein & Son	Eastern Ave & Ponca St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

RESERVED FOR BINDING

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00013

CERTIFICATE OF DEATH.

100 E 00013

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1046 W Saratoga ST. 18 - 1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John James Holmes

(a) RESIDENCE NO. 1046 W Saratoga ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 7 1922

7 AGE — Years: 3 — Months: 0 — Days: 24 — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nil

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Holmes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Carrie Queen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Carrie Holmes

(Address) 1046 W Saratoga

15 Filed JUL 3 - 1925 ROBERT R. KRAMER

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1 1925

17 I HEREBY CERTIFY, That I attended deceased from June 22, 1925, to July 1, 1925.

that I last saw him alive on July 1, 1925.

and that death occurred, on the date stated above, at 8.30 A m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. mos 17 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) D. F. Revell M.D.

(Address) 1191 Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery

DATE OF BURIAL: July 3 1925

20 UNDERTAKER: Mrs Katie R. Williams

ADDRESS 322 N. Schroeder St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00014

CERTIFICATE OF DEATH.

118-002

E 00014

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospt. ST., 25-11 WARD)

2-FULL NAME John Kowalewski

(a) RESIDENCE NO. 1520 Marion Court ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rofila Kowalewski

6 DATE OF BIRTH (month, day, and year) 1854.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mechanic 031

(b) General nature of industry, business, or establishment in which employed (or employer) Machinist

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Francis X. Kowalewski

11 BIRTHPLACE OF FATHER (city or town) Poland (State or country)

12 MAIDEN NAME OF MOTHER Katherine Winiecka

13 BIRTHPLACE OF MOTHER (city or town) Poland (State or country)

14 Informant Stephan J. Kowalewski

(Address) 1518 Grace Court Curtis Bay

15 Filed JUL 3 - 1925 ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-1 1925

17 I HEREBY CERTIFY, That I attended deceased from 6-28- 1926, to 7-1- 1925, that I last saw h... alive on 7-1 1925, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Failure

T-

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Intestinal obstruction (adhesions)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of 6-28-25

Was there an autopsy? Yes.

What test confirmed diagnosis? Operation

(Signed) K. W. Kelly, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery

DATE OF BURIAL July 4th 1925

20 UNDERTAKER Lilly & Gaile

ADDRESS 403 S. Wash St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—1500 Blks.

00015

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Way.

129E 00015

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 535 Greenwillow ST., 17-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thurston Wray

(a) RESIDENCE NO. 535 Greenwillow ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Wray

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
68	-	-		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hod-carrier

(b) General nature of industry, business, or establishment in which employed (or employer) — 032

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Richmond Va

PARENTS

10 NAME OF FATHER Jno Wray

11 BIRTHPLACE OF FATHER (city or town) Raleigh (State or country) N. C.

12 MAIDEN NAME OF MOTHER Sally —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Carolina

14 Informant Charles Wray

(Address) 535 Greenwillow Av

15 Filed JUL 3 - 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1 1925

17

I HEREBY CERTIFY, That I attended deceased from June 4, 1925, to July 1, 1925.

that I last saw him alive on June 30, 1925

and that death occurred, on the date stated above, at 5-20 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. Exam.

(Signed) Lemuel Wray M. D.

7/2, 1925 (Address) 506 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Va.

DATE OF BURIAL 7/3/1925

20 UNDERTAKER Daniel Easters

ADDRESS 916 Pa Ave

Spec—12-23-21—E.B.R.S.—400 Blks.

E 00016 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓

CERTIFICATE OF DEATH.

90 E 00016

1-PLACE OF DEATH

City of BALTIMORE: (No. 1317 Stockton St., 15-13 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Thomas Young

(a) Residence No. 1317 Stockton St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced (Write the word.)
Male	Colored	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1868

7-AGE.	If LESS than 1 day,
57 yrs. mos. ds.	hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (City or town) (State or Country): Balto City

PARENTS.

10-NAME OF FATHER: Fred Young

11-BIRTHPLACE OF FATHER (City or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Dorothea Kuhn

13-BIRTHPLACE OF MOTHER (City or town) (State or Country): Germany

14-(Informant): Susan Young

(Address) 1317 Stockton St

15-FILED JUL 3 - 1925 ROBERT R. KRAUTER Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 1 1925

17- I HEREBY CERTIFY, That I attended deceased from May 9, 1925, to July 1, 1925, that I last saw him alive on July 1, 1925, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Chr Nephritis Uremia

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Chas T Claytor M D

July 1, 1925 (Address) 1504 Mc Culloh

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Laurel Cem	7/4/1925
20-UNDERTAKER.	ADDRESS
Dennis Foster	Ce ave

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00017

CERTIFICATE OF DEATH.

31

E 00017

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 Argyle Ave ST., 17-1 WARD)

2-FULL NAME Augusta S. Jackson

(a) RESIDENCE No. 1308 Argyle Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 10-1902

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pressing in factory

(b) General nature of industry, business, or eetsblishment in which employed (or employer) 080

(c) Name of employer Greenbaum

9 BIRTHPLACE (city or town) Balto (State or country) md

PARENTS

10 NAME OF FATHER John Jackson

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Rebecca Jackson

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Rebecca Jackson
(Address) 1308 Argyle Ave

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30 1920

17

I HEREBY CERTIFY, That I attended deceased from Feb 12, 1920, to June 30, 1920,

that I last saw h alive on June 30, 1920,

and that death occurred, on the date stated above, at 1800 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Edw. J. Wheatley M. D.

7/2, 1920 (Address) 1230 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel County — DATE OF BURIAL 7/5/1920

20 UNDERTAKER — ADDRESS

Mrs. Geo. H. Holland 1631 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00018

CERTIFICATE OF DEATH.

7/29 E 00018

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mc Jen Hosp St. 11-2 WARD)

2-FULL NAME. Agnes Steinbacher

(a) RESIDENCE NO. Lansdown Md ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. 5 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Elizabeth Steinbacher

6 DATE OF BIRTH (month, day, and year) June 25, 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electroplater

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Julius Steinbacher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Annie Gumach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Elizabeth Steinbacher

(Address) Gabe Am Deutsch. Light.

15 Filed JUL 3 - 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7.1.25 19

17

I HEREBY CERTIFY, That I attended deceased from 6.30.25, 19 ..., to 7.1.25 19 ...,

that I last saw h... alive on 7.1.25 19

and that death occurred, on the date stated above, at 4.40 P m.

The CAUSE OF DEATH* was as follows:

Ca. Duct Epithelioma.

Acute Edema.

(duration) yrs. 2(?) mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) Thos Tompkins, M. D.

, 19 (Address) 711 Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	July 6 19 25
20 UNDERTAKER Jos Joerdens Son	ADDRESS 2078 Bou

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00019

CERTIFICATE OF DEATH.

129 E 00019

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 505 Scott (ST.) 21-3 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank J. Connelly

(a) RESIDENCE No. 505 Scott (ST.), (WARD)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5-5 yrs. 8 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (~~write~~ the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (~~or~~ ~~WIFE of~~) Anna. Connelly

6 DATE OF BIRTH (month, day, and year) Oct 16 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	8	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer 063

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Emmon Dry Co

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Isaac Connelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary Porter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Annie. Connelly

(Address) 505 East St

15 JUL 3 - 1925 19.. ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1 192 5

17

I HEREBY CERTIFY, That I attended deceased from June 27, 1925, to July 1, 1925,

that I last saw him alive on July 1, 1925

and that death occurred, on the date stated above, at 1 00 m.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine

(Signed) Eden Emmon, M. D.

, 19 (Address) 517 Scott St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
London Park Cem	July 4 19 25
20 UNDERTAKER Jos Jacobsen Son	ADDRESS 217 S Bro

(1)—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 00020

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E 00020

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2244 Fleet ST., 1-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Feliks Jeromin

(a) RESIDENCE NO. 2244 Fleet ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna . Jeromin

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paper Hanger

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Michael . Jeromin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs. Anna . Jeromin

(Address) 2244 Fleet Street

15 JUL 3 - 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/1/25

17 I HEREBY CERTIFY, That I attended deceased from June 30, 1925, to July 1, 1925.

that I last saw him alive on July 1, 1925

and that death occurred, on the date stated above, at 2.20 p.m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

Non-compensation

Cord's Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Andrew Kwiatkowski, M. D.

, 19 (Address) 3539 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem.	July 4 1925

20 UNDERTAKER John M Weber ADDRESS 803 Bank

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 00021

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00021

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. H-H ST., 3-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Schuchalter

(a) RESIDENCE NO. 1515 E Pratt ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? 77 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rachael Schuchalter

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 77 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Elya - Schuchalter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Bontems

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Rachael Schuchalter

(Address): 1515 E Pratt street

Filed JUL 3 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/2 1925

17 I HEREBY CERTIFY, That I attended deceased from 6/14/25, 19..... to 7/2, 19 25, that I last saw h.... alive on 7/2/25, 19 ..... and that death occurred, on the date stated above, at 11.40 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Thrombosis

(duration) Immediate yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Paul Lawson, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale

DATE OF BURIAL: 7/3 1925

20 UNDERTAKER: Jack Lewis 1434

ADDRESS: E Balt St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 00022 HEALTH DEPARTMENT—CITY OF BALTIMORE 24-001 E 00022

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 Small ST., 10-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie Scott

(a) RESIDENCE No. 817 Small St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Scott

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 031

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St Marys County Md

PARENTS

10 NAME OF FATHER James Calvery

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Marys Co, Md

12 MAIDEN NAME OF MOTHER Maggie Lemington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Marys Co. Md.

14 Informant Howard Hall (Address) 817 Small St.

15 Filed JUL 3 - 1925 ROBERT R. KRAUER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-30-1925

17

I HEREBY CERTIFY, That I attended deceased from June 28, 1925, to June 30, 1925

that I last saw h[illegible] alive on June 30, 1925

and that death occurred, on the date stated above, at 2.15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. G. Hornstein, M. D.

7/3, 1925 (Address) 733 Argyle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Peters Cemetery	July 4 1925
20 UNDERTAKER	ADDRESS
Jos. T. H. Rochester	1103 Jefferson St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 00023 HEALTH DEPARTMENT—CITY OF BALTIMORE 100-001 E 00023

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals REGISTERED NO. .....

CITY OF BALTIMORE: (No. Bay View Asylum ST., ... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry A.C. Kohlman (Kuhlman)

(a) RESIDENCE NO. 536 Wellsley ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mt Olivet Cem

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Frederick Kohlman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lorang (Mahanny)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital Records
(Address) Balto. City Hospitals

15 Filed JUL 3 - 1925 Robert P. Garrison, Registrar
Burial Permit also

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/2 1925

17 I HEREBY CERTIFY, That I attended deceased from 5/8 1925, to 7/2 1925,
that I last saw him alive on 7/2 1925,
and that death occurred, on the date stated above, at 10.45 A.M.
The CAUSE OF DEATH was as follows: *

Senile Deterioration

(duration) Unknown ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab. Tests

(Signed) Ira V. Chaney Jr., M. D.
Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	July 3, 1925
20 UNDERTAKER Joseph B. Cook	ADDRESS 1003 W. Balto St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 00024

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00024

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. (WARD)

REGISTERED NO. 1017

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Meyers (105 S. Carrollton Ave)

(a) RESIDENCE No. 105 Saratoga ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 3 - 1925

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) md

PARENTS

10 NAME OF FATHER Charles Henry Meyer

11 BIRTHPLACE OF FATHER (city or town) Beltsville (State or country) md

12 MAIDEN NAME OF MOTHER Rena Dahn

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) md

14 Informant Mrs Chas Meyer

(Address) 105 S Carrollton Ave

15 Filed JUL 3 - 1925 Robert F. Harrison, Registrar

Vital Record Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1925

17 I HEREBY CERTIFY, That I attended deceased from July 1st, 1925 to July 3rd, 1925.

that I last saw him alive on July the 3rd, 1925

and that death occurred, on the date stated above, at 11:20 a. m.

The CAUSE OF DEATH* was as follows:

Marasmus

Chronic intestinal indigestion

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) [illegible], M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem	7-4-1925
20 UNDERTAKER Robert Brooks & Son	ADDRESS Calhoun Hollins

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00025

CERTIFICATE OF DEATH.

31 E 00025

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 E. Oliver ST., 8-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annabelle A. Quinn

(a) RESIDENCE No. 1615 E. Oliver ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 10 mos. 29 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) August 4 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	20	10	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Addressing Room

(b) General nature of Industry, business, or establishment in which employed (or employer) Consolidated Gas Elec

(c) Name of employer Light & Pr

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER James Quinn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Annie Dooling

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Annie Dooling

(Address) 1615 E Oliver St

15 Filed ..... 19 ..... Registrar

L 3 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 19 25

17

I HEREBY CERTIFY, That I attended deceased from June 11, 1925, to July 3, 1925, that I last saw h.. alive on July 1, 1925, and that death occurred, on the date stated above, at 7.45 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr Bernard Wolf, M. D.

July 3, 1925 (Address) 914 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	July 6 1925
20 UNDERTAKER	ADDRESS
Henry Stock & Son	1201 E Eager St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Burial Permit Clerk

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00026

CERTIFICATE OF DEATH.

9 E 00026

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins Hospital ST., Ward 3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Rudell

(a) RESIDENCE NO. 214 E. Monument ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 14-1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		12	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Anthony Rudell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Margaret Parr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant (Address) John Hopkins Hospital Balto.

15 Filed ..... 19 Robert F. Harrison Registrar

Burial Permit Clerk

JL 3 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2 1925

17

I HEREBY CERTIFY, That I attended deceased from June 19, 1925, to July 2, 1925, that I last saw h[illegible] alive on July 2nd, 1925, and that death occurred, on the date stated above, at 6:15 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) , yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Pertussis

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) C. J. Scott M. D.

7-2-1925 (Address) John Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	July 4 1925
20 UNDERTAKER	ADDRESS
Jas C Miller & Son	2637 Jefferson

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 00027

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00027

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 Hollins ST., 18-23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pius Charles Bailey

(a) RESIDENCE No. 830 Hollins ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. 3 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Rose Bailey

6 DATE OF BIRTH (month, day, and year) Mch 2-1897

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	28	3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) Clothing

(c) Name of employer — —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Pius C Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Ella Zaleginis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant Mrs Marie R. Bailey

(Address) 830 Hollins St.

15 Filed 19 [illegible] Registrar

L 3 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7 - 1 - 1925

17 I HEREBY CERTIFY, That I attended deceased from Apl 26, 1925, to July 1, 1925, that I last saw him alive on June 30, 1925, and that death occurred, on the date stated above, at 9.30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

about 1 — — (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) — — (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Chas. C. Conser, M. D.

7-1, 1925 (Address) 1101 W. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	July 4 1925
20 UNDERTAKER	ADDRESS
John T. Cowan Son & Co.	901 Hollins St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 00028

HEALTH DEPARTMENT—CITY OF BALTIMORE E 00028

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 Rembert ST., 27-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William J. J. Langrelle

(a) RESIDENCE NO. 24 Rembert ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Langrelle

6 DATE OF BIRTH (month, day, and year) January 19-1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER John Langrelle

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Rogers.

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Mrs Danny Barr Heis. (Address) 74 Rembert Ave

15 JUL 3 - 1925, 19 Robert P. Harrison, Registrar

Burial Permit Sent.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2 1925

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1925, to July 2, 1925, that I last saw h[illegible] alive on July 1, 1925, and that death occurred, on the date stated above, at 9.25 a. m.

The CAUSE OF DEATH* was as follows:

Uraemic Coma. 6 days.

Chronic Interstitial Nephritis

7 (duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? None

(Signed) Thos. F. Stevens, M. D.

7/3, 1925 (Address) 2878 Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL July 4 1925

20 UNDERTAKER Kim + Denny — ADDRESS 945 Light St

PRINTING, WRITING OR TYPEWRITING IN INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00029

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00029

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., 19-161-301 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Baby Girl Blay

(a) Residence No... 321 North Stricker Street St.,..... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., If of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 14, 1925

7-AGE, ...yrs. ....mos. 19 days. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Infant

(b) General nature of industry, business, or establishment in which employed (or employer)...

(c) Name of employer...

9-BIRTHPLACE (city or town) (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Ellis White

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Hyland Maryland

12-MAIDEN NAME OF MOTHER, Mary Blay

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Maryland

14-

(Informant) University Hospital

(Address)...

15-

Filed JUL 3 - 1925, 19..

Robert F. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 2, 1925

17- I HEREBY CERTIFY, That I attended deceased from June 14, 1925, 19..., to July 2 1925, 19..., that I last saw her alive on July 2, 1925, 19..., and that death occurred, on the date stated above, at 11:15 m.

The CAUSE OF DEATH* was as follows:

Prematurity

.....(Duration) ...yrs. ...mos. 19 days

CONTRIBUTORY (Secondary)

.....(Duration) ...yrs. ...mos. ...ds.

18-Where was disease contracted if not at place of death?...

Did an operation precede death? No Date of...

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Frederick A. Snyder M. D.

July 2, 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. JOHNS HOPKINS HOSPITAL

DATE OF BURIAL, ... 19..

20-UNDERTAKER, Commissioner Health.

ADDRESS JUL 3 - 1925

Wm. E. WOODALL

Instructions: Must be completed EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00030 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00030

CERTIFICATE OF DEATH.

6-129

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. 1927 Jefferson St. St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. John Needle Fairbanks

(a) Residence No. 1927 Jefferson St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (Write the word.) Married

5a-If married, ~~widowed, or divorced~~ HUSBAND of ~~(or)~~ ~~WIFE of~~ Louisa Fairbanks

6-DATE OF BIRTH (month, day and year) Aug-23-1859

7-AGE. 65 yrs. 10 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Ship joiner

(b) General nature of industry, business, or establishment in which employed (or employer)..... Steamboat work

(c) Name of employer..... Self

9-BIRTHPLACE (city or town) (State or Country). St. Michael Md.

PARENTS.

10-NAME OF FATHER, James Fairbanks

11-BIRTHPLACE OF FATHER (city or town) (State or Country), St. Michaels Md.

12-MAIDEN NAME OF MOTHER, Adeline Hambleton

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), St. Michaels Md.

14-

(Informant) Louisa Collenberg Fairbanks

(Address) 1927 Jefferson St.

15-

Filed ..... 192.. Robert F. Herrigan Registrar.

L 3 - 1925

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July-1-1925

17- I HEREBY CERTIFY, That I attended deceased from June 19 1925 to July 1 1925

that I last saw him alive on June 30 1925

and that death occurred, on the date stated above, at 5:40 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis and arterial hypertension

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia & Exhaustion

(Duration) yrs. 3 mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Typical Symptoms & urinary findings

(Signed) Albert Collenberg M. D.

7/2 1925 (Address) 2027 East North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Lorraine Cemetery

DATE OF BURIAL. July 4 1925

20-UNDERTAKER. Milton M. Jones

ADDRESS 1414 E. Broadway

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00031

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00031

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2239 Brookfield Ave St., 13-6 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Milton Shaw.

(a) Residence No. 2239 Brookfield Ave St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~Single,~~ Married, ~~Widowed,~~ or ~~Divorced,~~ (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of ~~(or) WIFE of~~ Helen Shaw.

6-DATE OF BIRTH (month, day and year) Nov. 8-1859

7-AGE, 65 yrs. 7 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Pilot
(b) General nature of industry, business, or establishment in which employed (or employer)..... Steamboat
(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Baltimore
(State or Country)..... Maryland.

PARENTS.

10-NAME OF FATHER, Jos. M. Shaw

11-BIRTHPLACE OF FATHER (city or town)..... Baltimore
(State or Country)..... Maryland.

12-MAIDEN NAME OF MOTHER, Mary A. Brown

13-BIRTHPLACE OF MOTHER (city or town)..... Baltimore
(State or Country)..... Maryland

14-
(Informant)..... Helen Shaw
(Address) 2239 Brookfield Ave,

15-
Filed L 3-1925 Robert F. Harrison, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 3-1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 18, 19 25, to Jan 2, 19 25
that I last saw h. alive on Jan 2, 19 45
and that death occurred, on the date stated above, at 1:45 a.m.
The CAUSE OF DEATH* was as follows:

Streptococcus Endocarditis
(Duration) yrs. 2 mos. ds.
CONTRIBUTORY (Secondary) Oral Sepsis & Sinusitis
(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death? ?
Did an operation precede death? Date of
Was there an autopsy? No
What test confirmed diagnosis? Blood Culture
(Signed) Stewart McClellan M. D.
, 19 (Address) 1609 Linden Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, 7/6, 1925

20-UNDERTAKER, H. E. Hughes. — ADDRESS 4242 Brodway

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 00032

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00032

CERTIFICATE OF DEATH.

+38

7-1

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... MarianEEugene Wright.....

(Residence in Baltimore: No. Frederick Md ..... St.; yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (write the word.)
male	white	Single

6-DATE OF BIRTH.

..... June 1925 ....., 1.....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
.....yrs. .....mos. 21 .....ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... infant

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Eugene M. Wright

11-BIRTHPLACE OF FATHER, (State or Country), Md

12-MAIDEN NAME OF MOTHER, Alta XXXXXX

13-BIRTHPLACE OF MOTHER, (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Hopkins Hospital
(Informant).....

(Address).....

15-
Filed 7-3-1925 Robert P. Harrison, 192.....
Registrar.
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH,

..... July 2-25 ....., 192.....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquiry .....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said ..... inquiry .....
(Inquest, autopsy or inquiry.) find that said deceased came to ..... his ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Syphillitic Meningitis

(Autopsy at Hospital)

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Heredity

.....(Duration).....yrs.....mos.....ds.

(Signed) J. S. H. Collins M. D.
(Coroner.)

7-3-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
New Market Md	7/3 ..... 192 5

20-UNDERTAKER,	ADDRESS
Joseph Abrams	221 Bway

(1)—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00033

CERTIFICATE OF DEATH.

X 3 E 00033

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 Caroline ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Aron Diggs

(a) RESIDENCE NO. 719 N. Caroline ST., WARD Washington D.C.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Flora Diggs.

6 DATE OF BIRTH (month, day, and year) Oct. 10 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER George Diggs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Elizabeth Gordon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Maggie Robinson
(Address) 719 N. Caroline

15 Filed ....., 19 ..... Registrar

Robert F. Harrison
Asst. Registrar

L 3-1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-2-1925

17 I HEREBY CERTIFY, That I attended deceased from 6-30, 1925, to 7-2-, 1925, that I last saw him alive on 7-2, 1925, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Hemmorrhage of Lungs
(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Tuberculosis of lungs (duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D. Gill Kennard, M. D.

, 19 (Address) 708 Conn Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D.C. DATE OF BURIAL July 3 1925

20 UNDERTAKER Mrs R. G. Elliott ADDRESS 1112 Eastland

PRINTING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. ACCURATE AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

182929
Md00034

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00034

CERTIFICATE OF DEATH.

X 51

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST., 7-1 WARD)

2-FULL NAME Mary Barnes

(a) RESIDENCE No. Waldorf Astoria N Y ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. / mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James R. Barnes widow

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) 03

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Samuel Yonley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Maria Rodgers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records (Address) J. H. H.

15 Filed ..... 1925 ..... 16 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1 - 1925

17

I HEREBY CERTIFY, That I attended deceased from June 19, 1925, to July 1, 1925, that I last saw h[illegible] alive on July 1, 1925, and that death occurred, on the date stated above, at 6.10 P m.

The CAUSE OF DEATH* was as follows:

Rheumatic Endocarditis, Myocardial Insufficiency. Arterial Embolism.

..... (duration) ... yrs. Cards. ... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? He not known

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Studies

(Signed) Chas. W. Lovis M.D. M. D.

7/1/25 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Fort Smith, Arkansas	July 4, 1925
20 UNDERTAKER John O. Mitchell	ADDRESS 1201 W. Fayette St.

Burial Permit Clerk

INK—THIS IS A PERMANENT RECORD. Every ... of information should be carefully supplied. AGE ... CAUSE OF DEATH in plain terms, so that it ... TION is very important. See instructions on ... s on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 00035

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00035

CERTIFICATE OF DEATH.

74001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 406 Everham Ave (ST.) Lorain (WARD) 7

2-FULL NAME Christian H. Strobel.

7-REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE No. 406 Everham Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. 4 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sophie Strobel

6 DATE OF BIRTH (month, day, and year) Feb. 13 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	4	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Candy Mfg

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self Balto. Md

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Geo. Strobel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Catherine Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Christian H. Strobel (Address) 406 Everham Ave.

15 Filed 7-3 1925, Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2 1925

17

I HEREBY CERTIFY, That I attended deceased from June 23, 1925, to July 2, 1925.

that I last saw him alive on July 2, 1925

and that death occurred, on the date stated above, at 6.23 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Robt F Green, M. D.

7-3 1925 (Address) 120 Cisquilla St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem DATE OF BURIAL July 4 1925

20 UNDERTAKER Wm J Reik & Sons ADDRESS North & Pa

IMPORTANT—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00036

CERTIFICATE OF DEATH.

E 00036

1-PLACE OF DEATH West Baltimore General Hospital — REGISTERED NO. 117

CITY OF BALTIMORE: (No. Fayette & Dukeland Ave ST., 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Swartzbeck

(a) RESIDENCE NO. 2328 Edmondson Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. 2 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Apr 8 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	18	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer B & O R.R. Balto. Md

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER John J. Swartzbeck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rebecca Van Newkirk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mr. John J. Swartzbeck

(Address) 2328 Edmondson Ave

15 Filed ....., 19.... Robert F. Harrison, Registrar

Burial Permit Given

L 3-1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1925

17

I HEREBY CERTIFY, That I attended deceased from June 24, 1925, to July 3, 1925,

that I last saw him alive on July 3, 1925,

and that death occurred, on the date stated above, at 10.55 a. m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Acute Peritonitis

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of June 25-25

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Jas Hubert Wilkinson M. D.

(Address) West Balt Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL July 6, 1925

20 UNDERTAKER Wm. J. Pickett Sons — ADDRESS North Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00037

CERTIFICATE OF DEATH.

E 00037

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1916 Division St. 14-1 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Bell

(Residence in Baltimore: No. 1916 Division St. St.; 7 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1884 (Year)

7-AGE, 41 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Jerry Dorsey

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER, Medora Haney

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marietta Thompson

(Address) 1916 Division St

15- Robert P. Harrison, Registrar.

Filed 191

Burial Permit Cl

L 3-1925

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should study

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 7 (Month) 1 (Day) 25 (Year), 191...

17. I HEREBY CERTIFY, That I attended deceased from June 30 1925, to July 1 1925.

that I saw h[illegible] alive on July 1 1925

and that death occurred, on the date stated above, at 5:44 P.M.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Gastritis

(Duration) yrs. mos. 1 ds.

(Signed) W. R. Bolton M. D.

7-2-25 191... (Address) 618 Calhoun

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loma's Mtg. Va DATE OF BURIAL July 30 191...

20-UNDERTAKER Samuel D. Kinsley ADDRESS 578 Eddesl

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00038

E 00038

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Lillian Gorsuch St., 17-31 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME 635 George St

(a) Residence No. 635 George St St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 7-1-06

7-AGE, 19 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto

PARENTS.

10-NAME OF FATHER, William Godfrey

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va

12-MAIDEN NAME OF MOTHER, Corinne Dyer

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto

14- (Informant) Corinne Godfrey

(Address) 635 George St

15- JUL 4 - 1925

16- ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 7/1/25

17- I HEREBY CERTIFY, That I attended deceased from 3/25, 1925 to 7/1, 1925

that I last saw her alive on 6/30, 1925

and that death occurred, on the date stated above, at 2:30 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. L. Jackson, M. D.

7/1, 1925 (Address) 808 W. Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt. Auburn — DATE OF BURIAL, July 4, 1925

20-UNDERTAKER, John H. Toadvine — ADDRESS 1027 Druid Hill Ave

should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

182542 mud

E 00039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

205-07

E 00039

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins Hospital ST., (RD.)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Johnson

(a) RESIDENCE NO. 1622 E. Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred unk mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unk

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.... min.
50	✓			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shipping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) 004

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Records J. H. H.

(Address)

15 JUL 4 - 1925 ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1 - 1925

17

I HEREBY CERTIFY, That I attended deceased from June 29, 1925, to July 1, 1925, that I last saw him alive on July 1, 1925, and that death occurred, on the date stated above, at 8 15 P m.

The CAUSE OF DEATH* was as follows:

Coma (Cause Undetermined)

Nothing abnormal revealed at autopsy -

(duration) 1 yrs. — mos 0 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes -

What test confirmed diagnosis? Autopsy -

(Signed) [illegible] M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland Cemetery

DATE OF BURIAL July 4 1925

20 UNDERTAKER Mrs R A Elliott

ADDRESS 1755 Ashland Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

SMITH

E 00040

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15-13

E 00040

1-PLACE OF DEATH

City of BALTIMORE: (No. 1623 Presstman St. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Julia Smith

(Residence in Baltimore: No. 1623 Presstman St. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	colored	Single

6-DATE OF BIRTH, about 1892
(Month) (Day) (Year)

7-AGE, 33 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). Home

9-BIRTHPLACE, (State or Country). S. C.

PARENTS.

10-NAME OF FATHER. Warren Robinson

11-BIRTHPLACE OF FATHER, (State or Country). S. C.

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER. (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Willie Smith

(Address) 1623 Presstman

15- JUL 4 - 1925 ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 2, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

ac. Gastro Enteritis
Duration of illness 2-3 days
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ac. dil. of heart
(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

July 3, 1925 (Address) 250 E. Lanvale

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death. yrs. mos. ds. In the State. yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Auburn Cem. DATE OF BURIAL July 4th 1925

20-UNDERTAKER. A. Jones ADDRESS 111 S. Gilmor

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 00041

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

7-1 × 161-001 E 00041

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Benjamin Powell

(Residence in Baltimore: No. Prospect Park Md. Essex St.; yrs.....mos.....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	single

6-DATE OF BIRTH, Jan 12-25, 1..... (Month) (Day) (Year)

7-AGE, ...yrs. 5 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Aleck Powell

11-BIRTHPLACE OF FATHER, (State or Country), Md

12-MAIDEN NAME OF MOTHER, Jennie Talley

13-BIRTHPLACE OF MOTHER, (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Hopkins Hospital
(Address).....

15- JUL 4 - 1925 ROBERT R. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 3-25, 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity

(Autopsy at Hopkins)

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....(Duration).....yrs.....mos.....ds.

(Signed) J. T. H. Culin M. D. (Coroner.)

7-4-25 192.... (Address) 508 E. North Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Schwartz — DATE OF BURIAL, July 4th, 1925

20-UNDERTAKER, Lilly & Zeiler — ADDRESS 403 S. Wolfe St.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00042

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00042

CERTIFICATE OF DEATH.

24-113

1-PLACE OF DEATH

City of BALTIMORE: (No. 311 E. Hamburg St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Eliz. I. Grantland.....

(a) Residence No. 311 E. Hamburg St., ... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 15 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word.): Wid

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6-DATE OF BIRTH (month, day and year): Feb. 18-25

7-AGE, ... yrs. 4 mos. 15 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9-BIRTHPLACE (city or town) Balto (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Chas H. Grantland

11-BIRTHPLACE OF FATHER (city or town) Md. (State or Country), ...

12-MAIDEN NAME OF MOTHER, Bessie Williams

13-BIRTHPLACE OF MOTHER (city or town) Md, (State or Country), ...

14- (Informant) Mrs. Grantland

(Address) 311 E. Hamburg St.

15- FILED JUL 4 - 1925 ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 3/25

17- I HEREBY CERTIFY, That I attended deceased from June 29, 1925 to July 3 1925

that I last saw her alive on July 3, 1925

and that death occurred, on the date stated above, at 6.45 P.M.

The CAUSE OF DEATH* was as follows:

Inanition

(Duration) 0 yrs. 4 mos. 0 ds.

CONTRIBUTORY (Secondary) Entero Colitis

(Duration) 0 yrs. 0 mos. 7 ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Henry F. Buettner M. D.

, 19 (Address) 1273 William St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem	7/4 19 25
20-UNDERTAKER,	ADDRESS
I. Few McCully	130 E. Front

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should take CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00043

CERTIFICATE OF DEATH.

27-13 49

E 00043

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME J Henry Rehling

(a) RESIDENCE NO. 16 Rosedale ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. 5 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 14 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER William August Rehling

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Weinlein

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland.

14 Informant J Henry Rehling
(Address) 16 Rosedale ave.

19 JUL 4 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1925

17

I HEREBY CERTIFY, That I attended deceased from July 23, 1925, to July 3, 1925, that I last saw him alive on July 3, 1925 and that death occurred, on the date stated above, at 3.20 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the bladder
Acute diffuse nephritis

(duration) 1? yrs. mos ds.

CONTRIBUTORY (Secondary) General carcinomatosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? yes Date of Apr. 11 1924

Was there an autopsy?

What test confirmed diagnosis? Clinical and Laboratory

(Signed) J. W. Thompson M. D.

, 19 (Address) Md. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Pk Cem	7/6 1925
20 UNDERTAKER	ADDRESS
J. Fenw McCully	130 E. Fort

N. B.—WRITE PLAINLY, WITH UNFADING INK. All items should be stated EXACTLY. PHYSICIANS should state information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION may be important. See instructions on back of certificates. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00044

CERTIFICATE OF DEATH. 13

E 00044

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 S. Bond Street ST. 3-4 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen . Brolinski

(a) RESIDENCE NO. 618 S. Bond Street ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 5yr. yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 10 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Vincent . Brolinski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Josephine. Wojcik

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mr. Vincent . Brolinski

(Address) 618 S. Bond Street

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/3/25 19

17

I HEREBY CERTIFY, That I attended deceased from July 3, 1925, to July 3, 1925.

that I last saw h alive on July 3, 1925,

and that death occurred, on the date stated above, at 11.30 p m.

The CAUSE OF DEATH* was as follows:

Ileo-Colitis

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Myocardial Insuff.

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? P. S. & I

(Signed) John J. Kruger, M. D.

, 19 (Address) 2629 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. DATE OF BURIAL: July 4 1925

20 UNDERTAKER: John M Welsh ADDRESS 1803 Bank st

N. B. ... should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00045

CERTIFICATE OF DEATH.

57 E 00045

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hippodrome Theatre St. 11-1 WARD)

2-FULL NAME Frank M. Scholl,

(a) RESIDENCE No. 1011 E. Madison Ave. St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie M Scholl

6 DATE OF BIRTH (month, day, and year) Sept 15 75

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49	9	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Musician
(b) General nature of industry, business, or establishment in which employed (or employer) 0do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER David Scholl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Steiner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Jennie Scholl
(Address) 1011 Madison

15 Filed JUL 4 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Mitral Stenosis (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) 1436 Cathedral St. M. D.
(Coroner.)

July 4 1925 (Address) 1432 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Frederick Md

DATE OF BURIAL July 5 1925

20 UNDERTAKER W M Routson

ADDRESS 2235 W Pratt

INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E.00046 HEALTH DEPARTMENT—CITY OF BALTIMORE 01 46.

CERTIFICATE OF DEATH. E 00046

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital ST. WARD) REGISTERED No. C .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patick J. Miskell

(Residence in Baltimore: No. 50 E. Hill St ..... St.; Lifetime yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mall | 4-COLOR OR RACE, White | 5-~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~, (Write the word.) Widower

6-DATE OF BIRTH January 19, 1868
(Month) (Day) (Year)

7-AGE 57 yrs. 5 mos. 14 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer D40
(b) General nature of industry, business, or establishment in which employed (or employer) Health Dept.

9-BIRTHPLACE, (State or Country), Balto

PARENTS.
10-NAME OF FATHER, Unknown
11-BIRTHPLACE OF FATHER (State or Country) Unknown
12-MAIDEN NAME OF MOTHER Unknown
13-BIRTHPLACE OF MOTHER (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Ignatius Kamm
(Address) 3122 Guilford Ave

15-
AUG 4 1925
Issued 191
ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 3. 25, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
Duration
(Duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) ..... M. D.
(Coroner.)
July 3, 1925 (Address) 1035 Druid

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery | DATE OF BURIAL, July 6, 1925
20-UNDERTAKER Chas. R. Miller & Son | ADDRESS 1180 W. Mt. Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00047

CERTIFICATE OF DEATH.

E 00047

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Baltimore City Hospitals (T.B.) Ward 27-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Lormax (Normax)

(a) Residence No. Melvale Industrial School St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	Colored	Singl

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1908

7-AGE.	If LESS than 1 day,
17 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laundry work

(b) General nature of industry, business, or establishment in which employed (or employer) 04

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Hospital Records

(Address) Balto. City Hospitals

JUL 4 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 3, 1925

17- I HEREBY CERTIFY, That I attended deceased from February 20, 1925 to July 3, 1925 that I last saw h. ar. alive on July 3, 1925 and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No yes

What test confirmed diagnosis? Clinical findings

(Signed) W. O. McLane Jr M. D.

7-3-, 1925 (Address) Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt. Auburn	July 6, 1925
20-UNDERTAKER.	ADDRESS
R. F. Easley	1021 N. Washington

81.

Should be carefully supplied. Age should be stated in plain terms, so that it may be properly classified. See instructions on back of certificate. Exact statement of OCCUPATION is very important.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00048

CERTIFICATE OF DEATH.

90 E 00043

1-PLACE OF DEATH West Baltimore General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. Raynor Dubeland Apt 4 ST., 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Lilly

(a) RESIDENCE NO. 2637 Frederick Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 11, 1904

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
21	#	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER David R. Lilly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Dorothy R. Faithen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hosp Records

(Address)

15 Filed JUL 5 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4 1925

17 I HEREBY CERTIFY, That I attended deceased from June 24, 1925, to July 4, 1925, that I last saw her alive on July 4, 1925, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

Chronic Myocarditis

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Cardiac Dilatation

(duration) yrs. mos. 1/2 hour ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jos Hubert Wilkerson, M. D.

19 (Address) West Balto General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Howard Co Harmony Cem — DATE OF BURIAL July 9 1925

20 UNDERTAKER Easton Sons — ADDRESS Ellicott City

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00049

CERTIFICATE OF DEATH.

E 00049

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3307 Springdale Ave St., 15-6 WARD)

2-FULL NAME Sarah Hoffberger

(a) RESIDENCE NO. 3307 Springdale Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. — mos. — ds. How long in U. S., if of foreign birth? 42 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles

6 DATE OF BIRTH (month, day, and year) May 20 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Abraham Hollander

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Mollie Hendler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Sol Hoffberger

(Address) 3307 Springdale Ave

15 JUL 5 - 1925 Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1st 1923 to July 3rd 1925, that I last saw h.. alive on July 3 1925, and that death occurred, on the date stated above, at 3 30 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis - Cerebral Softening.

(duration) 2 yrs. mos de.

CONTRIBUTORY (Secondary) Hypertension

(duration) .. yrs. 4 mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Diag.

(Signed) Harry Goldberg M. D.

7/5, 1925 (Address) 2218 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Herring Run	July 5 1925
20 UNDERTAKER	ADDRESS 1127
Sol Levinson & Bro	E Balto St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 00050 HEALTH DEPARTMENT—CITY OF BALTIMORE 100-001 E 00050

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 15-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Goldstein

(a) RESIDENCE NO. 3806 Reisterstown Rd ST., WARD 19

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 8 1925

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Jacob Goldstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) America

12 MAIDEN NAME OF MOTHER Helen Gerber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Jacob Goldstein

(Address) 3806 Reisterstown

15 JUL 5 - 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/4 1925

17 I HEREBY CERTIFY, That I attended deceased from 6-24, 1925, to 7-4, 1925, that I last saw h.m alive on 7-4, 1925, and that death occurred, on the date stated above, at 8:15 A.M.

The CAUSE OF DEATH* was as follows:

(1) Broncho-pneumonia

(2) Unresolved "

(3) Staphylococcus septicemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 6-24-25

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs - operation

(Signed) [illegible], M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Balt Hebrew Cem 1925

20 UNDERTAKER — ADDRESS

Jack Lewis 1439 E Balto

N. B. WRITE PLAINLY, carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 00051

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00051

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hebrew Hosp. St. 3-1 Ward) 185

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Lerner

(Residence in Baltimore: No. 105 S. High Street St.; yrs. 15 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
M	m	M

6-DATE OF BIRTH.

..... (Month) (Day) 1..... (Year)

7-AGE. 43 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Plumber
(b) General nature of industry, business, or establishment in which employed (or employer)..... 059

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Jack Lerner

11-BIRTHPLACE OF FATHER, (State or Country) Russia

12-MAIDEN NAME OF MOTHER, Ida Rocheal

13-BIRTHPLACE OF MOTHER, (State or Country) Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leah Lerner

(Address) 105 S. High St

15- JUL 5 - 1925 HUBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July 3-25 ....., 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental-fell from ladder while at work. Fractured 12 verterbra

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) ..... M. D. (Coroner)

7-5-25 (Address) 508 E. North Av

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Hebrew Rosedale DATE OF BURIAL, July 5 1925

20-UNDERTAKER, Jack Lewis ADDRESS 1439 E Balto St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00052

CERTIFICATE OF DEATH.

47 **E 00052**

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 E Preston ST.: 8-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma J. Morris

(a) RESIDENCE. No. 1626 E Preston ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 6 mos. — ds. How long in U. S., if of foreign birth? 63 yrs. 6 mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of the late Chas E Morris

6 DATE OF BIRTH (month, day, and year) Jan 8th 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	6	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt. Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Miss Margaret Antonie

(Address) 1807 Eastern Ave

15 JUL 5 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-3 1925

17 I HEREBY CERTIFY, That I attended deceased from 2-1, 1923, to 7-3, 1925

that I last saw h~~er~~ alive on 7-3, 1925

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Breast

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Myocarditis Uncertain

(duration) — yrs. — mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) David Miller, M. D.

, 19 (Address) 1500 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	July 6 1925
20 UNDERTAKER	ADDRESS
Peter Nicolaus	2060 Eastern Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00053

CERTIFICATE OF DEATH.

E 00053

1-PLACE OF DEATH Mercy Hospital 4-3 117

REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fanny W. Morris

(a) RESIDENCE NO. ..... Chestertown Md. ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Married

5a If married, widowed, or divorced
~~WIFE~~ HUSBAND of ~~(or)~~ ~~WIDOW~~ of Joseph Lund Loud Morris

6 DATE OF BIRTH (month, day, and year) Aug 26 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Farmer

(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Md

PARENTS

10 NAME OF FATHER Joseph Lund Morris

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Md

12 MAIDEN NAME OF MOTHER Josie Nelson

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Md

14 Informant Mrs Fanny W Morris
(Address) Chestertown Md

15 JUL 5 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-5- 1925

17 I HEREBY CERTIFY, That I attended deceased from 7-1- , 1925 , to 7-5- , 1925 , that I last saw ~~him~~ her alive on 7-5- , 1925 , and that death occurred, on the date stated above, at 3.45 a. m.

The CAUSE OF DEATH* was as follows:

~~Peritonitis~~
Acute Appendicitis (Refused)

(duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of 4-1-25

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Op.

(Signed) K. W. Golby, M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Chestertown	July 7 1925
20 UNDERTAKER	ADDRESS
Harkins & Shriver	1018 Edmondson Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on backs of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00054

1-PLACE OF DEATH

CERTIFICATE OF DEATH. 16-24-001

E 00054

Registered No. C.....

City of BALTIMORE: (No. 808 N. Stricker St., Ward) 16

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill ont No. 18.)

2-FULL NAME..... Wm. Banks.

(Residence in Baltimore: No. 808 N. Stricker St.; yrs. 43 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	married

6-DATE OF BIRTH. ..... Feb. 27, ... 1882
(Month) (Day) (Year)

7-AGE. 43 yrs. 4 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 086

9-BIRTHPLACE, (State or Country). Balto. City,

PARENTS.

10-NAME OF FATHER, Benj. Banks

11-BIRTHPLACE OF FATHER, (State or Country). Md.

12-MAIDEN NAME OF MOTHER, Annie Collins

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Mary Banks

(Address)..... 808 N. Stricker St.

15- JUL 5 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July 2, ... 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... (Inquest, autopsy or inquest) thereon and from the evidence obtained by said..... (Inquest) ..... find that said deceased came to ..... death (Autopsy or Inquest.) on the day stated above.

The CAUSE OF DEATH* was as follows:

cerebral hemorrhage

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) no history

.....(Duration).....yrs.....mos.....ds.

(Signed) ..... M. D.
(Coroner)

1925 (Address) .....

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Western Star. Cem. DATE OF BURIAL, July 5 1925

20-UNDERTAKER, Sim'n. Chase & Son ADDRESS 1400 Madison St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-15-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00055

CERTIFICATE OF DEATH.

1175 E 00055

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1562 N Carey St.; WARD) 13

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William F Spencer

(Residence in Baltimore: No. 1562 N. Carey St St.; 5 yrs. 10 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Child

6-DATE OF BIRTH, Sept 17, 1919 (Month) (Day) (Year)

7-AGE, 5 yrs. 10 mos. 15 ds.

If LESS than 1 day. ....hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer)..... 0

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, William Francis Spencer

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Anita Spencer

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hannah Spencer

(Address) 1562 N Carey

15- JUL 5 - 1925 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 2, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 2 1925, to July 2 1925 that I saw him alive on July 2 1925 and that death occurred, on the date stated above at 8:45 P m.

The CAUSE OF DEATH* was as follows:

Acute Gastritis (Dur)

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) P. Tomaso Powers Low Lows

(Duration) 2 yrs. mos. ds.

(Signed) Mrs. R. Boykin M. D.

7-2-, 1925 (Address) 1618 N. Carey

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, July 5, 1925

20-UNDERTAKER Virginia A. Brooks — ADDRESS 1463 N. Carey St

Spec.—1-12-23—M&T—500 Blks.

E 00056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 00056

1-PLACE OF DEATH Bon Secours Hosp.

CITY OF BALTIMORE: (No. 2000-5 St., Baltimore WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stephen Gartrell.

(a) RESIDENCE NO. Woodbine Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Helen Gartrell.

6 DATE OF BIRTH (month, day, and year) Dec - 19 - 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25 yrs.	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Lindsey Gartrell.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mollie Pickett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Mrs. Stephen Gartrell.

(Address) Woodbine Md.

7-6-1925 D.H.G. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July - 4 - 1925

17 I HEREBY CERTIFY, That I attended deceased from 7-1, 1925, to 7-4, 1925.

That I last saw him alive on 7-4, 1925.

And that death occurred, on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH was as follows: Double Lobar Pneumonia Complete left, lower and mid lobe and part of upper right (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Fell between cars three days before onset (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) E. H Hutchins, M. D.

, 19 (Address) 1010 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Hill Mem. Park Morgan Chapel Cemetery DATE OF BURIAL July 6th 1925

20 UNDERTAKER ADDRESS

C. M. Waltz, Westfield, Md.

086 876

Dyer Funeral Home 5th District

Mrs. Stephen Gartrell

Woodbine Md.

Route 1

Box 32

Mrs. Stephen Gartrell

Woodbine Md.

Route 1

Box 32

E 00056-001

X

E 00056

To insure that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00057

E 00057

CERTIFICATE OF DEATH.

134-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore Hospital ST. (WARD)

2-FULL NAME Mr. Robert Ross Hubbard

(a) RESIDENCE NO. 115 S. Monroe ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Lillian Ross Hubbard

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
39.	3.	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman. 086

(b) General nature of industry, business, or establishment in which employed (or employer) Cambell Metal Window company.

(c) Name of employer Cambell + Co.

9 BIRTHPLACE (city or town) (State or country) Annapolis Md.

PARENTS

10 NAME OF FATHER Mr Sanders Hubbard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Annapolis, Md.

12 MAIDEN NAME OF MOTHER Elizabeth Frames

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Annapolis Md.

14 Informant Mrs Lillian Hubbard (Address) 115 S. monroe St.

15 Filed JUL 6 - 1925 GHG Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4 1925

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1925, to July 4, 1925, that I last saw him alive on July 4, 1925, and that death occurred, on the date stated above, at 4 30 P. m.

The CAUSE OF DEATH* was as follows:

Stricture of urethra

(duration) 28 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Balto. Md.

Did an operation precede death? Yes Date of 6/20/25

Was there an autopsy? Yes.

What test confirmed diagnosis? Operation & autopsy

(Signed) John R. Logan M. D.

, 19 (Address) 7 E. Preston St.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Annapolis Md — DATE OF BURIAL July 5 1925

20 UNDERTAKER Geo W. Fruit Son — ADDRESS 811 N Wolfe

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00058
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

12 E 00058

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 124 W. Belvedere Avenue ST., 27-2 WARD)

2-FULL NAME Mary A. Hammond

(a) RESIDENCE No. 124 W. Belvedere Ave. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John D. Hammond

6 DATE OF BIRTH (month, day, and year) Oct. 2, 1836

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	88	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Howard County
(State or country) Maryland

PARENTS

10 NAME OF FATHER Mr. Kemp

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary A Merson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Wm. F. Hammond
(Address) 2524 St. Paul Street

15 JUL 6 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1925

17 I HEREBY CERTIFY, That I attended deceased from May 1st 1925 to July 3rd 1925, that I last saw h.. alive on July 3 1925, and that death occurred, on the date stated above, at 1.50 A m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction.

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) T. Edw. Compton M. D.

Address 1125 N. Charles Street.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorson Park Cem — DATE OF BURIAL July 6 1925

20 UNDERTAKER Joseph B. Cook — ADDRESS 1013 N. Calvert St.

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 00059

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00059

CERTIFICATE OF DEATH. X 146

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2631 N. Calvert ST.: 12-3 WARD?

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian Irene Bollinger

(a) RESIDENCE. No. Reisterstown 2nd Balto ST. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of James H. Bollinger

6 DATE OF BIRTH (month, day, and year): Oct 17-1904

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Wm. F. Thaben

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER: Lillian M. Daugherday

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant: Mrs. Bollinger (Address) 2631 N. Calvert St.

15 Filed ... 19 JUL 6 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 3 1925

17 I HEREBY CERTIFY, that I attended deceased from June 11, 1925 to July 3, 1925, that I last saw her alive on July 3, 1925, and that death occurred, on the date stated above, at 11½ P. m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of Heart.

(duration) yrs. 17 hours mos. ds.

CONTRIBUTORY (Secondary) Puerp. septicemia.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Reisterstown Md.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs

(Signed) J. H. Schneider M. D.

19 (Address) 263 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemy	July 7 1925

20 UNDERTAKER ADDRESS

J. F. Cline & Sons Reisterstown Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00060 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 00060

CERTIFICATE OF DEATH.

51

1-PLACE OF DEATH — Registered No. 19-2

City of BALTIMORE: (No. 1404 Kuper Place St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John E. Murphy

(a) Residence No. 1404 Kuper Place St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. 8 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white.	single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Oct 30, - 1905

7-AGE.	If LESS than 1 day,
19 yrs. 8 mos. 3 ds.	....hrs. or....min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Labor work.

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Edward F. Murphy

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Annie O'Connor.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Baltimore Md

14- (Informant) Mrs. Annie Murphy

(Address) 1404 Kuper Place

15- Filed JUL 6 - 1925 193 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 3rd 1925.

17- I HEREBY CERTIFY, That I attended deceased from June 19 22 to July 3 19 25

that I last saw h is alive on July 3 19 25

and that death occurred, on the date stated above, at 1:30 Noon. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Rheumatism

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. H. Dunn M. D.

, 19 (Address)

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (I) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park	July 6th 1925
20-UNDERTAKER. Edward J. Cowan	ADDRESS 901 Wallis

Ord. 1 of J. Cowan

The public health is very important. Sec. ... Exact statement of OCCUPATION is very important. Sec. ... so that it may be properly classified. ... instructions on back of certificates.

Trojanowski

00061

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00061

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pronounced Dead at

City of BALTIMORE: (No. Balto City Hospital St., 1-3 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Trojanowski

(Residence in Baltimore: No. 2403 Fait ave St.; yrs. 30 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	white	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 84 (Year)

7-AGE,	If LESS than 1 day,
56 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General natnre of industry, business, or establishment in which employed (or employer) at home

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER, (State or Country), Poland

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER, (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Joseph Trojanowski

(Address) 2403 Fait ave

15-

Filed ....., 192.... GHG Registrar.

JUL 6 - 1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 3 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or Inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull & Neck by fall from back Porch while She was Hanging Clothes

Accident (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M. Fenton M. D. (Coroner.)

July 4 1925 (Address) 702 Chase

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	July 6 1925

20-UNDERTAKER, ADDRESS

John Weber 1803 Bank

E

This certificate may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 00062

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 00062

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] ST., BALTIMORE CITY HOSPITALS WARD) 15-13

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Waters

(a) RESIDENCE No. 1311 N. Carey ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
55 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md. (State or country)

PARENTS

10 NAME OF FATHER Henry Waters

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Baltimore City Hospitals (Address)

Filed JUL 6 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2 1925

17

I HEREBY CERTIFY, That I attended deceased from June 24, 1925, to July 2, 1925, that I last saw him alive on July 2, 1925, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, chronic myocarditis, residual hemiplegia (cerebral thrombosis)

(duration) yrs. 10 (History) mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Laboratory & autopsy

(Signed) A. Lindsay Miller, M. D.

7/4, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greer — DATE OF BURIAL July 7 1925

20 UNDERTAKER Sam'l H. Grace Son — ADDRESS 1405 Mosher

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 00063 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00063

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. Baltimore md ST., 21-6 WARD) REGISTERED NO. 117

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Augusta Funk.

(a) RESIDENCE NO. 217 Goodwood Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white.	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of single.

6 DATE OF BIRTH (month, day, and year) March 6-1908

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
17		3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stenographer -

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Sharp & Dohme (Wholesale Drug Co.)

9 BIRTHPLACE (city or town) (State or country) Baltimore md.

PARENTS

10 NAME OF FATHER Geo R. Funk.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto md.

12 MAIDEN NAME OF MOTHER Dora Meil.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant George R. Funk.

(Address) 217 Goodwood Rd

15 Filed JUL 6 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/4 1925

17

I, HEREBY CERTIFY, That I attended deceased from 6/29, 1925, to 7/4, 1925, that I last saw h.. alive on 7/4, 1925, and that death occurred, on the date stated above, at 12.05 P. m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis.

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home.

Did an operation precede death? Yes Date of 7/30/25

Was there an autopsy? no.

What test confirmed diagnosis? Clinically

(Signed) Clement B Mower M. D.

7/4, 1925 (Address) St Joseph Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	July 7 1925

20 UNDERTAKER Franklin W Seitz ADDRESS 757 W Pratt St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Mks.

E 00064

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 00064

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] ST., BALTIMORE CITY HOSPITALS WARD) 20-4

REGISTERED NO. 91-

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Enoch Ruth

(a) RESIDENCE NO. 2306 Frederick Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Ruth

6 DATE OF BIRTH (month, day, and year) Dec 14, 1858

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
66 yr.	6	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber 004

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Francis Ruth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Edyth Wroth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Baltimore City Hospitals Records (Address)

15 Filed JUL 6 - 1925 G.H.S. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4 1925

17

I HEREBY CERTIFY, That I attended deceased from July 3, 1925 to July 4, 1925

that I last saw him alive on July 4, 1925

and that death occurred, on the date stated above, at 8.50 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Auricular fibrillation

(duration) 7 (History) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. 2 mos. (History) ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W. Lindsay Miller. M. D.

7/4. 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western — DATE OF BURIAL July 7 1925

20 UNDERTAKER Wm. Cook — ADDRESS 532 E Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Tuf. 1368. Keen.

Spec.—1-10-21—M&T—1500 Blks.

E 00065

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00065

CERTIFICATE OF DEATH.

9-1 122-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3725 Old York Road ST., ... WARD)

2-FULL NAME Samuel A Shuey

(a) RESIDENCE NO. 3725 Old York Road ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. 21 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elva Shuey

6 DATE OF BIRTH (month, day, and year) Jan 16, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Grocery

(c) Name of employer Nagle

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Samuel A Shuey.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Laura J Johnston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

14 Informant Returned Nagle (Address) 3725 Old York Road

JUL 6- 1925 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1925

17 I HEREBY CERTIFY, That I attended deceased from May 29, 1925, to June 3, 1925, that I last saw him alive on June 3, 1925, and that death occurred, on the date stated above, at 10.30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Cardiosis (Sinus)

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Washington D.C.

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Keen, M. D.

7-3, 1925 (Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Hampden	July 5 1925

20 UNDERTAKER J M Cook ADDRESS 502 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 00066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE (No. 20 N Bruce St., 19-1 Ward)

2-FULL NAME Dona Penson

(Residence in Baltimore: No. 20 N. Bruce St.; yrs., mos., ds.)

E 00066 Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-DATE OF BIRTH, June 7th 1925 (Month) (Day) (Year)

7-AGE, ... yrs. ... mos. 27 ds. If LESS than 1 day, ... hrs. or ... min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Edward Penson

11-BIRTHPLACE OF FATHER, (State or Country), S. C.

12-MAIDEN NAME OF MOTHER, Pauline Tony

13-BIRTHPLACE OF MOTHER, (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Pauline Penson

(Address) 20 N. Bruce St

15- JUL 6 - 1925 L H G Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 4th 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest on the body (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by Inquest, and ...find that said deceased came to her death (Autopsy or Inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ... yrs. ... mos. 27 ds.

CONTRIBUTORY (Secondary) —

(Duration) ... yrs. ... mos. ... ds.

(Signed) Thos. B. Hutton M. D.
Coroner.

July 4th 1925 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

Balto. Md

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, July 6/1925

20-UNDERTAKER, Daniel Earlon ADDRESS 916 Cano ave

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 00067

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00067

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 817 N. Bruce St., 16 24 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Simms

(Residence in Baltimore: No. 817 N. Bruce St. St.; 54 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female | 4-COLOR OR RACE: colored | 5-Single, Married, Widowed, or Divorced, (Write the word.): widow

6-DATE OF BIRTH, ... about (Month) ..... (Day) ..... 1871 (Year)

7-AGE, 54 yrs. ..... mos. ..... ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of Industry, business, or establishment in which employed (or employer): 070

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER, (State or Country): Maryland

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER, (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt. E. Simms

(Address) 606 N. Monroe St.

15- JUL 6 - 1925 G.H.G. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 3 (Day) ..... 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ..... her death on the day stated above.

The CAUSE OF DEATH* was as follows:

cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 1 ..... ds.

CONTRIBUTORY (Secondary) no other history.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy, M. D. (Coroner.)

July 4 1925 (Address) 2802 Eutaw Pl.

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn | DATE OF BURIAL, 7/6/1925

20-UNDERTAKER, David Easton | ADDRESS 916 Pa Ave

is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Nbs.

E 00068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 00068

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2521 E. Madison ST., 7-3 WARD)

2-FULL NAME John A. Reich

(a) RESIDENCE No. 2521 E. Madison ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Reich

6 DATE OF BIRTH (month, day, and year) Sept 3 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Adolph H. Reich

11 BIRTHPLACE OF FATHER (city or town) Ger. (State or country)

12 MAIDEN NAME OF MOTHER Augusta Rembrandt

13 BIRTHPLACE OF MOTHER (city or town) Ger. (State or country)

14 Informant Mrs Julia Reich (Address) 2521 E Madison

15 Filed JUL 6 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1925

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1925, to July 3, 1925, that I last saw him alive on July 2, 1925, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 16 mos. ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) Chas T Leonard M. D.

(Address) 718 N Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mathews Cem	July 6 1925

20 UNDERTAKER ADDRESS

Jos. J. Kerr 156 N. Luzerne ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—1500 Blks.

E 00069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

41

E 00069

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. ST., 7-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosalea Eifert

(a) RESIDENCE NO. 2044 E. Eager ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 2-1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	4	6	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md..

PARENTS

10 NAME OF FATHER Louis C. Eifert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md..

12 MAIDEN NAME OF MOTHER Pauline Zephardt.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md..

14 Informant Louis C. Eifert

(Address) 2044 E. Eager St

15 JUL 6 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/4 1925

17

I HEREBY CERTIFY, That I attended deceased from July 2, 1925, to July 4, 1925, that I last saw h. alive on July 4, 1925, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Strep. Septicemia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) None obs.

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. & Clin. Tests

(Signed) Geo B Eybert M. D.

, 19 (Address) St. Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westen Cemetery — DATE OF BURIAL July 6 1925

20 UNDERTAKER John Leuck — ADDRESS Govt Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00070

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 00070

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals (Ft. B. 23-1 Ward)

Registered No. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Martha Parker

(a) Residence No. 1007 Leadenhall St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	Colored	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1909

7-AGE.	If LESS than 1 day.
16 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. School girl

(b) General nature of industry, business, or establishment in which employed (or employer). None

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Edward Parker

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Mary Matthews

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) Hospital Records

(Address) Baltimore City Hospitals

15- JUL 6 - 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 3, 1925

17- I HEREBY CERTIFY, That I attended deceased from June 2, 1925, to July 3, 1925, that I last saw h. er alive on July 3, 1925, and that death occurred, on the date stated above, at 4.45a m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical findings

(Signed) W. O. McClure Jr, M. D.

7-3-, 1925 (Address) Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
New Bon Secours	July 6, 1925

20-UNDERTAKER. Samuel K. Lemley ADDRESS 578 N. Eddlestn.

Instructions on back of certificates. Exact statement of OCCUPATION is very important. See

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 00071

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00071

CERTIFICATE OF DEATH.

128

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 4907 Donnell St.; 16-7 Ward.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick H Heuser

(a) RESIDENCE. No. 4907 Donnell St., Ward.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct. 24. 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Electrician 029

(b) General nature of industry, business, or establishment in which employed (or employer): Bethlehem Steel Co

(c) Name of employer: Balto

9 BIRTHPLACE (city or town). (State or country): Balto

PARENTS

10 NAME OF FATHER: Frederick H Heuser

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Anna Bohle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Fred H Heuser
(Address) 4907 Donnell St

15 Filed JUL 6 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2 1925

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1925, to July 2, 1925, that I last saw him alive on July 2, 1925, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Acute Bright's Kidney Disease

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Gastritis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C C Beard, M. D.

7/2, 1925 (Address) 1907 Garrison Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
1st Evangelical Cem	July 6, 1925

20 UNDERTAKER: Henry Sander Soudre ADDRESS: 1710 Fleet St

TION is very important. See instructions on back of certificates.

...may be properly classified. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Blks.

E 00072 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. X 4 E 00072

1-PLACE OF DEATH Church Home and Infirmary. REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 6-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Heine

(a) RESIDENCE NO. Edgewood, Harford Co ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Heine

6 DATE OF BIRTH (month, day, and year) June 26. 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	0	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Heinrich Heine

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Theresa Rudolph

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Frederick Heine (Address) Edgewood Md.

15 Filed JUL 6 - 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-5 1925

17 I HEREBY CERTIFY, That I attended deceased from 7-4 1925 to 7-5 1925, that I last saw him alive on 7-5 1925, and that death occurred, on the date stated above, at 5:50 P m.

The CAUSE OF DEATH* was as follows:

Sarcoma Melanotic - of Liver.

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Cachexia.

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? None.

What test confirmed diagnosis? Clinical Fever.

(Signed) Keith C. Rice M. D.

, 19 (Address) Church Home, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Evangelical Cem. DATE OF BURIAL July 7 1925

20 UNDERTAKER Henry Sander Sons Inc ADDRESS 1710 Eutaw

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 00073

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00073

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Italy ½ - W. P. St. 10-2 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard McCann.

(a) RESIDENCE No. Preston Parade. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed of

5a ~~If married~~, widowed, ~~or divorced~~ HUSBAND of ~~(or) WIFE of~~ Bridget

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Peter McCann

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Bridget Hogan

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Sister Florence (Address) Preston & Pope

15 Filed ..... 19 ..... Registrar

JUL 6 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1925

17 I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 ..... that I last saw h.. alive on July 2 1925 and that death occurred, on the date stated above, at 9.55 P. m.

The CAUSE OF DEATH* was as follows:

Senile gangrene of foot

6 weeks (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

July Signed) F. A. Warner, M. D.

7 1925 (Address) 1133 Valley St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross	July 6 1925

20 UNDERTAKER H. C. Wiedefeld ADDRESS 914 Gremont Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Austin (Alden)

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00074

CERTIFICATE OF DEATH.

E 00074

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (Street) Greenmount Ave (WARD) 114

(If death occurred in hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Austin Alden

(a) RESIDENCE NO. 805 Wellington Street ST., WARD Baltimore Maryland.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or ~~WIFE~~ of) Bessie Alden.

6 DATE OF BIRTH (month, day, and year) May 30th 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	30	1	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Post Office Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer) Post Office
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Silas Alden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Ida Bull

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14
Informant
(Address) Hospital Regress

15 JUL 6 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5th 1925

17
I HEREBY CERTIFY, That I attended deceased from June 16, 1925, to July 5th, 1925,
that I last saw h~~im~~live on July 5th, 1925
and that death occurred, on the date stated above, at 2.30 a~~m~~m.

The CAUSE OF DEATH* was as follows:

Hypertrophic Procto-Sigmoiditis
Non Specific Ulcerative Colitis

(duration) 5 yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) Myocarditis
(duration) 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Data.

(Signed) M. Edwards, M. D.

. 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	July 7 1925
20 UNDERTAKER	ADDRESS
Ehrenowetz & Son	Chestnut Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 00075 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 00075

1-PLACE OF DEATH Emergency Hospital

City of BALTIMORE: (No. 12-3 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William N. Evans

(Residence in Baltimore: No. 1310 Union Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	white	Married

6-DATE OF BIRTH. June (Month) 18 (Day) 1858 (Year)

7-AGE. 67 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Millwright
(b) General nature of industry, business, or establishment in which employed (or employer): Cotton Duck

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER, (State or Country): Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carroll Evans

(Address) 1310 Union Ave

15- JUL 6 - 1925 G K G Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. July (Month) 4 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) found that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(Post Mortem ordered)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. S. McCullen M. D.

(Coroner.)

7-4 1925 (Address) 508 North Ave

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL. Carroll Co. DATE OF BURIAL. July 7, 1925

20-UNDERTAKER. Chenoweth Funeral Home ADDRESS 3617 Eastern Ave

is very important. See instructions on back of certificate.

E 00076

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 00076

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1322 E. Monument St St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Meyer Garfield

(Residence in Baltimore: No. 1322 E. Monument St St.; yrs., 22 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced (Write word.)
male	white	Married

6-DATE OF BIRTH. Feb (Month) 23-1880 (Day) ....., 1..... (Year)

7-AGE. 45 yrs. 4 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Grocer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country.) Russia

PARENTS.

10-NAME OF FATHER. Lieberman

11-BIRTHPLACE OF FATHER. (State or Country.) Russia

12-MAIDEN NAME OF MOTHER. Rose ------

13-BIRTHPLACE OF MOTHER. (State or Country.) Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Lewis

(Address) 143 E Balto St

15-

JUL 6 - 1925 ....., 192.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. July 5-25 (Month) (Day), 192..... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(After "hold up" by by robbers in his store)

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. .....mos. .....ds.

(Signed) J. S. H. Falen M. D.
(Coroner.)

7-6-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Hebrew Hessing Pam	July 6 1925
20-UNDERTAKER.	**ADDRESS**
Jack Lewis	143 E Balto St

is very important. See instructions on back of certificate.

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00077

CERTIFICATE OF DEATH.

24-201 E 00077

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 16-3 WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta Schultz

(a) RESIDENCE NO. Bay View Asylum ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) August 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74yr.			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Sam Kirkley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Kirkley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Baltimore City Hospitals Records
(Address)

15 Filed JUL 6 - 1925 G K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 1 1924, to July 3 1925, that I last saw her alive on July 3 1925, and that death occurred, on the date stated above, at 11:45 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Hypertension

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W Lindsay Miller Jr., M. D.

7/3. 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL July 6 1925

20 UNDERTAKER John F Denny — ADDRESS 915 Lig Ut St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T 1500 Blks.

E 00078 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00078

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: No. BALTIMORE CITY HOSPITAL ST. 2-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William E. Henry

(a) RESIDENCE NO. 4 Wiesenfield Court ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	44yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER James Henry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Harriet ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Baltimore City Hospitals Records (Address)

JUL 6 - 1925 (Date received) Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1 1925

17 I HEREBY CERTIFY, That I attended deceased from June 28, 1925, to July 1, 1925, that I last saw him alive on July 1, 1925, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Tuberculosis Laryngitis

(duration) yrs. 3 (History) mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller M. D.

7/3, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemetery July 6

DATE OF BURIAL 1925

20 UNDERTAKER Milton Davis 315

ADDRESS N Eden St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Special 10-[illegible] Marks.

E 00079

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00079

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1434 E Monument ST., 10-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Stewart

(a) RESIDENCE NO. 1434 E Monument ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wes Stewart.

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown
(State or country)

12 MAIDEN NAME OF MOTHER Carter Batson

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant John Henderson
(Address) 1502 E monument st

15 Filed ..... Registrar

JUL 6 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1925

17 I HEREBY CERTIFY, That I attended deceased from April, 1925, to July 3, 1925 that I last saw h[illegible] alive on July 2, 1925 and that death occurred, on the date stated above, at 5[illegible] m.

The CAUSE OF DEATH* was as follows:

Parenchymatous Nephritis with Edema and Anasarca

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Mitral Stenosis Insufficiency

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. Dorsey, M. D.

1925 (Address) 1429 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion	July 6 1925

20 UNDERTAKER John W Henderson ADDRESS 1502 E Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 00080 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00080

CERTIFICATE OF DEATH.

9188-003

1-PLACE OF DEATH

City of BALTIMORE: (No. West Balto. Gen. Hosp. St. Ward 9-6

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John E. Harris

(Residence in Baltimore: No. 1412 E. Lafayette Ave St.; yrs. 73 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	married

6-DATE OF BIRTH. March 22, 1852
(Month) (Day) (Year)

7-AGE. 73 yrs. 3 mos. 11 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Park Policeman
(b) General nature of industry, business, or establishment in which employed (or employer): Balto. City

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. John E. Harris

11-BIRTHPLACE OF FATHER, (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Amelia Harris

(Address) 1412 E. Lafayette Ave

Filed JUL 6 - 1925

H. Ahn
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 3, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull
automobile accident

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

(Signed) D. T. Hennessy, M. D.
(Coroner.)

July 5, 1925 (Address) 2802 Eastern Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, 7/7 1925

20-UNDERTAKER George J. Ruth ADDRESS 1735 Harford Ave

is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 00081 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00081

CERTIFICATE OF DEATH.

118-002

1-PLACE OF DEATH

City of BALTIMORE: (No. Women's Hospital St., 15-11 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Ida Anne Moore

(a) Residence No. 2704 Smallwood St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 11 mos. 0 ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Samuel James Moore

6-DATE OF BIRTH (month, day and year) [illegible] 4, 1856

7-AGE, 69 yrs. 8 mos. 0 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Nathaniel Richard Moore

11-BIRTHPLACE OF FATHER (city or town) Cambridge (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Julia Anne Finker

13-BIRTHPLACE OF MOTHER (city or town) Baltimore, (State or Country), Maryland

14- (Informant) Mr. Frank H. Moore

(Address) 5500 Arlington Ave., Baltimore, Md.

15- JUL 6 - 1925 H. A. M. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 4 1925

17- I HEREBY CERTIFY, That I attended deceased from July 3, 1925, to July 4, 1925, that I last saw her alive on July 4, 1925, and that death occurred, on the date stated above, at 4:20 a. m.

The CAUSE OF DEATH* was as follows:

Complete Intestinal Obstruction,

(Duration) 0 yrs. 0 mos. 4 3/3 ds.

CONTRIBUTORY (Secondary) Complete Intestinal Obstruction

(Duration) 0 yrs. 0 mos. 4 3/3 ds.

18-Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? Yes Date of July 3 1925

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam — Operation

(Signed) J. Eglewonfield Jr., M. D.

, 19 (Address) Woman's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park — DATE OF BURIAL, July 7, 19 25

20-UNDERTAKER, Finkler & Finkler — ADDRESS 1739 Eager

(OVER)

Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 00082 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00082

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1227 Madison Ave. ST., 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Norborne B Hutchison

(a) RESIDENCE No. 1227 Madison Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (~~write the word~~)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Margie Hutchison

6 DATE OF BIRTH (month, day, and year) Jany 8-1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
58				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Major T.B. Hutchison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Anna Rinehelot

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Margie Hutchison

(Address) 1227 Madison ave

15 Filed JUL 6 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5 1925

17

I HEREBY CERTIFY, That I attended deceased from November, 1920, to July 5, 1925, that I last saw him alive on July 4, 1925, and that death occurred, on the date stated above, at 2.20 a m.

The CAUSE OF DEATH* was as follows:

Cardiovascular Renal Disease

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bright's Disease

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. H. A. Meyer, M. D.

July 5, 1925. (Address) 2438 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cremfield Md	July 6 1925
20 UNDERTAKER Robt G Turner Jr	ADDRESS 1792 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 00083 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00083

CERTIFICATE OF DEATH.

4-1 74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 Penn ally ST., 4-1 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joshua Jarvis

(a) RESIDENCE No. 704 Penn ally ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Don't know

11 BIRTHPLACE OF FATHER (city or town) " "
(State or country)

12 MAIDEN NAME OF MOTHER " "

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14
Informant Lena Buckler
(Address) 518 Robert st

15
Filed JUL 6 - 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (~~Inquest, autopsy or~~ inquiry.) thereon and from the evidence obtained by said ..... ~~Inquest, autopsy or~~ inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) 4 hours

CONTRIBUTORY (Secondary) don't know

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) T. F. Gwynn M. D.
(Coroner.)

7-6, 1925 (Address) 417 W. Pleasant St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Ct — DATE OF BURIAL July 6 1925

20 UNDERTAKER J. L. Brown & Son — ADDRESS 108 Mosher

THIS IS very important. See instructions on back of certificate.

S. A. F. E. D. A. Y.

Spec. 1-10-21 M&T 1500 Blks.

E 00084

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00084

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 436 N. Pulaski St/ ST., 20-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida V. Jeffords

(a) RESIDENCE No. 436 N. Pulaski ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert I Jeffords

6 DATE OF BIRTH (month, day, and year) May 18 1870

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Store keeper

(b) General nature of industry, business, or establishment in which employed (or employer) Small store

(c) Name of employer notions etz.

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER John Ditman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Fredericka Vass

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Ida F. Baird

(Address) 436 N. Pulaski St.

15 Filed JUL 6 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1925 to July 5, 1925

that I last saw h[illegible]ive on July 5, 1925

and that death occurred, on the date stated above, at 6-0 m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Stephen Davis M. D.

, 19 (Address) 1227 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: July 8 1925

20 UNDERTAKER: Chas. E. Franck — ADDRESS: 802 Madison Ave

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 00085 HEALTH DEPARTMENT—CITY OF BALTIMORE 1925

E 00085

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2013 Frederick Ave ST., 20 21 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Doris A. Hoffman

(a) RESIDENCE NO. 2013 Frederick Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. 2 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 17 1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13.	2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Frank E. Hoffman

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Md.

12 MAIDEN NAME OF MOTHER Doris Schaefer

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md.

14 Informant Frank E. Hoffman

(Address) 2013 Frederick Ave

15 Filed JUL 6 1925, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4 1925

17

I HEREBY CERTIFY, That I attended deceased from April 16, 1925, to July 4, 1925,

that I last saw her alive on July 4, 1925,

and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Brain abscess

(duration) yrs. 4 mos — ds.

CONTRIBUTORY (Secondary) Meningitis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of April 16-1925

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Richard G. Coblentz, M. D.

19 (Address) Lillioth Apts. Charles & Read St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	July 6th 1925
20 UNDERTAKER	ADDRESS
J. S. Hufnagel	1850 N. Gilmor St

CAUSE OF DEATH may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00086

CERTIFICATE OF DEATH.

X 113E 00086

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6th H- Fairfield ST.; 25-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William W. Epps

(a) RESIDENCE. No. 6th st- Fairfield ST., WARD. Richmond Va

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. 2 ds. How long in U. S., if of foreign birth? yrs mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	C	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 11, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Richmond
(State or country) Va

PARENTS

10 NAME OF FATHER Willie Epps

11 BIRTHPLACE OF FATHER (city or town) Warrenton
(State or country) N.C.

12 MAIDEN NAME OF MOTHER Fannie Flair

13 BIRTHPLACE OF MOTHER (city or town) Louisburg
(State or country) N.C.

14 Informant Willie Epps
(Address) 6th st- Fairfield

Filed JUL 6 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4 — 1925

17

I HEREBY CERTIFY, That I attended deceased from July 3 — 1925, to July 4 — 1925,

that I last saw him alive on July 4 — 1925,

and that death occurred, on the date stated above, at 4:20 P. m.

The CAUSE OF DEATH* was as follows:

Broncho- Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Ileo-colitis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Marcellus E. Jones, M. D.

. 19 (Address) 1445 N. Carey st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	July 6 1925

20 UNDERTAKER Peter B. Mullan ADDRESS 1515 W. Fay

TION is very important. See instructions on back of certificates. If it may be properly classified. Exact statement of OCCUPA-

Spec.—1-1921—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00087.

CERTIFICATE OF DEATH.

90 E 00087.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 N. Patterson Pk Ave ST., 7-7 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Brown

(a) RESIDENCE NO. 806 N. Patterson Pk Ave ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred LIFE yrs. ... mos. ... ds. How long in U. S., If of foreign birth? LIFE yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Brown

6 DATE OF BIRTH (month, day, and year): July 18 1836

7 AGE: Years 88 Months ... Days ... If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): ...

(c) Name of employer: ...

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Schadrick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Sarah Schadrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mrs Francis Collins (Address) 806 N Patterson Pk Ave

15 Filed JUL 6 - 1925 E K G Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-7 1925

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1925 to July 7, 1925

that I last saw h... alive on ..., 19...,

and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows: Mitral Regurgitation

(duration) ... yrs. 3 mos ... ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? ...

(Signed) T. Leo Kennedy M. D.

(Address) 600 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: July 7 1925

20 UNDERTAKER: George J Ruth — ADDRESS: 1735 Hanford ave

TION is very important. See instructions on back of certificates. ... EXACT statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

E 00088 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00088

CERTIFICATE OF DEATH.

26-174-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1962 Fawn Ave ST., 26-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adelaide Schweck

(a) RESIDENCE NO. 1962 Fawn Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jerome

6 DATE OF BIRTH (month, day, and year): Dec 10 1840

7 AGE: Years 85 Months 6 Days 25 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Joseph Obrecht

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Barbara Born

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Edward Joyce

(Address): 191 — Fawn Ave

15 JUL 6 - 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 5 1925

17 I HEREBY CERTIFY, That I attended deceased from July 3 1925 to July 5 1925

that I last saw her alive on July 5 1925

and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage,

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary): Senility

(duration) yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) D. A. Hardman M. D.

, 19 (Address) Valley View Ave & Belair Rd., Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lancaster Pa

DATE OF BURIAL: 7 1925

20 UNDERTAKER: Wm Cook & Sons

ADDRESS

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

E 00089

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00089

CERTIFICATE OF DEATH.

91-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 Fremont ST., 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elyza B. Pletzer

(a) RESIDENCE No. 1108 Fremont ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced (or) WIFE of William a Pletzer

6 DATE OF BIRTH (month, day, and year) July 2, 1841

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	84		2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER William Norris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Francis A Collins

(Address) 1107 N Fremont Ave.

JUL 6 - 1925

Filed

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4 1925

17

I HEREBY CERTIFY, That I attended deceased from July 2, 1925, to July 4, 1925, that I last saw her alive on July 2, 1925, and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Senility

(Arteriosclerosis)

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. William Fry, M. D.

7/6, 1925 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL July 7, 1925

20 UNDERTAKER Josiah Offer ADDRESS 1600 N. Montford

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA- ...ust it may be properly classified.

Spec.—1-10-21—S&T—1500 Blks.

E 00090

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00090

CERTIFICATE OF DEATH.

160

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 6-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte Housemann

(a) RESIDENCE NO. 1731 Jefferson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
		6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Housemann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER E. Snyder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis (Address) 1439 Eutaw

15 Filed JUL 6 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 1925

17

I HEREBY CERTIFY, That I attended deceased from June 24, 1925, to July 6, 1925, that I last saw her alive on July 6, 1925, and that death occurred, on the date stated above, at 1.45 a m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Diagnosis Lab.

(Signed) Philip Jacobson, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Mt Carmel	July 6 1925
20 UNDERTAKER	ADDRESS
Jack Lewis	1439 Eutaw

TION is very important. See instructions on back of certificates.

E 00091 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00091

CERTIFICATE OF DEATH.

Registered No. C 113

1-PLACE OF DEATH

City of BALTIMORE: (No. 3 Hollins St. Masonsville. St. 25-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Lee Drousky.

(Residence in Baltimore: No. 3 Hollins St. Masonsville. St.; yrs. 4 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male.	White.	Single.

6-DATE OF BIRTH, February 6, 1925
(Month) (Day) (Year)

7-AGE, 4 yrs. 29 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Walter Drousky.

11-BIRTHPLACE OF FATHER, (State or Country), Austria.

12-MAIDEN NAME OF MOTHER, Mabel Carneal.

13-BIRTHPLACE OF MOTHER, (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Drousky, (father)

(Address) 3 Hollins St. Masonsville.

15- Filed JUL 8 1925 1925. H. Law Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 5th. 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diarrhoea & Enteritis.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Otto Reinhardt M. D.
(Coroner)

July 6, 1925 (Address) 1017 E. Charles St.

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Cross DATE OF BURIAL. July 7 1925

20-UNDERTAKER. Frank Wade & Son ADDRESS 1900 Ashland Av.

Duplicate for information only. Not prima facie evidence. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00092

CERTIFICATE OF DEATH.

90 E 00092

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 626 N. Gilmor ST., 16-7 WARD

2-FULL NAME John Gabriel Finek

(a) RESIDENCE No. 626 N Gilmor ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced; (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothy Finek

6 DATE OF BIRTH (month, day, and year) May 17, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	1	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Teacher 068
(b) General nature of industry, business, or establishment in which employed (or employer) Languages.
(c) Name of employer Detroit. Mich.

9 BIRTHPLACE (city or town) (State or country) Budapest Hungary

PARENTS

10 NAME OF FATHER Joseph Finek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hungary

12 MAIDEN NAME OF MOTHER Rizella Gruber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hungary

14 Informant Mrs. Tilly A. Finek
(Address) 626 N. Gilmor St.

15 JUL 6 - 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 1925

17 I HEREBY CERTIFY, That I attended deceased from June 22, 1925 to July 6, 1925
that I last saw h alive on July 5, 1925
and that death occurred, on the date stated above, at 2.10 a m.
The CAUSE OF DEATH* was as follows:

Pulmonary oedema

(duration) — yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary) Aortic regurgitation

(duration) 2-3 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) M Bunn and Hurd M. D.

7/6, 1925 (Address) 626 N. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem.	July 6 1925

20 UNDERTAKER Wm Tickner & Sons ADDRESS Norristown Pa

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00093

CERTIFICATE OF DEATH.

109-02 E 00093

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Hope Retreat ST. 28-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Georgia McMullen

(a) RESIDENCE NO. Mt. Hope Retreat ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 6 mos. 9 ds. How long in U. S., if of foreign birth? 4 yrs. 6 mos. 9 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
75	Unknown		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Unknown

(State or country) Unknown

PARENTS

10 NAME OF FATHER George Amick

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country) Germany

12 MAIDEN NAME OF MOTHER Sarah McAdams

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country) Ireland

14 Informant Mrs. Hope Reeds

(Address) Mt. Hope Retreat

JUL 6 - 1925 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5- 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1921, to July 5-, 1925.

that I last saw h.. alive on July 5-, 1925,

and that death occurred, on the date stated above, at 11.10 a.m.

The CAUSE OF DEATH* was as follows:

Retro-Pharyngeal abscess

(General Arteriosclerosis)

(duration) - yrs. - mos. 5 ds.

CONTRIBUTORY (Secondary) Senile Dementia

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Mullen P. Hall, M. D.

, 19 (Address) Hygiene and Resolution Sts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Tyrone Penna. DATE OF BURIAL July 6 1925

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS 108 W. NORTH AVE.

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00094
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

15-7 161-001

E 00094
Registered No.....

City of BALTIMORE: (No. 2011 Longwood St., 15-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Jno. W. Leith Jr.

(a) Residence No. 2011 Longwood St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) June 22/25

7-AGE.	If LESS than 1 day.
....yrs. ....mos. 14 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... none
(c) Name of employer..... —

9-BIRTHPLACE (city or town) (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, John W. Leith

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Grace A. Fisher

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Neavitt Md.

14-
(Informant)..... John W. Leith
(Address)..... 2011 Longwood St.

JUL 6 - 1925 ROBERT R. KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 6/25

17- I HEREBY CERTIFY, That I attended deceased from June 22nd, 1925 to July 6, 1925, that I last saw him alive on July 5, 1925, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

This was a premature birth 7 month - lack of vitality

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? none

(Signed) Charles H. Bulent, M. D.

July 6, 1925 (Address) 1100 W. Lafayette Ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Lorraine Cemetery	July 7, 1925
20-UNDERTAKER,	ADDRESS
Harry W. Ellen	1944 W. Northern

INSTRUCTIONS ON BACK OF CERTIFICATE.

Seagley

E 00095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 188-003

E 00095

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Fabbleway & Town St., 3-1 ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Ellsworth Seagley

(Residence in Baltimore: No. Hancock Ave St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. March 9 (Month) (Day) 1902 (Year)

7-AGE. 23 yrs. 3 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laber
(b) General nature of industry, business, or establishment in which employed (or employer): Lumber Comp

9-BIRTHPLACE, (State or Country). Pennsylvania

PARENTS.

10-NAME OF FATHER. William Seagley

11-BIRTHPLACE OF FATHER, (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Ida Gordon

13-BIRTHPLACE OF MOTHER, (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isiah Mellott

(Address) Needsmore Pa.

15-

JUL 6 - 1925

ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 4 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning when the auto in which he was riding plunged into Fabbleway (Duration) yrs. Pond mos. ds.

CONTRIBUTORY (Secondary) .....(Duration) ....yrs. ....mos. ....ds.

(Signed) James M Gordon M. D. (Coroner.)

July 6 1925 (Address) 701 E Chase

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Hancock Md Wash Co DATE OF BURIAL, July 7 1925

20-UNDERTAKER, Wm Cook ADDRESS 532 E. Fourth St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00096 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

58-001

E 00096

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2711 Maryland St., 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Crosby

(a) Residence No. 2711 Maryland St.

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or ~~Divorced~~, (Write the word.) Widow

5a-If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Daniel Crosby

6-DATE OF BIRTH (month, day and year) Aug 21st 1862

7-AGE, 63 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland Penna

PARENTS.

10-NAME OF FATHER, Daniel Crosby

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Penna

12-MAIDEN NAME OF MOTHER, Mary Milligan

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Penna

14-

(Informant) Miss Genevieve Crosby

(Address) 2711 Maryland St

15-

JUL 6 - 1925

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 7/3/25

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 /25 19.. to 7/3/25 19..

that I last saw her alive on 7/3/25 19..

and that death occurred, on the date stated above, at 11.44 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia acuta

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Pneumonia

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phy. Ex. Blood Examination

(Signed) [illegible] M. D.

7/6, 1925 (Address) 804 Cathedral St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, New Cathedral DATE OF BURIAL, 7-7-, 1925

20-UNDERTAKER, Henry P Brannigan ADDRESS 514 N Schroeder St

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 3ks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00097

CERTIFICATE OF DEATH.

E 00097

1-PLACE OF DEATH West Baltimore General Hospital REGISTERED NO. 16-3

CITY OF BALTIMORE: (No. Rayner & Dukeland St. or WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Armond Rapposelli

(a) RESIDENCE No. Perryville Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 2, 1912

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	13	— 8	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Perryville, Maryland

PARENTS

10 NAME OF FATHER James Rapposelli

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) James Rapposelli Perryville Md

Filed JUL 7 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 1925

17 I HEREBY CERTIFY, That I attended deceased from June 2, 1925, to July 6, 1925, that I last saw him alive on July 6, 1925, and that death occurred, on the date stated above, at 3.55 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) Jas. Hurst Wilkerson M. D.

, 19 (Address) West Balt. Gen. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Erin Harford Co. Md. DATE OF BURIAL July 9 1925

20 UNDERTAKER Lee A. Patterson ADDRESS Perryville Md.

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 00098

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00098

CERTIFICATE OF DEATH.

111-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 W. West St., Ward 21-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Henry Foote

(a) RESIDENCE. No. 524 W. West St., Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married.

5a If married, widowed, or divorced
HUSBAND of ~~(or) WIFE~~ of Agnes Emaz marie Foote

6 DATE OF BIRTH (month, day, and year) January 2 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26	6	2.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Caulker. 6/5

(b) General nature of industry, business, or establishment in which employed (or employer) Ship Building

(c) Name of employer Henry R Woody

9 BIRTHPLACE (city or town) Calvert Co.
(State or country) Maryland.

PARENTS

10 NAME OF FATHER Daniel Watts

11 BIRTHPLACE OF FATHER (city or town) Calvert Co.
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Cornelia Foote

13 BIRTHPLACE OF MOTHER (city or town) Calvert Co
(State or country) Maryland.

14 Informant Brannan Marie Foote
(Address) 524 W. West St.

15 Filed JUL 7 - 1925 GKG Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4 1925

17

I HEREBY CERTIFY, That I attended deceased from June 4 1925 to July 4th 1925 that I last saw him alive on July 3rd 1925 and that death occurred, on the date stated above, at 12.25 P. m.

The CAUSE OF DEATH* was as follows:

Duodenal Ulcer.

(duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No, but Clinical findings

What test confirmed diagnosis?

(Signed) J. Bramwell Lange, M. D.

, 19 (Address) 2937 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. John. Cal. Co. Md	July 7 1925

20 UNDERTAKER John H. Toadvine

ADDRESS 1027 Hanover St

IMPORTANT. See instructions on back of certificates.

Spec.—1-30-21—M&T—1500 Bks.

E 00099 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 00099

CERTIFICATE OF DEATH.

3

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1756 Gorsuch ave ST., 9-3 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Catherine Selby

(a) RESIDENCE No. 1756 Gorsuch ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar Selby

6 DATE OF BIRTH (month, day, and year) June 6 81

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	44	6	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Josiah Engleman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah A Nisky

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Edgar Selby

(Address) 1906 Mosher st

15 Filed JUL 7 - 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5 1925

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1925, to July 5, 1925, that I last saw h[illegible] alive on July 5, 1925, and that death occurred, on the date stated above, at 2.20 A m.

The CAUSE OF DEATH* was as follows:

Acute Malnutrition

Pulmonary oedema

(duration) yrs 1 mos 17 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? none

What test confirmed diagnosis? Pneumothorax Pressure Therapy

(Signed) Elleen F Selby, M. D.

6, 1925 (Address) 4 Somerset Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem Co

DATE OF BURIAL July 7 1925

20 UNDERTAKER W M Routson

ADDRESS 223 E N Avenue

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Minnie Waranch

E 00100

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00100

CERTIFICATE OF DEATH.

X 113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minie Waranch

(a) RESIDENCE NO. 227 Baltimore Ave, ST. Helena WARD Md
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. 3 ds. How long in U. S., if of foreign birth? yrs. 9 mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 8 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Harry Waranch

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Russia

12 MAIDEN NAME OF MOTHER Helen Conklin

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Russia

14 Informant Harry Waranch
(Address)

15 Filed JUL 7 - 1925 GHG Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 1925

17

I HEREBY CERTIFY, That I attended deceased from July 4, 1925, to July 6, 1925, that I last saw h alive on July 6, 1925, and that death occurred, on the date stated above, at 9:20 P m.

The CAUSE OF DEATH* was as follows:

Diarrhea, ? dysentery

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) C. Howell, M. D.

July 6, 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rodgers Run	July 7 1925
20 UNDERTAKER J Fenwick Bro	ADDRESS 1127 E Balto St

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 00101

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00101

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore Md.

CITY OF BALTIMORE: (No. Md D Marine Hospital St. 12-2 WARD)

REGISTERED NO. 49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles F. Rose
U.S. marine Hospital #1.

(a) RESIDENCE NO. ..... ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S., if of foreign birth? 6 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman. 086

(b) General nature of industry, business, or establishment in which employed (or employer) — —

(c) Name of employer S/S. Frisdo.

9 BIRTHPLACE (city or town) (State or country) Russia.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant Self.
(Address)

15 JUL 7 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4 1925

17 I HEREBY CERTIFY, That I attended deceased from January 25, 1924, to July 4, 1925, that I last saw him alive on July 4, 1925, and that death occurred, on the date stated above, at 9.25 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder.

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Papilloma of Bladder

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown,

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Laboratory findings & Physician findings

(Signed) M. F. Rose., M. D.

(Address) U.S. Marine Hospital #1 Balt Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery — DATE OF BURIAL July 6 1925

20 UNDERTAKER Sol Levinson & Bro — ADDRESS 1127 E Balto St

Cor.—1-12-23—M&T—100 Bks.

(McHeart)

E 00102 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 00102

113

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 14-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice McHeard

(a) RESIDENCE NO. 1522 Penna ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ——yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	colr	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 25 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		5		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Norman Wilgus

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER Rita McHeard

13 BIRTHPLACE OF MOTHER (city or town) Woodstock
(State or country)

14 Informant Rita McHeard
(Address) 1522 Penna ave

15 Filed JUL 7 - 1925 1925 [signature] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Inquest, autopsy or~~ inquiry.)
thereon and from the evidence obtained by said ~~Inquest, autopsy or~~ inquiry.)
find that said deceased came to ~~her~~ death on the day stated above.
The CAUSE OF DEATH* was as follows:

Acute Cardio Embolism

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Heart & Liver

(duration) yrs. mos. 3 ds.

(Signed) [signature] (Coroner.), M. D.

7-5-, 1925 (Address) 117 W Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem — DATE OF BURIAL 7/7/25

20 UNDERTAKER Dennis Eagan — ADDRESS 916 Park ave

Spec. 1-10-21 MAT 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00103

CERTIFICATE OF DEATH.

X123 E 00103

1-PLACE OF DEATH St Joseph's Hospital.

CITY OF BALTIMORE: (No. Baltimore St., 9-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Elizabeth Dittmar.

(a) RESIDENCE NO. Essex Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ~~Life~~ mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married.

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Charles Dittmar.

6 DATE OF BIRTH (month, day, and year) Feb 12, 1874.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
51		4	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife 037

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Frederick Rd. (State or country) Balto Co. Md.

PARENTS

10 NAME OF FATHER Joseph Baw.

11 BIRTHPLACE OF FATHER (city or town) Bavaria. (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) Bavaria. (State or country) Germany.

14 Informant Mrs Emma Hart. (Daughter) (Address) ~~Dundalk~~ RR Essex. Md.

15 Filed JUL 7 - 1925 GKG Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/9 1925

17 I HEREBY CERTIFY, That I attended deceased from 6/30/, 1925, to 7/9, 1925.

that I last saw h~~e~~r alive on 7/9, 1925

and that death occurred, on the date stated above, at 9.45 P m.

The CAUSE OF DEATH* was as follows:

Chronic cholecystitis.

~~Chronic~~ Cholelithiasis.

(duration) yrs. 18 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At Home.

Did an operation precede death? yes Date of 7/1/25 Howard Gall Stone

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) Clement B. Monroe, M. D.

, 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 7/7/ 1925

20 UNDERTAKER John S Connelly

ADDRESS Eastern Ave

TION is very important. See instructions on back of certificates.

Romm.

E 00104

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00104

CERTIFICATE OF DEATH.

113

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Eg. Hosp St. 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Henry Henry Romm

(Residence in Baltimore: No. 1908 Lemmon St.; yrs., 1 mos., 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	single

6-DATE OF BIRTH, June 4, 1924
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 1 mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John Romm

11-BIRTHPLACE OF FATHER (State or Country) Czekoslovakia

12-MAIDEN NAME OF MOTHER, ↑

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Romm

(Address) 1908 Lemmon St

15- JUL 7 - 1925 192.... G H G Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 5, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro-enteritis

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) no other history

(Duration) ....yrs. ....mos.

(Signed) J. T. Hennessy M. D.
(Coroner.)

July 6, 1925 (Address) 2802 Eutaw Pl.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Western | DATE OF BURIAL, July 8 192..

UNDERTAKER George L. Schmidt & Bro. | ADDRESS Eutaw & Lanvale Sts.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00105

CERTIFICATE OF DEATH.

100-001

E 00105
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) 1524 Presstman ST., 15-13 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachel Watson

(a) RESIDENCE No. 1524 Presstman ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 31. 1924

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	One	One	Six	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None, Old

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto, (State or country) Md

PARENTS

10 NAME OF FATHER Samuel A Watson

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Myrtle Matthews

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Samuel Watson
(Address) 1524 Presstman st

15 Filed JUL 7 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6th 1925

17

I HEREBY CERTIFY, That I attended deceased from July 5th, 1925, to July 6th, 1925, that I last saw her alive on July 6th, 1925, and that death occurred, on the date stated above, at 10.25 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia.

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Harry H. Brown, M. D.

7, 1925 (Address) 1801 Presstman

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem — DATE OF BURIAL July 7th 1925

20 UNDERTAKER A. Jones — ADDRESS 114 S. Gilmor

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00106 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00106

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 211 N Carrollton ave St., 18-1 44 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Von Harten

(a) Residence No. 211 N Carrollton Ave St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan 22 1853

7-AGE, 72 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Charleston S C

PARENTS.

10-NAME OF FATHER, Godhart Von Harten

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14-

(Informant) Ida Von Harten

(Address) 211 N. Carrollton ave

15-

FILED JUL 7 1925 19.. G H L Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 6/1925

17- I HEREBY CERTIFY, That I attended deceased from Apr. 24, 1925, to July 6, 1925, that I last saw him alive on July 6, 1925, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Sarcoma of throat

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) E. E. Bennett, M. D.

7/7, 1925 (Address) 910 Eight St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Loudon Park	July 8 1925
20-UNDERTAKER. George J Smith	ADDRESS 1632 Hollins

E 00107 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00107

CERTIFICATE OF DEATH.

184-003

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hospital 16-6 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Robert Curtis

(Residence in Baltimore: No. 1116 N. Calhoun St. St.; yrs. 5 mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	married

6-DATE OF BIRTH, March 23 1900
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
25 yrs. 3 mos. 12 ds.	....hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Helper
(b) General nature of industry, business, or establishment in which employed (or employer)..... Ice Truck

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Robert Curtis

11-BIRTHPLACE OF FATHER, (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Rosie ?

13-BIRTHPLACE OF MOTHER, (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Williams

(Address) 1116 N. Calhoun St.

15- Filed JUL 7 1925 192 H. Lamm. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 4 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull
(automobile accident)
(Duration) yrs. (5 minutes) mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

July 6, 1925 (Address) 280 Cumberland Av

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem.	July 7th 1925
20-UNDERTAKER, Joseph A Farrell	ADDRESS 2319 Eastern Av

Spec.—1-18-21—M&T—1500 Bks.

E 00108 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00108

CERTIFICATE OF DEATH.

91-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2637 N. Charles ST., 12-3 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ann C. Webb

(a) RESIDENCE NO. 2637 N Charles ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 90 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 16 1835

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
90	5	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Jesse Phelan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Harry L. Riall

(Address) 2637 N. Charles St

15 JUL 7 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6th 1925

17 I HEREBY CERTIFY, That I attended deceased from Jany 5th, 1925, to July 6th, 1925, that I last saw her alive on July 6th, 1925, and that death occurred, on the date stated above, at 2 45 P m.

The CAUSE OF DEATH* was as follows:

Senile Arterio-Sclerosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) W. A. Fair M. D.

7/6, 1925 (Address) 12 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	July 8 1925

20 UNDERTAKER Chas. E. Franck ADDRESS 802 Madison Ave

ATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 00109 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00109

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Agnes Hospital REGISTERED NO. 157

CITY OF BALTIMORE: (No. ..... ST., 27-4 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Catherine Trentz

(a) RESIDENCE NO. Old Pimlico Road, ST., Maryland WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 30 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Trentz

6 DATE OF BIRTH (month, day, and year) March 19 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Upton Stephens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Margo Ward.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Mrs. A. Trentz Old Pimlico Rd.

15 JUL 7 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5 1925

17 I HEREBY CERTIFY, That I attended deceased from June 4, 1925, to July 5th, 1925, that I last saw her alive on July 5th, 1925 and that death occurred, on the date stated above, at 7 P. m

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency "

Endocarditis

(duration) 3 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Embolism & thrombosis

(duration) ..... yrs. ..... mos. 29 ds.

18 Where was disease contracted if not at place of death? Old Pimlico Road

Did an operation precede death? Yes Date of June 16/25

Amputation Rt Leg for Embolism

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) E. J. Nichols, M. D.

July 5, 1925 (Address) 904 N. Chas St., 7.9.m.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem DATE OF BURIAL 7-8 1925

20 UNDERTAKER Mrs Chas A. Roth ADDRESS 600 Arlington Ave

FOR IS very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00110
1-PLACE OF DEATH

CERTIFICATE OF DEATH. 188-002

E 00110
Registered Number

City of BALTIMORE: (No. Falls City Hospital St., 769 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. William F. Wiley

(Residence in Baltimore: No. Martellow Colgate Md St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
mal	whit	Widower

6-DATE OF BIRTH. June (Month) 26 (Day) 1880 (Year)

7-AGE. 46 yrs. mos. 9 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Painter
(b) General nature of industry, business, or establishment in which employed (or employer). Self

9-BIRTHPLACE, (State or Country). Falls City

PARENTS.

10-NAME OF FATHER. Wm Wiley

11-BIRTHPLACE OF FATHER, (State or Country). unknown

12-MAIDEN NAME OF MOTHER. Hollie Kiett

13-BIRTHPLACE OF MOTHER, (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benj. F. Cremer

(Address) Colgate md

15- JUL 7 - 1925 H. A. M. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. July (Month) 5 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigations (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Skull, Majority Ribs R.R. Right Pelvic Bone, Struck by R.R. accident while walking (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) James M. Fenton M. D. (Coroner.)

July 7 1925 (Address) 701 E Chase

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE. (For Hospitals, Institutions. Transients, or Recent Residents.) At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Arundel Md

Former or usual residence Colgate md

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Oak Lawn Cemetery	July 8 1925
20-UNDERTAKER. Robt F. Turner Jr.	ADDRESS 1542 N. Broadway

E 00111 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00111

CERTIFICATE OF DEATH. 24-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 1918 W. Lanvale St., 16-5 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Theresa Nuetzel

(Residence in Baltimore: No. 1918 W. Lanvale St.; yrs., 40 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~. (Write the word.) Married

6-DATE OF BIRTH. November 6 1883
(Month) (Day) (Year)

7-AGE. 41 yrs. 7 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At Home
(h) General natnre of Industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Christian Wild

11-BIRTHPLACE OF FATHER, (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Johannah Schneider

13-BIRTHPLACE OF MOTHER, (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Nuetzel

(Address) 1918 Lanvale Street

15- JUL 7 1925 [illegible]
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 4, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Hypertension

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

July 5, 1925. (Address) 2802 Edmondson Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cemetery DATE OF BURIAL, July 7, 1925

20-UNDERTAKER. John Ulrich ADDRESS 2008 Bleams St.

Spec.—1-10-21—M&T—1500 Blks.

E 00112 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 77 E 00112

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1404 Ashland Ave ST., 10-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Rassa

(a) RESIDENCE NO. 1404 Ashland Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. — mos. 7 ds. How long in U. S., if of foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Joseph Rassa

6 DATE OF BIRTH (month, day, and year) June 28 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	74	—	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Russ

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothea Lumbert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. M. P. Dow

(Address) 1404 Ashland Ave

Filed JUL 7 1925 Hall Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5th 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept 13, 1924, to July 5, 1925, that I last saw h[illegible] alive on July 3, 1925, and that death occurred, on the date stated above, at 12.15 A. m.

The CAUSE OF DEATH* was as follows:

Dementia

(duration) yrs. 9 mos 20 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob Frohm, M. D.

July 5, 1925 (Address) 1823 N. Douglas

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	July 8 1925
20 UNDERTAKER	ADDRESS
Henry Hosch Son	1301 E Eager St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—1500 Mks.

E 00113 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00113

CERTIFICATE OF DEATH

Oppishaupt

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital ST. 9 WARD) 7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilhelmina Weibezahl

(a) RESIDENCE NO. Old Harford Rd ST. Parkville WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., If of foreign birth? 48 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Julius Oppishaupt

6 DATE OF BIRTH (month, day, and year) July 28 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work General Housework

(b) General nature of industry, business, or establishment in which employed (or employer) ood

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Reinhardt Baumgarten

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mr. Julius Oppishaupt

(Address) 1301 Harford Road Station Taylor Ave Govans Md

Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 1925

17

I HEREBY CERTIFY, That I attended deceased from June 30 1925 to July 6 1925

that I last saw her alive on July 6 1925

and that death occurred, on the date stated above, at 8 50 A m.

The CAUSE OF DEATH* was as follows:

Hypostatic Nephritis

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. P. Gilbert, M. D.

7-6, 1925 (Address) St Josephs Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery Parkville Md	July 8 1925
20 UNDERTAKER Henry Hosch Son	ADDRESS 1301 E Eager

TION is very important. See instructions on back of certificates.

E 00114

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00114

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1111 Wilmer alley Ward 17-1113)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Annie C. Carter

(Residence in Baltimore: No. 1111 Wilmer alley St.; yrs.....mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	colored	single

6-DATE OF BIRTH. June 20, 1925
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
.....yrs.....mos. 16 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. James Carter

11-BIRTHPLACE OF FATHER, (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Mary J. Conner

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary J. Conner

(Address) 1111 Wilmer alley

15- JUL 7 - 1925 19.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 6, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro-enteritis

(Duration).....yrs.....mos. 2 ds.

CONTRIBUTORY (Secondary) no other history

(Duration).....yrs.....mos.....ds.

(Signed) D. J. Hennessy M. D.
(Coroner.)

July 7, 1925. (Address) 28 E. Lexington

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Laurel Lawn DATE OF BURIAL, July 7

20-UNDERTAKER, Samuel Hensley ADDRESS 539 W Balto

It is very important. See instructions on back of certificate.

FILM

Spec.—1-10-21—M&T—1500 Blks.

E 00115 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00115

CERTIFICATE OF DEATH. 14-175

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2030 Etting ST., 14 WARD)

2-FULL NAME Susan Jones

(a) RESIDENCE NO. 2030 Etting ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced (or) WIFE of Lucius Jones

6 DATE OF BIRTH (month, day, and year) 1857 Va Known

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 0 10

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Charles Womson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Margaret Smothers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Lucius Jones Jr. (Address) 2030 Etting St

15 Filed JUL 7 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4 1925

17

I HEREBY CERTIFY, That I attended deceased from July 3, 1925, to July 4, 1925, that I last saw he alive on July 3, 1925, and that death occurred, on the date stated above, at 8.30 A. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. William Frey, M. D.

7/7, 1925 (Address) 1928 Pa. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL July 8 1925

20 UNDERTAKER Jeannette Brumsey ADDRESS 1800

TION is very important. See instructions on back of certificates.

...PHYSICIANS should state ...Exact statement of OCCUPA-

...that it may be properly classified.

Spec.—1-10-21—M&T—1500 Blks.

E 00116

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00116

CERTIFICATE OF DEATH.

24-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 Laurens ST., 14-1 WARD)

2-FULL NAME Nenfy Watson

(a) RESIDENCE NO. 402 Laurens ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard Watson

6 DATE OF BIRTH (month, day, and year): 1865

7 AGE: Years 60 — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 070

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: not known

11 BIRTHPLACE OF FATHER (city or town) (State or country): not known

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): not known

14 Informant: Lewis Watson (Address) 402 Laurens st

15 Filed JUL 7 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 4th 1925

17

I HEREBY CERTIFY, That I attended deceased from June 23 1925 to July 4th 1925.

that I last saw her alive on July 4th 1925,

and that death occurred, on the date stated above, at 9.40 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy

(duration) yrs. mos. 03 ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Harry F Brown, M. D.

(Address) 1501 Presstman

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Crew Va.

DATE OF BURIAL: July 7 1925

20 UNDERTAKER: Mrs Jas H. Dennis per F E Kelson

ADDRESS 1303 Presstman St

TION is very important. See instructions on back of certificates.

E 00117 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00117

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 425 East Preston St.: 11-3 WARD) REGISTERED No. C 89

2-FULL NAME William M.F.Kohler

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 425 East Preston St.: Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, July (Month) 3 (Day), 1882 (Year)

7-AGE 43 yrs. 2 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): Millers Rest.

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William Kohler

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Appolina Knuff

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dora Kohler

(Address) 425 East Preston Street.

JUL 7 - 1925 191.. Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 5 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pyrexia Angina Pectoris

Duration yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Fibrous Dilation of Colon

Duration yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner.)

July 6 1925 (Address) 1639 Bway.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Loudon Park Cemetery DATE OF BURIAL, July 8 1925

20-UNDERTAKER Chas. J. Bauer & Son ADDRESS 1111 Mount Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

E 00118 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00118

CERTIFICATE OF DEATH 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Vickers

(a) RESIDENCE No. 2524 E Fayette St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1873.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labourer. 170

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER George W. Vickers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER E. Salisbury

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mercy Hospital (Address)

15 Filed JUL 7 - 1925 H. A. Mills Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5, 1925

17 I HEREBY CERTIFY, That I attended deceased from June 24, 1925, to July 5, 1925, that I last saw him alive on July 5, 1925, and that death occurred, on the date stated above, at 8-0 a. m.

The CAUSE OF DEATH* was as follows:

Chronic [redacted]

Parenchymatous Nephritis

? (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? no Clinical

What test confirmed diagnosis?

(Signed) H. W. Holley, M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore County	July 8 1925
20 UNDERTAKER	ADDRESS
Mrs C. Sullivan	2534 Oakley

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 00119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57

E 00119

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 325 Dolphin ST., 11-1 WARD)

2-FULL NAME Ellen Walker Stabler

(a) RESIDENCE NO. 325 Dolphin ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 50? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If ~~married, widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Jordon Stabler

6 DATE OF BIRTH (month, day, and year) Nov. 23rd 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	73	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Rockland
(State or country) Mass

PARENTS

10 NAME OF FATHER Horace Dean Walker

11 BIRTHPLACE OF FATHER (city or town) Medway
(State or country) Mass

12 MAIDEN NAME OF MOTHER Mercy A. Mason

13 BIRTHPLACE OF MOTHER (city or town) Medway
(State or country) Mass

14 Informant Edw A. Walker
(Address) 325 Dolphin St City

15 JUL 7 - 1925 Registrar

Burial Permit Clerk.
ROBERT R. KRAUTER.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 19 25

17 I HEREBY CERTIFY, That I attended deceased from Jany 15, 19 25, to July 7, 19 25.

that I last saw her alive on July 7, 19 25

and that death occurred, on the date stated above, at 7:30 a. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

over (duration) 10 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cerebral Thrombosis

(duration) — yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical diagnosis Laboratory test

(Signed) Rob B Mayo, M. D.

7/7, 19 25 Address Lafrobe Apt. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Abington Mass — DATE OF BURIAL July 8th 1925

20 UNDERTAKER Henry H. Jenkins Sons Co — ADDRESS McCulloh & Orchard Sts.

TION is very important. See instructions on back of certificates.

E 00120 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00120

CERTIFICATE OF DEATH.

25-32

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. Cherry Hill Westport. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Kasmer Dumkus.

(Residence in Baltimore: No. Cherry Hill Westport. St.; 5 yrs., 11 mos., 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed or Divorced, (Write the word.)
Male.	White.	Single.

6-DATE OF BIRTH. August 1, 1919. (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
5 yrs. 11 mos. 5 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. John Dumkus.

11-BIRTHPLACE OF FATHER, (State or Country). Lithuania.

12-MAIDEN NAME OF MOTHER. Annie Wenskus.

13-BIRTHPLACE OF MOTHER, (State or Country). Lithuania.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Dumkus. (mother)

(Address) Cherry Hill Westport.

JUL 7 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 6, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an enquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tubercular Meningitis

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Otto M. Reinhardt (Coroner) M. D.

July 6, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	July 8, 1925
20-UNDERTAKER,	ADDRESS
John Grebliunas	425 S. Paca St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00121

CERTIFICATE OF DEATH.

161-002

E 00121

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 S. Eden ST., 3-3 WARD)

2-FULL NAME Pete Kasko

(a) RESIDENCE No. 128 S. Eden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 6 /25

7 AGE: Years | Months | Days | If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Gustanti Kasko

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Anna Pravinsky

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Gustanti Kasko
(Address) 128 S. Eden St

15 Filed JUL 7 - 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 1925

17 I HEREBY CERTIFY, That I attended deceased from July 6, 1925, to July 6, 1925, that I last saw him alive on July 6, 1925 and that death occurred, on the date stated above, at 5:40 p. m.

The CAUSE OF DEATH* was as follows:

Delayed extraction of baby after head delivery

Dead, 10 Min. resuscitated by pulmotor (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) 12 lb baby very difficult delivery (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. Krauth, M. D.

19 , 1925 (Address) 1605 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: July 7 1925

20 UNDERTAKER: John Grebliunas — ADDRESS: 425 S Paca

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00122 E 00122

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital 9-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Orlando Ferruso

(a) RESIDENCE NO. Thomas W Va ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Wh.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 10, 1910

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
15	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Thomas W. Va

PARENTS

10 NAME OF FATHER Mike Ferruso

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Orlando Ferruso

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Mike Ferruso

(Address) Thomas W. Va

15 JUL 7 - 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1925

17

I HEREBY CERTIFY, That I attended deceased from June 24, 1925, to July 7, 1925, that I last saw him alive on July 7 1925 and that death occurred, on the date stated above, at 9 65 A m.

The CAUSE OF DEATH* was as follows:

Bacterial Endocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. T. Sybert M. D.

July 7 1925 (Address) St. Josephs Hosp

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Thomas, W. Va	July 8 1925

20 UNDERTAKER ADDRESS

Wm Cook 502 E Front

ITION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00123

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 541 Pulaski (E.) ST., 20-3 WARD)

REGISTERED No. E 00123

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Eugenia Seymour

(a) RESIDENCE: NO. abode ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of: Chas L. Weyrauch

6 DATE OF BIRTH (month, day, and year): March 26, 1860

7 AGE: Years 65 Months 11 Days — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Robert Maskett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto, Md

12 MAIDEN NAME OF MOTHER: Sarah Smink

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs. C. E. Seymour

(Address) 541 N. Pulaski St.

15 JUL 7 - 1925 ROBERT R. KRAUTER, Registrar, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/7 1925

17 I HEREBY CERTIFY, That I attended deceased from May 1st 25, 1925 to July 7 1925

that I last saw h[illegible] alive on July 11 1925,

and that death occurred, on the date stated above, at — 25 m.

The CAUSE OF DEATH* was as follows:

Myocordial Degeneration

Senile Dental Dysentery

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Injury ? Casualty M. D.

7/7 1925 (Address) 1 Roland Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL 7/8 1925

20 UNDERTAKER: Geo. Lenk — ADDRESS 1727 E. Monument

TION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Blks.

M Hayden - 1216 N. Carrollton Ct

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00124

CERTIFICATE OF DEATH.

31 E 00124

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 816 N. Kenwood Ave ST., 7-3 WARD)

2-FULL NAME Helen Rehal

(a) RESIDENCE No 816 N. Kenwood Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 22. 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER William J Rehal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Katie Blum

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Katie Rehal

(Address) 816 N. Kenwood Ave

15 JUL 7 - 1925 HUBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 1925

17

I HEREBY CERTIFY, That I attended deceased from May 6, 1925 to July 6, 1925

that I last saw her alive on July 5, 1925

and that death occurred, on the date stated above, at 8 25 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis (also Laryngeal & Enteric)

(duration) Not definite yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Benj. J. Hansberry, M. D.

(Address) 7/7, 1925 1216 N. Carrollton Ct

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL July 9 1925

20 UNDERTAKER Wm. Cook — ADDRESS 502 E North Ave

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

Anna Abercrombie 3524 Pennsylvania Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00125

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH. E 00125

REGISTERED NO.

CITY OF BALTIMORE: (No. 600 E - 35th St. ST., 9-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lida May Euler

(a) RESIDENCE NO. 600 E 35th St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John W

6 DATE OF BIRTH (month, day, and year) May 18 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Joseph Price

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Slagsmaw

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant John W Euler

(Address) 600 E 35th St.

15 Filed ....., 19 ..... Registrar

JUL 7 - 1925

ROBERT R. KRAUTH Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5 1925

17 I HEREBY CERTIFY, That I attended deceased from May 16, 1925, to July 4, 1925, that I last saw h[illegible] alive on July 4, 1925, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Uterus.

(duration) 1 yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Anna L. Abercrombie, M. D.

(Address) 3524 Pennsylvania Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park July	7/8 1925
20 UNDERTAKER	ADDRESS
Wm Cole Sons	Eutaw

TION is very important. See instructions on back of certificates.

E 00126 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 74-001 E 00126

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 316 S. Ann St., 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Victoria Rybarczyk

(Residence in Baltimore: No. 316 S Ann St.; yrs. 42 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	white	Widow

6-DATE OF BIRTH. Nov (Month) 14 (Day) 1883 (Year)

7-AGE. 68 yrs. 7 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of Industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country). Poland

PARENTS.

10-NAME OF FATHER. Frank Karaszewski

11-BIRTHPLACE OF FATHER, (State or Country). Poland

12-MAIDEN NAME OF MOTHER. unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Rybarczyk

(Address) 316 S. Ann St.

15-

JUL 7 - 1925

ROBERT R. KRAMER, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 6 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

2 years

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Lewis M. Taylor M. D. (Coroner.)

July 6 1925 (Address) 700 Chase

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St Stanislaus	July 9 1925
20-UNDERTAKER.	ADDRESS
John McWeber	803 Bank St

E 00127

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00127

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Gen. Hosp. Ward 10-7) Registered No. C 194

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Griffiths

(Residence in Baltimore: No. 5025 Eastern Ave St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	married

6-DATE OF BIRTH. May 1st (Month) (Day) 1885 (Year)

7-AGE. 40 yrs. 2 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Doubler
(b) General nature of industry, business, or establishment in which employed (or employer): Tin Plate Mill

9-BIRTHPLACE, (State or Country), Scotland

PARENTS.

10-NAME OF FATHER, Wm Griffiths

11-BIRTHPLACE OF FATHER, (State or Country), Scotland

12-MAIDEN NAME OF MOTHER, Margaret

13-BIRTHPLACE OF MOTHER, (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter K. Morley

(Address) 5025 Eastern Ave

JUL 7 - 1925 ROBERT R. KRAUTER Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 6 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heat Prostration 6 hrs.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D. (Coroner.)

July 7 1925 (Address) 2 E Redwood

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Wheeling W. Va — DATE OF BURIAL: 7/7 1925

20-UNDERTAKER: Philip Henry — ADDRESS: Orleans 2016

Spec.—1-10-21—M&T—1500 Blks.

E 00128 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00128

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 N. Castle ST., 6-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank G. Barton

(a) RESIDENCE No. 409 N. Castle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. 10 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 6/05

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	10	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk in

(b) General nature of industry, business, or establishment in which employed (or employer) Grocery Stor

(c) Name of employer John Snyder

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Frank Barton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Baier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Frank Barton

(Address) 409 N. Castle St

JUL 7 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5 1925

17 I HEREBY CERTIFY, That I attended deceased from July 3, 1925, to July 5, 1925, that I last saw him alive on July 3 1925, and that death occurred, on the date stated above, at 6 30 A m.

The CAUSE OF DEATH* was as follows:

1 Tuberculosis Pulmonary chronic active all lobes both Lungs

2 Tuberculosis of Larynx & Intestines

(duration) 2 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(duration) 0 yrs. 0 mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam X Rays & Sputum

(Signed) E. H. Donalson, M. D.

19 (Address) 1300 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn	7/7 1925
20 UNDERTAKER Philip Henry	ADDRESS 2016 Orleans

IMPORTANT—See instructions on back of certificates.

E 00129 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00129

CERTIFICATE OF DEATH. 188-003

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Galloway Town St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Samuel Fitzwater

(Residence in Baltimore: No. Ellicott City md St.; yrs. ..... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Unknown

6-DATE OF BIRTH, Unknown. (Month) 1..... (Day) (Year)

7-AGE, about 24 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Lumber Camp

9-BIRTHPLACE, (State or Country). Virginia

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER, (State or Country), " "

12-MAIDEN NAME OF MOTHER, " "

13-BIRTHPLACE OF MOTHER, (State or Country), " "

14-THE ABOVE IS ~~TRUE~~ TO THE BEST OF MY KNOWLEDGE.

(Informant) Funeral Director

(Address) Ellicott City Md

15-

Filed JUL 7 - 1925 ROBERT R. KRAUTER Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 4 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning
while riding in auto
mobile that plunged into
Galloway (Duration) ..... yrs. Sudden ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M. Kemler M. D.
(Coroner.)

July 7 1925 (Address) Town Clerk

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Broadway Va — DATE OF BURIAL, 7-7 1925

20-UNDERTAKER, C & B Hahn — ADDRESS 115 E North

Spec.—1-10-21—M&T—1500 Rls.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00130

CERTIFICATE OF DEATH. 111-002 E 00130

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Boyd and Dukeland Sts. 70 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Robl

(a) RESIDENCE NO. 312 N. Lindhurst ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie E. Robl.

6 DATE OF BIRTH (month, day, and year) March 29-1893

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	32			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tankman

(b) General nature of Industry, business, or establishment in which employed (or employer) Coca-Cola Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Robl.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Emma Fahrlich

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Minnie E. Robl

(Address) 312 Lindhurst St.

JUL 7 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 1925

17 I HEREBY CERTIFY, That I attended deceased from June 23, 1925, to July 6, 1925, that I last saw him alive on July 6, 1925, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Duodenal Ulcer (Perforated)

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Acute Purulent Peritonitis

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? yes Date of June 24-25

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) Arthur Wilkinson, M. D.

, 19 (Address) Walbert Ward

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem. DATE OF BURIAL July 8th 1925

20 UNDERTAKER Lilly and Zeiler ADDRESS 403 S. Wolfe St.

FOR is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—1500 Blks.

Hughes.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00131

CERTIFICATE OF DEATH. 4-1

E 00131

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Parkway ST., WARD)

2-FULL NAME Walter Hughes

(a) RESIDENCE NO. 235 Baltimore St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7½		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) md.

PARENTS

10 NAME OF FATHER Walter Hughes

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Clara Kausch

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Walter Hughes.
(Address) 235 Baltimore Ave.

15 Filed ..... 19 .....

JUL 7 - 1925

ROBERT R. KRAMER
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 19

17

I HEREBY CERTIFY, That I attended deceased from July 4, 19 25, to July 5, 19 25,

that I last saw him alive on 12 m. a. m., 19 25,

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Thermic fever

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Gastro-intestinal catarrh

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) K. B. Boyd, M. D.

, 19 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cremation Cem. DATE OF BURIAL July 8 19 25

20 UNDERTAKER Lilly and Zirkin ADDRESS 403 S. Wolfe St

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

00132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 00132

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 210 Myrtle a ST.: W-1 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian Green

(a) RESIDENCE. No. 210 Myrtle a ST., ..., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	c	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 16, 1922.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto., Md
(State or country)

PARENTS

10 NAME OF FATHER Joseph Green

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER Lillian Gross

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant Joseph Green
(Address) 210 Myrtle a

15 Filed ....., 19.... ROBERT R. KRAUTER
JUL 7 - 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/7/25 1925

17 I HEREBY CERTIFY, That I attended deceased from July 5 1925, to July 7 1925, that I last saw h alive on July 7 1925, and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Sarcoma of head of right femur with Metastasis

.....(duration) yrs. 7 mos. ds.

CONTRIBUTORY —
(Secondary)

.....(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Marcellus S Gray, M. D.

, 19 (Address) 1745 N Carey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet DATE OF BURIAL: July 8 1925

UNDERTAKER Samuel Ludwig ADDRESS 1300 Mary

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00133 E 00133

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Homewood Hospital St., (Ward) 90 Registered No.

2-FULL NAME Amanda Hammingstaffer

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 512 N Washington St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced (Husband of or) WIFE of Engelmann

6-DATE OF BIRTH (month, day and year) ?

7-AGE. 68 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), York

PARENTS.

10-NAME OF FATHER, Samuel Black

11-BIRTHPLACE OF FATHER (city or town) (State or Country), ?

12-MAIDEN NAME OF MOTHER, Elizabeth Brown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), ?

14- (Informant) Mrs M. D. O'Connor

(Address) 512 N Washington

JUL 7 - 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 5-1925

17- I HEREBY CERTIFY, That I attended deceased from Dec 12 1924 to July 5 1925

that I last saw h alive on July 4 1925

and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonia & Tuberculosis

(Duration) yrs. 2 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirm diagnosis?

(Signed) Edward J Lewis M. D

7/5, 1925 (Address) 413 N Wash

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Balto Cem	July 7th 1925
20-UNDERTAKER,	**ADDRESS**
Leo G. Cook	1731 Pratt St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00134

CERTIFICATE OF DEATH.

31 E 00134

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 857 Vine ST., 18-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Morton

(a) RESIDENCE No. 857 Vine ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Odd
(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Va

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Dont Know

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Dont Know

14 Informant Mrs. James Morton
(Address) 857 Vine St.

JUL 7 - 1925

ROBERT N. KRAUTER
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Phthisis Flor.

(duration) ... yrs. 1 mos 14 ds.

CONTRIBUTORY (Secondary) C. Kausdorn

(duration) ... yrs. ... mos. ... ds.

(Signed) G. C. Blades, M. D.
(Coroner.)

July 6 192 (Address) 1437 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem. DATE OF BURIAL 7/7/1925

20 UNDERTAKER Daniel Easton ADDRESS 96 Case

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00135

CERTIFICATE OF DEATH.

122-002

E 00135

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 635 Grosuch Ave ST 12-1 WARD)

2-FULL NAME Charles Voyce

(a) RESIDENCE No. 300 E. 33rd ST ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Voyce

6 DATE OF BIRTH (month, day, and year) Mar. 4, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thomas Voyce

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary E Stayler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Catherine Voyce

(Address) 300 E. 33rd St.

15 Filed ..... 19 ROBERT R. KRAUTER, Registrar.

JUL 7 - 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-5 1925

17

I HEREBY CERTIFY, That I attended deceased from 5-9, 1925, to 7-5, 1925

that I last saw him alive on 7-5, 1925,

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Hepatic Cirrhosis with ascites - over

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Chronic arterio. Myocarditis sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Paracentesis

Did an operation precede death? Date of 6-27-25

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) James Brown M. D.

. 19 (Address) 1319 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem.	June 8 1925
20 UNDERTAKER Margaret J. Hynes	ADDRESS 1417 Light St.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00136

CERTIFICATE OF DEATH.

129 E 00136

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 E. Hamburg ST., 23-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Neveker

(a) RESIDENCE NO. 32 E. Hamburg ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Widow of Geo E. Neveker

6 DATE OF BIRTH (month, day, and year) Sept. 14. 1837

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	87	9	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Alexandria, Va

PARENTS

10 NAME OF FATHER James W. Greenwood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont know

14 Informant Mrs Miller

(Address) 32 E. Hamburg St.

15 JUL 7 - 1925 ROBERT N. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1925, to July 5, 1925, that I last saw her alive on July 5, 1925, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Senile debility

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Uraemic Coma

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) W. H. Hamman Lusk M. D.

July 7, 1925 (Address) Light & Warren

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill	June 8 1925
UNDERTAKER Margaret C. Flynn	ADDRESS Harford Rd

ATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 00137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 00137

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 Hanover ST., 23-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry F. Sporleder

(a) RESIDENCE NO. 1600 Hanover ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? 54 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Annie E. Sporleder

6 DATE OF BIRTH (month, day, and year) Jan 17 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Master Teaser

(b) General nature of industry, business, or establishment in which employed (or employer) in Glass 086

(c) Name of employer Manufacturing Co

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Dont know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont know

12 MAIDEN NAME OF MOTHER Dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont know

14 Informant Annie E. Sporleder

(Address) 1600 Hanover St.

JUL 7 - 1925 ROBERT R. KRAUTER, Registrar.

~~Burial Permit Clerk.~~

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1925, to July 7, 1925, that I last saw ~~him~~ alive on July 7, 1925 and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Indefinite (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. R. Campbell M. D.

July 1925 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	July 9 1925
20 UNDERTAKER	ADDRESS
A. Howard Evans	38 E. Fort Ave

ATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 00138 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00138

CERTIFICATE OF DEATH. X 66

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 E. Preston ST., 11-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ethel M. Ware

(a) RESIDENCE NO. 214 E. Preston ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 5 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Ware

6 DATE OF BIRTH (month, day, and year): June 6 1889

7 AGE: Years 36 | Months 1 | Days 1 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Charles Town West Va

PARENTS

10 NAME OF FATHER: Charles L. Smallwood

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Mary E. Belland

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Mrs. L. Smallwood

Address: 214 E. Preston St. Washington D. C.

Filed JUL 8 - 1925 G.K.C. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/7/25

17 I HEREBY CERTIFY, That I attended deceased from 7/7/25 19.... to 7/7/25 19.... that I last saw h[illegible] alive on 7/7/25, 1925, and that death occurred, on the date stated above, at 3-30 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Acute Alcoholism

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Richard Dunn M. D.

, 19 (Address) 1727 North Bl[illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Charlestown West Va.

DATE OF BURIAL: July 8 1925

20 UNDERTAKER: Chas. G. Black

ADDRESS: 742 W. North Ave

E 00139 HEALTH DEPARTMENT—CITY OF BALTIMORE 177-001 E 00139

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Johns Hopkins Hospt. ST. 7-1 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Wall

(Residence in Baltimore: No 908 Shutter St. St. 3 yrs., 1 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Col.	

6-DATE OF BIRTH, May (Month) 19th (Day), 1922 (Year)

7-AGE, 3 yrs. 1 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work....
(b) General nature of industry, business, or establishment in which employed (or employer)....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER. Willie Wall

11-BIRTHPLACE OF FATHER (State or Country). Raleigh N.C.

12-MAIDEN NAME OF MOTHER Katie Wall

13-BIRTHPLACE OF MOTHER (State or Country). Raleigh N.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Willie Wall
(Address) 908 Shutter St

15- JUL 8 - 1925 191... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 5th (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Accidental-Probably Phosphorus poisoning- swallowed some fire works or matches. (Autopsy at Hopkins)
(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)
(Duration)....yrs....mos....ds.

(Signed) J. J. W. Collins (Coroner.) M. D.
7-8-25, 191... (Address) 508 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?....
Former or usual residence....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetry — DATE OF BURIAL, July 8, 1925

20-UNDERTAKER Mrs Ida Snowden — ADDRESS 1735 Eastlandave

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00140 CERTIFICATE OF DEATH. X 129 E 00140

1-PLACE OF DEATH Sou Seecurs Hospital

CITY OF BALTIMORE: (No. Fayette E Monroe ST., 20-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Blanche atkinson

(a) RESIDENCE NO. 4603-14 1/2 N.W. Washington D.C. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 11 - 1851

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....mm.
74	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ——— Gds

(b) General nature of industry, business, or establishment in which employed (or employer) ———

(c) Name of employer ———

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER Dr Thos C. atkinson

11 BIRTHPLACE OF FATHER (city or town) ~~Not~~ Known (State or country)

12 MAIDEN NAME OF MOTHER Ellen McNally

13 BIRTHPLACE OF MOTHER (city or town) [illegible] (State or country) England

14 Informant Robt J. Atkinson (Address) 4603-14th St N.W. Wash. DC

15 JUL 8 - 1925 L.A.G. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7th 1925

17 I HEREBY CERTIFY, That I attended deceased from June 29, 1925, to July 7, 1925, that I last saw her alive on July 7, 1925, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Geo. D. Lippy, M. D.

, 19 (Address) Sou Seecurs Hosp. City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rem Cathedral Cem

DATE OF BURIAL 7-9 1925

20 UNDERTAKER Henry W. Jenkins & Son

ADDRESS Richard McCulloh

Spec.—6-9-19—H. P. Co.—1030 Blks.

(Crawley)

E 00141 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00141

CERTIFICATE OF DEATH. 5-2 129

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 517 Sapp St ST.; WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Missouri Crawley

(a) RESIDENCE. No. 517 Sapp St ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	c	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sandy Crawley deceased

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Almost 70

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Cornelius Bryce

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant John Bryce (Address) 517 Sapp St

15 Filed JUL 8 - 1925 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1925

17 I HEREBY CERTIFY, That I attended deceased from March 12, 1925, to July 7 — 1925, that I last saw h— alive on July 7 — 1925, and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Marcellus E Jones M. D.

, 19 (Address) 1XXS N Carey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury	July 8 1925

20 UNDERTAKER John W Henderson ADDRESS 1502 E Monument

Be sure to read instructions on back of certificates. Be very important.

Spec.—1-10-21—M&T—1500 Blks.

E 00142 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00142

CERTIFICATE OF DEATH.

3 V

1-PLACE OF DEATH

CITY OF BALTIMORE (No 1204 Homewood Ave ST.) 10-2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James J. McKenna

(a) RESIDENCE No 1204 Homewood Ave ST. WARD 10th

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A McKenna

6 DATE OF BIRTH (month, day, and year) Aug 5-1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Dion McKenna

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine O'Brien

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mary A McKenna

(Address) 1204 Homewood Ave

15 Filed JUL 8 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5- 1926

17 I HEREBY CERTIFY That I attended deceased from July, 1922 to July 5-, 1925;

that I last saw him alive on July 5-, 1926;

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage

(duration) immediate ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? From Symptoms

(Signed) Benj D Hansdent M. D.

(Address) 1216 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL July 9 1925

20 UNDERTAKER W. C. Niedefeld

ADDRESS 914 Druid Ave

Spec.—1-10-21—M&T—1500 Blks.

E 00143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+38 E 00143

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Hope Retreat ST., 28-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Alice Seitz

(a) RESIDENCE NO. Mt. Hope Retreat ST., WARD Altoona Pa.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 5 mos. ? ds. How long in U. S., if of foreign birth? 55 yrs. 11 mos. 18 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur S. Seitz

6 DATE OF BIRTH (month, day, and year) July-19-1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	11	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife. 37

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer None

9 BIRTHPLACE (city or town) Altoona

(State or country) Pa.

PARENTS

10 NAME OF FATHER Christopher John

11 BIRTHPLACE OF FATHER (city or town) Columbia

(State or country) Pa

12 MAIDEN NAME OF MOTHER Mary Milton

13 BIRTHPLACE OF MOTHER (city or town) —

(State or country) Kentucky

14 Informant Mt. Hope Friends

(Address)

15 JUL 8 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1925

17

I HEREBY CERTIFY, That I attended deceased from Jly 9, 1924, to July 7, 1925, that I last saw h[illegible] alive on July 7, 1925, and that death occurred, on the date stated above, at 7:00 P.m.

The CAUSE OF DEATH* was as follows:

Paresis

(General Paralysis)

Unknown (duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Dementia

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Hill, M. D.

, 19 (Address) Wylie av. Rustertown Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Altoona Pa. DATE OF BURIAL July-8/ 1925.

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS 108 W. NORTH AVE.

Spec.—8-24-14—M. & T.—2000 Bks.

E 00144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-129

E 00144

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 W. Hoffman St.; ..... WARD)

2-FULL NAME Wm Edward Groomes

(Residence in Baltimore: No. 306 W. Hoffman St.; 59 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, M

4-COLOR OR RACE, C

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct. (Month) 24 (Day), 1865 (Year)

7-AGE, 59 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Porter 070
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Otho Groomes

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Hattie Ann Pennington

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Annie B. Groomes

(Address) 306 W. Hoffman st

15- Filed OCT 8 - 1925, 191..... Registrar. G K G

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 7 (Month) 7 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6/22 1925, to 7-7 1925, that I saw h im alive on 7. 6 1925, and that death occurred, on the date stated above, at 10.40 a. m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular-Renal Disease

(Duration) several (?) yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) J. H. Hughes M. D.

7-7, 1925 (Address) 825 N. Fremont

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn

DATE OF BURIAL, 7/10/1925

20-UNDERTAKER Geo. T. A. Gibson

ADDRESS 1735 Druid Hill Ave

(Kellam)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00145

CERTIFICATE OF DEATH.

X 188-003

E 00145

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Gen. Hosp., St., 11-2 Ward)

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Harry Kellam

(Residence in Baltimore: No. 940 Park Ave, St.; yrs., (3) mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	colored	married

6-DATE OF BIRTH,
about 1900
(Month) (Day) (Year)

7-AGE, 25 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... 040

9-BIRTHPLACE, (State or Country). Va.

PARENTS.

10-NAME OF FATHER, Henry Kellam

11-BIRTHPLACE OF FATHER, (State or Country). Va.

12-MAIDEN NAME OF MOTHER, Mary Savage

13-BIRTHPLACE OF MOTHER, (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Kellam

(Address) Harbeson, Va.

15-

Filed JUL 8 - 1925 G H Kelly Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 7, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) automobile accident

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

July 8, 1925 (Address) 180 Lanvale

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Harbeson Wharf-Accomac Co. Va.	7/12/25
20-UNDERTAKER,	ADDRESS
Thos. Geo. H. Holland	1631 Druid Hill

Spec—12-23-21—E.B.R.S.—400 Eks.

O. F. Parker 928 E. North Ave

E 00146 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00146

CERTIFICATE OF DEATH. 114

1-PLACE OF DEATH

City of BALTIMORE: (No. 1005 Wilcox St. St., 10-2 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Gilbert F. Brady

(a) Residence No. 1005 Wilcox St. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Child

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb 13 1923

7-AGE. 2 yrs. 5 mos. 5 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER. Charles F. Brady

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER. Lavinia Landon

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md

14- (Informant) Charles F. Brady

(Address) 1006 Wilcox St.

15- JUL 8 - 1925 C. H. L. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). JUL 7 1925

17- I HEREBY CERTIFY, That I attended deceased from JUL 7 1925 to JUL 7 1925

that I last saw him alive on JUL 7 1925

and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

acute toxemia following acute gastro Enteritis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) acute Gastro Enteritis and Infection

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) O. F. Parker M. D.

JUL 8, 1925 (Address) 928 E North Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. London Park — DATE OF BURIAL, July 9, 1925

20-UNDERTAKER. Elmer W. Conkling — ADDRESS 824 E Eager St.

Spec.—1-10-21—M&T—1500 Bks.

E 00147 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 00147

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 140 Lansdowne Lane ST., 20-4 WARD)

2-FULL NAME Christina A. Sobinski

(a) RESIDENCE NO. 140 Lansdowne Lane ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S., if of foreign birth? 70 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward J. Sobinski

6 DATE OF BIRTH (month, day and year) July 12 1854

7 AGE Years	Months	Days	If LESS than 1 day,.....hrs. or.....min.
90	11	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Fred Fleischer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Hoch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Katie Risner
(Address) 140 Lansdowne Lane

15 Filed JUL 8 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6th 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1925 to July 6th 1925

that I last saw her alive on July 6th 1925

and that death occurred, on the date stated above, at 11.10 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Vernon H Condon, M. D.

, 19 (Address) 150 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	July 9 1925
20 UNDERTAKER	ADDRESS
F. B. Wyand	1850 N. Ballo St

Note is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 00148

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001
74 E 00148

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 N Arlington ave (St.) 16-7 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate Clautice

(a) RESIDENCE No. 624 N Arlington Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 24, 1838

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	87	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) — — —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto —

PARENTS

10 NAME OF FATHER Peter Clautice

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Mary Beakey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Miss Carrie Clautice

(Address) 624 Arlington Ave.

15 JUL 8 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1925

17

I HEREBY CERTIFY, That I attended deceased from July 2, 1925, to July 7, 1925, that I last saw h alive on July 6, 1925, and that death occurred, on the date stated above, at 1.30 a/m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) age,

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) John A Evans, M. D.

, 19 (Address) 101 N. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	July 9th 1925
20 UNDERTAKER	ADDRESS
F. P. Evans & Son	703 Hanover

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00149

CERTIFICATE OF DEATH.

X114

E 00149

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hospital ST., 4-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Melvin Rose

(a) RESIDENCE No. Roland Terrace - Annapolis Road WARD 2nd

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 15-1916

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	9	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. ddw

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Jackson Rose.

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Bessie Kaufman.

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Jackson Rose. (Address) Brooks A.A. Co. Md.

15 Filed JUL 8 - 1925, 19 GHK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 1925

17 I HEREBY CERTIFY, That I attended deceased from July 6, 1925, to July 6, 1925, that I last saw him alive on July 6, 1925, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Gastritis 4d

Acute Enteritis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) K B Boyd M. D.

19 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	7/9 1925

20 UNDERTAKER J. Few McCully ADDRESS 130 E Fort

NOTE—It is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

Marosz

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00150 — CERTIFICATE OF DEATH — E 00150

49

1-PLACE OF DEATH Johns Hopkins Hospital — REGISTERED NO. .....

CITY OF BALTIMORE: (No. ..... ST., 24-3 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Marosz

(a) RESIDENCE No. 1158 Cookery St ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mour

6 DATE OF BIRTH (month, day, and year) Feb 1 1920

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	5	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS
10 NAME OF FATHER Andrew Marosz
11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland
12 MAIDEN NAME OF MOTHER Katie Schlifka
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address) Records John Hopkins Hospital

15 Filed ..... 19 ..... Registrar

JUL 8 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 1925

17 I HEREBY CERTIFY, That I attended deceased from June 12, 1925, to July 6, 1925, that I last saw him alive on July 6, 1925, and that death occurred, on the date stated above, at 3 45 P. m.

The CAUSE OF DEATH* was as follows:
Sarcoma of Eye - Recurrence

(duration) yrs. 18 mos. ds.

CONTRIBUTORY (Secondary) Metastases to Pleura & Lungs
(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 14 mos prior

Was there an autopsy? No —

What test confirmed diagnosis? None

(Signed) Cook Scott M. D.

(Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary — DATE OF BURIAL 7-9 1925

20 UNDERTAKER E & R Herle — ADDRESS 115 E Hoffman

NOTE—Very important. See instructions on back of certificates.

S·A·E

OD DAK

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 00151 162 E 00151

E 00151
1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Hebrew Hosp ST., 18-1 WARD)

2-FULL NAME Baby Boy Gifter

(a) RESIDENCE NO. 317 N. Schroder ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 6/1925

7 AGE — Years — Months — Days ✓ — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City Md

PARENTS

10 NAME OF FATHER Isreal Lester

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Mary Lurd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Josh Lewis
(Address) 1439 Eutaw St

15 JUL 8 - 1925 11 A.M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8 1925

17 I HEREBY CERTIFY, That I attended deceased from July 6, 1925, to July 8, 1925, that I last saw him alive on July 8, 1925, and that death occurred, on the date stated above, at 9:00 A m.

The CAUSE OF DEATH* was as follows:

Congesital Atelectasis

.....(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

.....(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Samuel R. Siegel, M. D.

, 19 (Address) Hebrew Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: July 8 1925

20 UNDERTAKER: Josh Lewis — ADDRESS: 1439 Eutaw

PROVE is very important. See instructions on back of certificates.

Spec. 1-10-21 MAT 1500 Blks.

E 00152 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00152

CERTIFICATE OF DEATH. 74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 E. Preston ST., 10-26 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emanuel Hajek

(a) RESIDENCE NO. 1303 E. Preston ST., WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 35 yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hajek

6 DATE OF BIRTH (month, day, and year) Jan 30 62

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer) Shoes

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Morris Hajek

11 BIRTHPLACE OF FATHER (city or town) Bohemia (State or country)

12 MAIDEN NAME OF MOTHER Bessie Bova

13 BIRTHPLACE OF MOTHER (city or town) Bohemia (State or country)

14 Informant Stephanie Hajek

(Address) 1303 E. Preston St.

15 Filed JUL 8 - 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1925

I HEREBY CERTIFY, That I attended deceased from May 20, 1925, to July 7, 1925, that I last saw h alive on July 7, 1925, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. 2 mos 21 ds.

CONTRIBUTORY (Secondary) Cardiac Dropsy

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) William J. Rosario M. D.

(Address) 1604 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cemetery DATE OF BURIAL July 9/1925

20 UNDERTAKER J. Ahrens & Co ADDRESS 3314 Fleming Ave

Spec.—1-10-21—M&T—1500 Blks.

E 00153 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00153

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Vincents La Asy 14-1 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frankley Elmore

(a) RESIDENCE NO. St Vincents La Asy WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 20/24

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
		6	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St Vincents

PARENTS

10 NAME OF FATHER Shelton Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Pearl Elmore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Pearl Elmore

(Address) St Vincents

FILED JUL 8 - 1925 H. A. M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8 1925

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1925, to July 8, 1925, that I last saw him alive on July 8, 1925, and that death occurred, on the date stated above, at 9:30 a m.

The CAUSE OF DEATH* was as follows:

Congenital Debility
(Premature)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thos. R. Goldsborough Jr., M. D.

, 19 (Address) 2923 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL July 9 1925

20 UNDERTAKER Quarter Fahey & Son — ADDRESS 1527 Forth Ave

Spec.—1-10-21—M&T—1500 Blks.

E 00154

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00154

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Hope Retreat ST. 28-1/2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J. White

(a) RESIDENCE NO. Baltimore, Md ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Oct 9, 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grain Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James White.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Margaret McSweeny

13 BIRTHPLACE OF MOTHER (city or town) (State or country) — Ireland

14 Informant Mrs. Hope Records

(Address) Mrs. Hope, Balto. Md

FILED JUL 8 - 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1925

17

I HEREBY CERTIFY, That I attended deceased from July 5, 1925, to July 7, 1925,

that I last saw him alive on July 7, 1925,

and that death occurred, on the date stated above, at 9.10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Chr. Endocarditis & Haemoplegia)

Unknown (duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Senile Psychosis

Unknown (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical - Chemical

(Signed) Milton P. Hall, M. D.

, 19 (Address) Wylie ave - Ruxton Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Saint Petersburg

DATE OF BURIAL: July 9 1925

20 UNDERTAKER: George J. Smith

ADDRESS: Hollins

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00155

CERTIFICATE OF DEATH.

24 E 00155

E 00155
1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 462 E. Federal ST. 12-6 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Jakobsen

(a) RESIDENCE NO. 462 E. Federal ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Jakobsen

6 DATE OF BIRTH (month, day, and year) Nov. 3, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	8	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Saint E Hardware
(b) General nature of industry, business, or establishment in which employed (or employer) Seeds 045
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Norway Sweden

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Norway Sweden

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sweden

14 Informant Henry H Faukel
(Address) 511 N. Broadway

15 Filed ..., 19... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6th 1925

17 I HEREBY CERTIFY, That I attended deceased from June 26. 1925. to July 6. 1925.
that I last saw h[illegible] alive on July 6. 1925.
and that death occurred, on the date stated above at 3.15 P m.
The CAUSE OF DEATH* was as follows:
Apoplexy 3d stroke

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Paralysis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Reginald J Tonry M. D.
, 19 (Address) 414 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 7/9 1925

20 UNDERTAKER William Cook

ADDRESS 502 E North Ave

NOTE—Items are very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 00156 HEALTH DEPARTMENT—CITY OF BALTIMORE 001

CERTIFICATE OF DEATH.

74 E 00156

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2616 Francis St. WARD 13-5) REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Sarah Eliz. Sheibert

(a) RESIDENCE No. 2616 Francis ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Wht	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jno. Sheibert

6 DATE OF BIRTH (month, day, and year) May 28 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Easton (State or country) Md.

PARENTS

10 NAME OF FATHER Jas. Parrott

11 BIRTHPLACE OF FATHER (city or town) Talbot Co (State or country) Md.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Talbot Co (State or country) Md.

14 Informant Mrs Lottie Ennis
(Address) 2610 Francis St

15 Filed JUL 9 - 1925 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7th 1925

17 I HEREBY CERTIFY, That I attended deceased from June 30, 1925, to July 7 1925, that I last saw her alive on July 5 1925, and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

1st Stroke Apoplexy

Approximately 1 day

(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Heart Prostration

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Edw. Smith, M. D.

(Address) 1005 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	July 10 1925

20 UNDERTAKER M. Cook ADDRESS 532 E North Ave

How to fill out certificates. See instructions on back of certificates. It is very important.

Spec.—1-10-21—M&T—1500 Blks.

Dr McCleary - 1609 London Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00157

CERTIFICATE OF DEATH.

44 E 00157

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 717 N. Payson (ST.,) 16-5 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wallace G. Hiser

(a) RESIDENCE No. 717 N. Payson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of May Hiser

6 DATE OF BIRTH (month, day, and year) July 10, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John Hiser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Hatton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant May Hiser (Address) 717 N. Payson St

15 Filed JUL 8 1925 GKL Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 1925

17 I HEREBY CERTIFY, That I attended deceased from July 2 1925, to July 6 1925, that I last saw h[im] alive on July 6 1925, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Cachexia

(duration) yrs. 6 mos ds.

18 Where was disease contracted if not at place of death? ?????????

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Microscopic

(Signed) Gordon McCleary, M. D.

, 19 (Address) 1609 London Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL July 9 1925

20 UNDERTAKER Wm. Cook — ADDRESS 502 E. North Ave.

Cor.—1-12-23—M&T—100 ftks.

E 00158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 00158

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. Mercy Hospital ST., 25-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence Edw. Smith

(a) RESIDENCE No. Halin Ferry Road ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Smith

6 DATE OF BIRTH (month, day, and year) Feb 22, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	4	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Truck foreman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer B & O R.R. 073

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER August Smith

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Rachael Hinkle

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant John Smith
(Address) Halin Ferry Road

15 Filed JUL 8 - 1925 GKK Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Acute Heart Dilatation

..... (duration) ..... yrs. a few hours ds.

CONTRIBUTORY (Secondary) Nys Carditis

..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. K. Young, M. D.
(Coroner.)

7, 7, 1925 (Address) 117 W. Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pimlico — DATE OF BURIAL: July 9 1925

20 UNDERTAKER W. M. Cook — ADDRESS 502 E. Madison

Spec—12-23-21—E.B.R.S.—400 Blks.

E 00159

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00159

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital — Registered No.....

City of BALTIMORE: (No.....St., 1201 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Maldonia Julius McGimpsey.

(a) Residence No. Morristown, Tenn. St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Julius McGimpsey

6-DATE OF BIRTH (month, day and year) July 9 1859

7-AGE.	If LESS than 1 day,
66 yrs. 11 mos. 30 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Tennessee

PARENTS.

10-NAME OF FATHER, John Russell

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER, Amanda Baker

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), North Carolina

14- (Informant) Mrs R L McGimpsey

(Address) Morristown Tennessee

15-

Filed JUL 8 - 1925, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 8, 1925

17- I HEREBY CERTIFY, That I attended deceased from June 29, 19 25, to July 8, 19 25

that I last saw h.. alive on July 8, 19 25

and that death occurred, on the date stated above, at 10:15 A.m.

The CAUSE OF DEATH* was as follows:

Myocarditis sixth

myocardial failure

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) 4 yrs. ..... mos. 5 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis?.....

(Signed) Edwin B Jones M. D.

, 19 (Address) Morristown Tenn.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Morristown Tenn	July 8, 1925
20-UNDERTAKER,	ADDRESS
W M Cook	502 E North

Spec.–1-10-21–M&T–1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00160 E 00160

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Glenn Rogers

4 (a) RESIDENCE NO. ~~[illegible]~~ ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	~~Single~~ Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Glass factory

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... (State or country) W. Va

PARENTS

10 NAME OF FATHER Wm. Rogers

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) W. Va

12 MAIDEN NAME OF MOTHER Rosie Hoffman

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) W. Va

14 Informant ..... (Address) Johns Hopkins Hospital

15 Filed ..... 19 ..... Registrar

JUL 8 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1925

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1925, to July 7, 1925

that I last saw him alive on July 7, 1925

and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Hyperthyroidism

Exophthalmic Goitre

..... (duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) None

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? W. Va

Did an operation precede death? Yes Date of June 6 1925

Was there an autopsy? No

What test confirmed diagnosis? Path. Exam of tissue

(Signed) Warfield M. Theobald M. D.

6/8 1925 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Fairmont W Va	7/8/25
20 UNDERTAKER Joseph Owens	ADDRESS 2218 Bway

Print very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00161

CERTIFICATE OF DEATH.

102 E 00161

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4792 Reisterstown Rd ST.. 27-3 WARD.

2-FULL NAME Aska F. Worrell

(a) RESIDENCE No. 4792 Reisterstown Rd ST.. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

7 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret A. Worrell

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bartender

(b) General nature of Industry, business, or establishment in which employed (or employer) Hotel

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Susan Berryman

(Address) Reisterstown Md.

15 JUL 8 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1925

17 I HEREBY CERTIFY, That I attended deceased from 7-6-, 1925, to 7-7-, 1925, that I last saw h^ alive on 7-7-, 1925, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

Endocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Charles O Lucke, M. D.

7-8, 1925 (Address) 2129 W Mt Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL
Druid Ridge Cem	July 1925
20 UNDERTAKER Wm Tickner Sons	ADDRESS Northern

IMPORTANT. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00162
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

159-003 E 00162

REGISTERED NO.

CITY OF BALTIMORE: (No. 3203 Elgin Ave ST., 15-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard E. Glaser

(a) RESIDENCE NO. 3203 Elgin — ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) May 24-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ditto

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Raymond Glaser

11 BIRTHPLACE OF FATHER (city or town) (State or country) City

12 MAIDEN NAME OF MOTHER Nell. Gill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) City

14 Informant Bernard E. Glaser
(Address) 3203 Elgin

15 Filed JUL 5 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1925

17

I HEREBY CERTIFY, That I attended deceased from June 11, 1925, to July 7, 1925; that I last saw him alive on July 2, 1925 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of June 11-1925

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) Richard S. Coolidge, M. D.

, 19 (Address) Luther Apt. Cheltenham Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	July 8, 1925
20 UNDERTAKER	ADDRESS
H. A. Tickner & Son	North Ave

Write in ink. Use typewriter if possible. Do not write on back of certificates. Every question must be answered. Where none, or not known, so state. Be sure to sign your name as informant. See instructions on back.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00163
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

31 E 00163
REGISTERED NO.

CITY OF BALTIMORE: (No. 2833 Remington ave ST., 42-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anderson Williams

(a) RESIDENCE NO. 2833 Remington Ave ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Eliza Williams

6 DATE OF BIRTH (month, day, and year) May 10 - 75

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
50	—	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer odd

(b) General nature of industry, business, or establishment in which employed (or employer) Rock Quarry

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Don't Know

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Don't Know

14 Informant Eliza Williams (Address) 2833 Remington ave

15 JUL 8 - 1925 ROBERT R. KRAUTER Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6th 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1924, to July 6, 1925, that I last saw h alive on July 5, 1925, and that death occurred, on the date stated above, at 4.30 A m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonary Tuberculosis

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X3. Isolated

(Signed) Paul Brown, M. D.

7/6, 1925 (Address) 1837 Pa. ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem DATE OF BURIAL July 8 1925

20 UNDERTAKER Chas M Chesshir ADDRESS Mt Pleasant

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 00164

Registered No.....

1-PLACE OF DEATH Union Mem. Hosp.

City of BALTIMORE: (No. Calvert 33rd St., 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Harry K. Wolcott.

(a) Residence No.... 931 Shirley Ave. Norfolk Va. St., ... Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Oct. 25, 1868

7-AGE. 57 ...yrs. ...mos. ...ds.

If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer)...

(c) Name of employer...

9-BIRTHPLACE (city or town)... Ohio (State or Country),

PARENTS.

10-NAME OF FATHER, Wm. P. Wolcott.

11-BIRTHPLACE OF FATHER (city or town)... Ohio (State or Country),

12-MAIDEN NAME OF MOTHER, Amanda Kan

13-BIRTHPLACE OF MOTHER (city or town)... Ohio (State or Country),

14-

(Informant)... [illegible]

(Address)... Norfolk Va.

15-

Filed JUL 8 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 8, 1925

17- I HEREBY CERTIFY, That I attended deceased from June 24, 1925 to July 8, 1925

that I last saw h. alive on July 8, 1925

and that death occurred, on the date stated above, at 7 35 A.m.

The CAUSE OF DEATH* was as follows:

Cerebellar Tumor

(Duration) 3-4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 7, 1925

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) R. J. Bilford M. D.

, 1923 (Address) N. M. H.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park

DATE OF BURIAL, 7/9, 1925

20-UNDERTAKER. J. J. Talbert Sons

ADDRESS 1318 Eutaw St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00165

CERTIFICATE OF DEATH.

101 E 00165

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1237 Edward ST. 5-2 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Loveday

(a) RESIDENCE NO. 1237 Edward ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Negro	Divorced

5a If married, widowed, or divorced (or) WIFE of Bessie Lee Loveday

6 DATE OF BIRTH (month, day, and year) February 29, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Kalsominer

(b) General nature of industry, business, or establishment in which employed (or employer) ———

(c) Name of employer ———

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm Henry Loveday

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Louisa Sampson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Eastern Shore Md.

14 Informant Mrs Della Loveday
(Address) 1237 Edward ST

15 JUL 8 - 1925 ROBERT R. KRAUTER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1925

17 I HEREBY CERTIFY, That I attended deceased from June 29, 1925, to July 7, 1925, that I last saw h[illegible] alive on July 7, 1925, and that death occurred, on the date stated above, at 5:20 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia (Bilateral)

(duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart and Nephritis (duration) ... yrs. ... mos. 4 ds.

18 Where was disease contracted if not at place of death? ———

Did an operation precede death? no Date of ———

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) George S. Allen, M. D.

, 19 (Address) 586 Somerset St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] cemetery

DATE OF BURIAL July 10 1925

20 UNDERTAKER Edward Bryon

ADDRESS 1631 Carlson St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1224-001

E 00166

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 3221 Guilford Avenue St., 1224 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Sydney Adams

(a) Residence No. 3221 Guilford Avenue St.,..... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine E. Slaysman

6-DATE OF BIRTH (month, day and year) Oct. 22, 1841

7-AGE,	If LESS than 1 day,
83 yrs. 8 mos. 15 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Retired

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)... Kingston
(State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John T. Adams

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Mary Ann Broughton

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Unknown

14- (Informant)... Mrs. W.A. Housten

(Address)... 3221 Guilford Avenue

15- JUL 8 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 7 25

17- I HEREBY CERTIFY, That I attended deceased from June 1 19.25 to July 7 19.25

that I last saw h.. alive on July 6 19.25

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration)... yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

Senility (Duration)... 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Alma B Lemmon M. D.

7/8, 1925 (Address) 718 N Pat Rhoad

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
Loudon Park Cemetery	7/9, 19..25

20-UNDERTAKER.	ADDRESS
Henry W. Mears & Son	805 N. Calvert

Spec.—1-12-23—M&T—500 Blks.

E 00167

HEALTH DEPARTMENT—CITY OF BALTIMORE

49 E 00167

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital ST., 18-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Nora Naugle

(a) RESIDENCE NO. 119 Mt. Clare alley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Naugle

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) " unknown

12 MAIDEN NAME OF MOTHER " unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " unknown

14 Informant John W. Naugle

(Address) 119 Mt. Clare alley

Filed JUL 8 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-7 1925

17 I HEREBY CERTIFY, That I attended deceased from July 6th, 1925, to July 7th, 1925, that I last saw her alive on July 6th, 1925 and that death occurred, on the date stated above, at 4 10 a m

The CAUSE OF DEATH* was as follows:

Cachexia

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Cancer Pancreas

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Examination

(Signed) R Clarence Colvin, M. D.

, 19 (Address) 1829 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL July 8 1925

20 UNDERTAKER E. LeRoy Stiffler

ADDRESS 125 North ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00168

CERTIFICATE OF DEATH.

113

E 00168

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408 W Mulberry St. 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John T. Harris

(a) RESIDENCE NO. 1408 W Mulberry St. WARD.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Dec 8-1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. GAD

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER William Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Margaret Higgs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Campbell Ind

14 Informant (Address) Margaret Higgs Harris 1408 W Mulberry St

15 Filed JUL 8 - 1925 19 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1925

17

I HEREBY CERTIFY, That I attended deceased from July 2 , 1925, to July 7 , 1925, that I last saw h— alive on July 6 , 1925, and that death occurred, on the date stated above, at 6.15 p.m.

The CAUSE OF DEATH* was as follows:

an auto intoxication Cystitis: pleurisy pneumonia

(duration) ..... yrs. ..... mos. 2b ds.

CONTRIBUTORY (Secondary) Neurasthenia

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? clinical

(Signed) Bernard P. Trust M. D.

6/7, 1925 (Address) 170 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	July 9th 25
20 UNDERTAKER	ADDRESS
A. Jones	1113 S. Gilmor st

Spec—12-23-21—E.B.P.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00169

CERTIFICATE OF DEATH.

3/ E 00169

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 21 West 25th St., 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Morris H. Tucker

(a) Residence No. 21 West 25th St. St., Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Massay L. Tucker

6-DATE OF BIRTH (month, day and year) Jan 3rd 1861

7-AGE. 64 yrs. 6 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cashier

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Washington D.C.

PARENTS.

10-NAME OF FATHER, E. Brison Tucker

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Susan Davis

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va.

14- (Informant) Mrs. Massay L. Tucker

(Address) 21 West 25th St.

15- JUL 8 - 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 7th 1925

17- I HEREBY CERTIFY, That I attended deceased from April 6th 1925 to July 7th 1925

that I last saw him alive on July 7th 1925

and that death occurred, on the date stated above, at 7.25 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatous Nephritis (Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Isaac C. Dickson M. D

July 7. 1925 (Address) 3055 W. North ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Wood Lawn Cem	July 9th 1925
20-UNDERTAKER.	ADDRESS
E Schloman & Son	1039 Hanover st

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00170

CERTIFICATE OF DEATH.

114 E 00170

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 Johns Street ST., 11-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Brown

(a) RESIDENCE No. 1313 Johns Street ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 6 mos. ds. How long in U. S., if of foreign birth? 56 yrs. 8 mos. 16 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	White	Widowed

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Robert R. Brown

6 DATE OF BIRTH (month, day, and year) Oct 22-1838

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	86	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Calhoun Ky
(State or country)

PARENTS

10 NAME OF FATHER Robert Ficklin Brown

11 BIRTHPLACE OF FATHER (city or town) unknown
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Ellis

13 BIRTHPLACE OF MOTHER (city or town) Evelyn
(State or country) unknown

14 Informant Walter C Brown
(Address) 1313 Johns St

15 Filed JUL 8 - 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8 1925

17 I HEREBY CERTIFY, That I attended deceased from 6.26 1925, to July 7 1925, that I last saw h alive on July 7 1925, and that death occurred, on the date stated above, at 11. A.m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Diarrhoea Duration

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L. D. Fishbein M. D.

7.8. 1925 (Address) 211 N. Gaurard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bowling Green Ky

DATE OF BURIAL 7/9 1925

20 UNDERTAKER William Cook

ADDRESS 502 E North

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00171
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

24-1 194

E 00171
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1411 William ST. WARD)

2-FULL NAME Melvin Leroy Norfolk

(a) RESIDENCE No. 1411 William ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 7 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Sing

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11.27.1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		7	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS
10 NAME OF FATHER Wm. S. Norfolk
11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto
12 MAIDEN NAME OF MOTHER Ella Fitzgerald
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Wm S. Norfolk
(Address) 1403 Wm St

15 JUL 8 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7.8 1925

17 I HEREBY CERTIFY, That I attended deceased from 7.7, 1925, to 7.8, 1925, that I last saw h[illegible] alive on 7.8, 1925, and that death occurred, on the date stated above, at 3.30 a.m.

The CAUSE OF DEATH* was as follows:

Convulsions
(duration) 4 hours yrs. mos. ds.

CONTRIBUTORY (Secondary) Heat Prostration
(duration) 2 hours yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) W. J. Turlington, M. D.
7.8. 1925 (Address) 102 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	7/9/1925
20 UNDERTAKER	ADDRESS
C. D. Fanning & Son - 1460	Battery Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00172

CERTIFICATE OF DEATH.

E 00172

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) BALTIMORE CITY HOSPITALS ST. (Ward)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert R. Smith

(a) RESIDENCE No. 650 N. Central Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1835

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
70 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Thomas Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Eliza Howard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Baltimore City Hospitals Records (Address)

Filed JUL 8 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 1925

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to July 6, 1925, that I last saw him alive on July 6, 1925, and that death occurred, on the date stated above, at 9 9, m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Hypertension

1st. Hemiplegia (cerebral Thrombosis

(duration) yrs. mos 23 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller M. D.

7/8. 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Usbury Cem DATE OF BURIAL 7/9 1925

20 UNDERTAKER Jas Jos. Skinner 1635 E. Biddle St. ADDRESS

E 00173 HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

E 00173

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 906 N Payson St., 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Mary A Osborne

(Residence in Baltimore: No. 906 N. Payson St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: F

4-COLOR OR RACE: W

5-Single, Married, Widowed, or Divorced, (Write the word.): S

6-DATE OF BIRTH: Sept (Month) 15 (Day) 1893 (Year)

7-AGE: 32 yrs. 10 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer): Work at H

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Geo S Osborne

11-BIRTHPLACE OF FATHER, (State or Country): Pa.

12-MAIDEN NAME OF MOTHER: Alice

13-BIRTHPLACE OF MOTHER, (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo S Osborne

(Address) 906 N Payson

15- Filed JUL 9 - 1925 192.... GKG Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 6 (Day) 192 5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the date stated above.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D. (Coroner.)

July 7, 192 5 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Parkwood Cem — DATE OF BURIAL, July 9, 1925

20-UNDERTAKER, Wm Routson — ADDRESS 2238 1/2 North

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00174

CERTIFICATE OF DEATH.

E 00174

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3322 Edmondson ST., 16-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mattie T Mattbie

(a) RESIDENCE NO. 3322 Edmondson ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James R Mallbie

6 DATE OF BIRTH (month, day, and year) March 27

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Thomas Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Lucas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mr Wilmer C Davis

(Address) 3322 Edmondson

15 Filed 7-1925 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 1 1923, to July 6 1925, that I last saw h[illegible] alive on July 6 1925 and that death occurred, on the date stated above, at 1.30 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac asthma

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? yp

Did an operation precede death? w Date of

Was there an autopsy? w

What test confirmed diagnosis? Clinical

(Signed) J Manly Hoag, M. D.

July 7, 1925 (Address) 72 Woodbirch Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Park Lawn — DATE OF BURIAL July 9 1925

20 UNDERTAKER W m Routson — ADDRESS 2235 N Mtt

E 00175

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00175

CERTIFICATE OF DEATH.

16-24-001

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. Bentalou and Winchester St., 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Samuel Maton

(Residence in Baltimore: No. 913 N. Appleton Street St.; yrs. 39 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. January 23rd 1863
(Month) (Day) (Year)

7-AGE. 62 yrs. 5 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Carpenter 015
(b) General nature of industry, business, or establishment in which employed (or employer). Schoenhals & Co.

9-BIRTHPLACE, (State or Country). Alabama

PARENTS.

10-NAME OF FATHER. Mr. Maton

11-BIRTHPLACE OF FATHER. (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Loretta

13-BIRTHPLACE OF MOTHER. (State or Country). United States

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Elizabeth Maton

(Address) 913 N. Appleton Street

15-

JUL 9 - 1925

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 6th 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Inquest, autopsy or inquiry.) and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) No other history

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

7-7- 1925 (Address) 2802 Edmondson Ave.

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Olivet Cem.	July 9 1925
20-UNDERTAKER. Joseph B. Cook	ADDRESS 1003 N. Gilmor St.

Spec.—1-10-21—M&T—1500 Bks.

E 00176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118-001

118 E 00176

REGISTERED NO.

1-PLACE OF DEATH Franklin Sq. Hospital

CITY OF BALTIMORE: (No. 19-1 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Emma Elizabeth Eader

(a) RESIDENCE No. 10 N. Calhoun ST., WARD A

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 5-1839

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) York Pa

PARENTS

10 NAME OF FATHER Jae R Eader

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Md

12 MAIDEN NAME OF MOTHER E. J. Dulany

13 BIRTHPLACE OF MOTHER (city or town) (State or country) York Pa

14 Informant Mrs. Marie A. Lee

(Address) 10 N. Calhoun St.

15 Filed 10, 19 G.K.G. Registrar

8-1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1925

17

I HEREBY CERTIFY, That I attended deceased from June 29, 1925, to July 7, 1925, that I last saw her alive on July 7, 1925, and that death occurred, on the date stated above, at 4 P. M. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of July 7-25

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Edw Emmert, M. D.

7/8, 1925 (Address) 517 Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 7/8 1925

20 UNDERTAKER Robert Brockenbrough

ADDRESS Calhoun & Hollins

FROM IN very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00177

CERTIFICATE OF DEATH.

113 E 00177

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 18-3 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Stubbins

(a) RESIDENCE NO. 106 S. Carlton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 6 - 1925

7 AGE: Years | Months 5 | Days | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER William A Stubbins

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Ethel Dahl

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant Wm Stubbins
(Address) 106 S Carlton st

15 Filed 9-1925, 19 GHG Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7 8 1925

17

I HEREBY CERTIFY, That I attended deceased from 7/6, 1925, to 7/8, 1925, that I last saw h[illegible] alive on 7/8, 1925 and that death occurred, on the date stated above, at 2 20 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Intestinal Malignant Disease
(Marasmus)

(duration) yrs. 2 mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of

Was there an autopsy? Yes Clinical findings

What test confirmed diagnosis?

(Signed) K B Boyd, M. D.

, 19 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet | DATE OF BURIAL: 7/8 1925

20 UNDERTAKER: Robert Brookes Sons | ADDRESS: Calhoun Hollins st

FOR IS very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00178 E 00178

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 Low ST., 2-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Salvatore Munafo

(a) RESIDENCE No. 1013 Low ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (Write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11 | 15 | 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	7	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant 045

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Carmelio Munafo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Theresa Munafo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Angelo Filadelfia
(Address) 1013 Low St.

15 Filed JUL 9 - 1925 19 L K G Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1925

17 I HEREBY CERTIFY, That I attended deceased from June 28, 1925, to July 7, 1925, that I last saw him alive on July 7, 1925 and that death occurred, on the date stated above, at 5 0 m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. days

CONTRIBUTORY (Secondary) Pleurisy Interstitial Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi S. DeStefano M. D.

July 8, 1925 (Address) 1407 N. Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL 7 | 10 | 1925

20 UNDERTAKER George J. Ruth

ADDRESS 1735 Harford Av

Spec.—1-10-21—MAT—1500 Nbs.

E 00179

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1729 E 00179

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2038 E. North Av ST., 8-1 WARD)

2-FULL NAME Mrs-Maria Louise Hyman

(a) RESIDENCE NO. 2038 E. North Av ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? Life yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Hyman

6 DATE OF BIRTH (month, day, and year) 5/1/1849

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER John Williams

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Maria L Amick

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Samuel Hyman (Address) 2038 E. North av

15 Filed JUL 9 - 1925 G K G Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1925

17 I HEREBY CERTIFY, That I attended deceased from July 5 - 1925, to July 7 1925, that I last saw h.er alive on July 7 - 1925, and that death occurred, on the date stated above, at 11-30 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis -

(duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis -

(duration) 2 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? nv Date of

Was there an autopsy? nv

What test confirmed diagnosis? none

(Signed) E. Gill Hall, M. D.

July 8 1925 (Address) 1631 E North Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL 7/9 1925

20 UNDERTAKER George J Ruth 1735 — ADDRESS Hanford Ave

FROM A VERY important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00180

CERTIFICATE OF DEATH.

109 E 00180

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 27-4 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James W. Bogert

(a) RESIDENCE NO. Merrill + Ridgely Av. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 6 mos. 23 ds. How long in U. S., if of foreign birth? —yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 16th 1918

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
6 yrs	6	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country)

PARENTS

10 NAME OF FATHER Chas Bogert

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Fannie Fitzpatrick

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Mrs. E. F. Carroll
(Address) 765 Fulton Av.

15 JUL 9 - 1925, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Anesthesia (Ether)

Generalized

Gen. summed (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) , M. D.
(Coroner.)

July 8, 192 (Address) 1059 Druid Hill Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Inatitutions, Transients, or Recent Residents.) At place ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery | DATE OF BURIAL July 11 1925

20 UNDERTAKER Fred. Wm. Lippert ADDRESS 1850 N. Balto

Spec—12-23-21—F.R.R.S.—400 Bks.

E 00181 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 00181

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 709 S. Hanover St., 22-2 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant allen

(a) Residence No. 709 S Hanover St., 22 Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Fem. | 4-COLOR OR RACE, Col. | 5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) June 22 1925

7-AGE, ...yrs. 17 mos. ....ds. | If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer —

9-BIRTHPLACE (city or town) (State or Country), md

PARENTS.

10-NAME OF FATHER, Jas Allen

11-BIRTHPLACE OF FATHER (city or town) (State or Country), md

12-MAIDEN NAME OF MOTHER, Viola Forbes

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), md

14- (Informant) Viola allen

(Address) 709 S Hanover St.

15- JUL 9 - 1925 GHC Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 7/8/25

17- I HEREBY CERTIFY, That I attended deceased from July 3 er 25 to July 7th 25

that I last saw h..... alive on July 6th 25

and that death occurred, on the date stated above, at 3:00 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death? no.

Did an operation precede death? no. Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

7/8, 25 (Address) 908 Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Olivet St | DATE OF BURIAL, July 9, 1925

20-UNDERTAKER Lilly Brown & Son | ADDRESS 108 W. Monty St

Spec.—1-12-23—M&T—500 Blks.

(Ellen Townsley)

E 00182

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00182

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 255 S. Third St. 16-6 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen Townsley

(a) RESIDENCE No. 255 S. Third ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Abram Townsley

6 DATE OF BIRTH (month, day, and year) 8/28/1849

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
75-11	1849	May	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14

Informant Eva B. Grindall

(Address) 254 S. Third St

JUL 9 - 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1925

17

I HEREBY CERTIFY, That I attended deceased from July 6, 1925, to July 7, 1925, that I last saw h.. alive on July 7, 1925, and that death occurred, on the date stated above, at 1.35 P m.

The CAUSE OF DEATH* was as follows:

Chronic Bright's Kidney Disease

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Krause, M. D.

July 9, 1925 (Address) 370 Harrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL July 9, 1925

20 UNDERTAKER John Ulrich

ADDRESS 2008 Orleans

Spec.—1-10-21—MAT—1500 Blks.

E 00183

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00183

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital
CITY OF BALTIMORE: (NO. Rayon and Suburban Area. ST., 6-3 WARD) 57

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Conrad Kibber (Weber)

(a) RESIDENCE NO. 3026 E. Fayette St. ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	married

5a If married, widowed, or divorced (or) WIFE of Catherine Weber.

6 DATE OF BIRTH (month, day, and year) Dec 30 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	7	4.	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Cafe Owner.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER John Weber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs Conrad Weber
(Address) 3026 E. Fayette St.

15 JUL 9 - 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 19 25

17 I HEREBY CERTIFY, That I attended deceased from July 5 , 19 25 , to July 7 , 19 25 ,
that I last saw him alive on July 7 , 19 25 ,
and that death occurred, on the date stated above, at 6:30 P. m.
The CAUSE OF DEATH* was as follows:

Chronic nephritis
Diabetic coma
Diabetic gangrene
(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia
(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? at home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical findings
(Signed) Jos. Hurst Wilkerson M.D.
(Address) 1211 Bolton St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem.
DATE OF BURIAL July 10 1925

20 UNDERTAKER Louis Kleemann
ADDRESS 321 Broadway.

Spec.—1-10-21—M&T—1500 Bl.

(Jeuetta Harden)

E 00184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9 E 00184

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 871 Watts ST., (13-6 WARD)

2-FULL NAME Jeuetta Hardin

(a) RESIDENCE No. 871 Watts ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Nov. 24 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Jos Hardin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Moggie Tomlin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Jos Harden 871 Watts st

15 Filed JUL 9 1925 G H S Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9th 1925

17 I HEREBY CERTIFY, That I attended deceased from July 4th 1925 to July 9th 1925.

that I last saw him alive on July 8th 1925

and that death occurred, on the date stated above, at 3:30 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

3 days

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Whooping Cough

(duration) 1 yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis, M. D.

19 (Address) Jefferson Co.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem. DATE OF BURIAL July 9, 25

20 UNDERTAKER Samuel Wensley & Bro ADDRESS 578

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00185

CERTIFICATE OF DEATH.

E 00185

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST. 13-5 WARD 11) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Mayer Bloom

(a) RESIDENCE No. 3310 Auchentoroly Terrace WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha E. Bloom

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Wilhelm Bloom

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rena —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Dr. Ellenson

(Address) Equitable Bldg

15 Filed ....., 19..... Registrar

JUL 9 - 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8 1925

17

I HEREBY CERTIFY, That I attended deceased from June 24, 1925, to July 8, 1925, that I last saw him alive on July 8, 1925, and that death occurred, on the date stated above, at 11.40 P.m.

The CAUSE OF DEATH* was as follows:

Acute appendicitis

(duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) ..... yrs. ..... mos. 9 ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? yes Date of June 24 1925

Was there an autopsy? yes

What test confirmed diagnosis? Clinical Signs & Lab Findings

(Signed) Philip Jacobson M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto Hebrew Cem	July 9 1925

20 UNDERTAKER Jack Levin ADDRESS 1439 E Baltimore

From as very important. See instructions on back of certificates.

KODAK S·A·E

Spec. 1-10-21—MAT—1500 Blks.

(Emma Ayers)

E 00186

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00186

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. ST., 76-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Ayers.

(a) RESIDENCE No. Bay View Hospital ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Ayres

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
	47	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work, 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Thomas E. Kelson

(Address) 1303 Presstman St

Filed JUL 9 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8, 1925

17

I HEREBY CERTIFY, That I attended deceased from 7-7-25, 19..., to 7-8-25, 19...,

that I last saw her alive on 7-8-25, 19...,

and that death occurred, on the date stated above, at 12 30 a m.

The CAUSE OF DEATH* was as follows:

Amputated Left foot 9 Forearm

(duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Tumor of Bronchopneumonia

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Microscopical Segn 7-9-25

(Signed) Isa L Chaillé, M. D.

, 19 (Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery — DATE OF BURIAL July 10 1925

20 UNDERTAKER Mrs Geo H. Dennis per T. E. Kelson — ADDRESS 1303 Presstman St

TION is very important. See instructions on back of certificates.

E 00187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3-18-03 ✓

F 00187

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Fallsway Town St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME... Lory Kellerman

(Residence in Baltimore: No. Ellicott City West Va St.; yrs. 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Sing

6-DATE OF BIRTH. Feb 3 1901
(Month) (Day) (Year)

7-AGE. 24 yrs. 5 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work... Home Maker
(b) General nature of industry, business, or establishment in which employed (or employer)... Unknown

9-BIRTHPLACE, (State or Country), West Virginia

PARENTS.

10-NAME OF FATHER, Daniel Kellerman

11-BIRTHPLACE OF FATHER, (State or Country) West Va

12-MAIDEN NAME OF MOTHER, Susan May

13-BIRTHPLACE OF MOTHER, (State or Country), West Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ora S. Kellerman

(Address) Bergdon W. Va.

15- FILED JUL 9 - 1925 G A G Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 4 (Month) (Day) 192 4 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:
Accidental drowning when the automobile he was supposed to be driving plunged into (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Epilepsy (Duration) 1 yrs. mos. ds.

(Signed) Jno. M. Knulon M. D.
(Coroner.)

July 7 192 5 (Address) Ellicott City

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St. Johns Cem Howard Co. DATE OF BURIAL, July 9 19 25

20-UNDERTAKER, Easton Son ADDRESS Ellicott City

Spec.—1-10-21—M&T—1500 Blks.

E 00188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 E 00188

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) BALTIMORE CITY HOSPITALS St. 2-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John McCann

(a) RESIDENCE NO. 910 Hull St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer yes

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Owen McCann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah Pavin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Baltimore City Hospitals Records (Address)

JUL 9 - 1925 G.K.G. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1925

17

I HEREBY CERTIFY, That I attended deceased from April 27, 1925 to July 3, 1925, that I last saw him alive on July 3, 1925, and that death occurred, on the date stated above, at 8:45 P m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory + autopsy

(Signed) W. Lindsay Miller, M. D.

7/8/1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 7/9 1925

20 UNDERTAKER J. H. Tabler Sons

ADDRESS 1318 E. Eager St.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47 E 00189

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 607 George St St., 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Brayton

(a) Residence No. 607 George St St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 18 1858

7-AGE. 67 yrs. 0 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James Wilbert

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mary Miller

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Md.

14- (Informant) Addie Brown, Daughter

(Address) 607 George St

15- JUL 9 - 1925 G K G Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 7-1925

17- I HEREBY CERTIFY, That I attended deceased from June 9 1925 to July 7 1925

that I last saw her alive on July 6 1925

and that death occurred, on the date stated above, at 3A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(Duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Metastasis

(Duration) yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas A Dawkins M.D.

July 7, 1925 (Address) 1504 McCulloh St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, July 9th, 1925

20-UNDERTAKER, Jas. McJohnson — ADDRESS 1330 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Blks.

E 00190 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00190

CERTIFICATE OF DEATH. 160

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 23 S. Chapel St. ST., 2 WARD 1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gerard Hueslein

(a) RESIDENCE NO. 23 S. Chapel St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 6-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	-		2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Joseph Hueslein

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Benzing

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

14 Informant Joseph Hueslein
(Address) 23 S. Chapel St

15 Filed JUL 9 - 1925 Hall Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8 1925

17 I HEREBY CERTIFY, That I attended deceased from July 6, 19 25, to July 8, 19 25, that I last saw h... alive on ....., 19 ..., and that death occurred, on the date stated above, at 2.15 P. m.

The CAUSE OF DEATH* was as follows: Congenital Debility

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) M. Ephraim, M. D.

19 (Address) 1904 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL July 9th 1925

20 UNDERTAKER Lilly and Zeiler ADDRESS 403 S Wolfe St

IMPORTANT: See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 00191 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00191

CERTIFICATE OF DEATH. 113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore ST., 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Oliver Bell (Baby)

(a) RESIDENCE NO. 802 Pierce ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 20/925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3 weeks	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Evergreen Bell.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Emma Hall

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Emma Bell

(Address) 802 Pierce

JUL 9 - 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8, 1925

17

I HEREBY CERTIFY, That I attended deceased from June 30, 1925, to July 8, 1925, that I last saw him alive on July 8, 1925 and that death occurred, on the date stated above, at 3:00P.M.

The CAUSE OF DEATH* was as follows:

Diarrhea

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Bottle fed baby, from birth. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H White, M. D.

, 19 (Address) 1029 Madison Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	7/9/1925
20 UNDERTAKER Edward Eareckson	ADDRESS 916 Pine

Instructions on back of certificates. ATION is very important. See Instructions

Spec—12-23-21—E.B.R.S.—400 Blks.

E 00192 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00192

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No 1034 Vine St., 18-24 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.. William Slow

(a) Residence No.. 1034 Vine St. St.,..... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, M

4-COLOR OR RACE, C

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Williams Slow

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE, 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Retired

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) Cambridge Md.
(State or Country),

PARENTS.

10-NAME OF FATHER, Stephen Compher

11-BIRTHPLACE OF FATHER (city or town) Cambridge
(State or Country),

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) Cambridge
(State or Country),

14-

(Informant) Mrs. Slow

(Address) 1034 Vine St

JUL 9 - 1925

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 7 1925

17 I HEREBY CERTIFY, That I attended deceased from July 4, 19 25, to July 7, 19 25, that I last saw h[illegible] alive on July 5, 19 25, and that death occurred, on the date stated above, at 11.50 P. m.

The CAUSE OF DEATH* was as follows:

Abdominal Tumor

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Abdom Examins.

(Signed) Jas Y. Stoops, M. D.

, 19 (Address) 816 W Fay St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Laurel Cem	7/9/25
20-UNDERTAKER Dennis Easton	ADDRESS 916 Caroline

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00193 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00193

CERTIFICATE OF DEATH.

8 - 91-00

1-PLACE OF DEATH 1636 N Gay

City of BALTIMORE: (No. 1636 N Gay St., ... Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Frederick Wiessner

(a) Residence No. 1636 N Gay St St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, ~~Married, Widowed, or Divorced~~, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) May 10th 1860

7-AGE, 65 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ..... Retired Brewer

(b) General nature of industry, business, or establishment in which employed (or employer) ..... Self Brewery

(c) Name of employer ..... Self

9-BIRTHPLACE (city or town) (State or Country), Balto

PARENTS.

10-NAME OF FATHER, J H Wiessner

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Bavaria Germany

12-MAIDEN NAME OF MOTHER, Sarah Ruppert

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Bavaria Germany

14-

(Informant) Henry H Wiessner

(Address) 1636 N Gay St.

15-

OCT 9 - 1925

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 8-1925

17- I HEREBY CERTIFY, That I attended deceased from June 23, 1925 to July 8, 1925, that I last saw h.m. alive on July 8, 1925 and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Gastro intestinal carcinoma

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) General Arterio-sclerosis (Duration) 10 yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? ——

Did an operation precede death? no Date of ——

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) Sylvan N Likes, M. D.

, 19 (Address) 1134 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park — DATE OF BURIAL, July 11th, 1925

20-UNDERTAKER Geo Schilling & Sons — ADDRESS Monument & Eutaw

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00194 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00194

CERTIFICATE OF DEATH.

Registered No. 49

1-PLACE OF DEATH

City of BALTIMORE: (No. ~~5216~~ 5216 Harford Road St., 27-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H W Simon

(a) Residence No. 5216 Harford Road St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (Write the word.) married

5a-If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE)~~ of Bertha Simon

6-DATE OF BIRTH (month, day and year) Jan 23-1879

7-AGE. 46 yrs. 5 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman 66

(b) General nature of Industry, business, or establishment in which employed (or employer) Vending Machine

(c) Name of employer Self

9-BIRTHPLACE (city or town) (State or Country), Bavaria Germany

PARENTS.

10-NAME OF FATHER, Henry Simon

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Bavaria Ger

12-MAIDEN NAME OF MOTHER, Dont know

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Bavaria Ger

14-

(Informant) Mrs Bertha Simon

(Address) 5216 Harford Road

JUL 9 - 1925

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 8. 1925

17- I HEREBY CERTIFY, That I attended deceased from July 5, 1925, to July 8, 1925, that I last saw h~~er~~ alive on July 8, 1925, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Exhaustion & Toxaemia

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Sarcomatosis

Origin unknown (Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Microscopical Examination

(Signed) Chas. Bruick, M. D.

7/9/25 19 (Address) 4756 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Parkwood Cem	July 10th 1925
20-UNDERTAKER,	ADDRESS
Lee Soldling & Son	Monument & Cathedral Sts

E 00195 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

7-2 188-03 E 00195

1-PLACE OF DEATH Hopkins

City of BALTIMORE: (No. ~~Hebrew~~ Hospital St., Ward

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME... Jerome Engel

(Residence in Baltimore: No. 922 N. Chester St., St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. 1919
(Month) (Day) (Year)

7-AGE. ..... 6 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto., Md.

PARENTS.

10-NAME OF FATHER, Sol Engel

11-BIRTHPLACE OF FATHER, (State or Country), Prussia

12-MAIDEN NAME OF MOTHER, Jessie Rosenstein

13-BIRTHPLACE OF MOTHER, (State or Country), Balto., Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Jessie Rosenstein

(Address)..... 922 N. Chester St.,

15- JUL 9 - 1925 G.K.G. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 6 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an. inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said..... inquest (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of skull
automobile accident

.....(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

.....(Duration) .....yrs. .....mos. .....ds.

(Signed) J. Sybert Falk M. D.
(Coroner)
7-9 1925 (Address) 508 E Mont a

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Hebrew Meth. Road DATE OF BURIAL. July 9, 25

20-UNDERTAKER. Isaac Levin ADDRESS 1439 E. Balto

Spec.—6-9-19—H. P. Co.—1000 Bks.

Vest

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00196

CERTIFICATE OF DEATH.

113 E 00196

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 1413 W. Baltimore St. ST.: 19-1 WARD.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Vest

(a) RESIDENCE. No 1413 W. Baltimore St ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 30/25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) Child

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Andrew J. Vest.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Arabella Dehn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Andrew J. Vest. (Address) 1413 W. Baltimore St.

Filed JUL 9 - 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8 1925

17 I HEREBY CERTIFY, That I attended deceased from July 7, 1925, to July 8, 1925, that I last saw him alive on July 7, 1925, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Acute Ileo-Colitis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) None (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms - Stool

(Signed) W. H. Maynard M. D.

, 19 (Address) 2439 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	July 9 1925

20 UNDERTAKER George L. Schwab ADDRESS 1900 Eutaw Ave.

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00197

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

Amended 25-4 186003 E 00197

REGISTERED NO.

CITY OF BALTIMORE: (No. on Md Ave on way to Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frida A. Herman—

(a) RESIDENCE No. 242 Md ave Westport— WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 17, 1915

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	9	8	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER Andrew Herman—

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Gertrude Brown—

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Geo A. Steinacker
(Address) 238 Md ave

15 Filed JUL 9 1925, 192 ROBERT K. KRAUTER, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 192 5—

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ....(Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ....(Inquest, autopsy or inquiry.) find that said deceased came to ....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull—

(duration) a few mins. yrs. mos. ds.

CONTRIBUTORY (Secondary) Struck by Automobile

(duration) yrs. mos. ds.

(Signed) J H Grunert, M. D.
(Coroner.)

7-8, 192 5 (Address) 107 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	July 11 1925
20 UNDERTAKER	ADDRESS
Nelson E. Stiles	320 Md Ave Westport

Spec.—1-10-21—M&T—1500 Blks.

Steven Szczerbicki

E 00198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

56E 00198

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 84 St. Joseph's Hospital ST. WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Steven Szczerbicki

(a) RESIDENCE NO. 319 E. Chester ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 28-1910

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	15	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Scholar

(b) General nature of industry, business, or establishment in which employed (or employer) School

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Frank Szczerbicki

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Josephine Krueger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Frank Szczerbicki (Address) 319 E Chester St

15 Filed JUL 9 - 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7, 1925

17

I HEREBY CERTIFY, That I attended deceased from June 19, 1925, to July 7, 1925.

that I last saw h[illegible] alive on July 7, 1925

and that death occurred, on the date stated above, at 1:20 P.m.

The CAUSE OF DEATH* was as follows:

Acute Septic Arthritis

Abscess right thigh

Acute Pur. Pleurisis.

(duration) yrs. mos 25 ds.

CONTRIBUTORY (Secondary) Septicemia — Staph. Albus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of

Was there an autopsy? No. Was [illegible] confirmed? July 7 25.

What test confirmed diagnosis? Clinical Findings

(Signed) B.M.K. Laboratory M. D.

(Address) St. Joseph's Hospital. July 7, 1925

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary DATE OF BURIAL July 10 1925

20 UNDERTAKER Wm Fiallowski ADDRESS 164 Eastern Ave

IT IS very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00199

CERTIFICATE OF DEATH.

1-001

E 00199

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1711 Kenyon St., 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Jackson

(a) Residence No. 1711 Kenyon St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Negro

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Leslie Jackson

6-DATE OF BIRTH (month, day and year) [illegible] 1886

7-AGE 39 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Prince Edward Co Va

PARENTS.

10-NAME OF FATHER Lew Marshall

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va

12-MAIDEN NAME OF MOTHER, Tracy Jordan

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va

14- (Informant) Leslie Jackson

(Address) 1711 Kenyon St

15- JUL 9 - 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 8. 25

17- I HEREBY CERTIFY, That I attended deceased from July 7, 1925 to July 8, 1925

that I last saw her alive on July 8, 1925

and that death occurred, on the date stated above, 730 P. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? positive Widal

(Signed) [illegible] M. D.

July 9, 1925 (Address) 1126 Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Black Stone	July 9, 1925
20-UNDERTAKER	ADDRESS
Mrs R. A. Elliott	1225 Eutaw St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00200

CERTIFICATE OF DEATH.

31 E 00200

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 S. Linwood Avenue ST., 1-2 WARD)

2-FULL NAME Elsie C. Kutz

(a) RESIDENCE NO. 719 S. Linwood Avenue ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sep. 15 1909

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	15	9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Samuel . Kutz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Urbanski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs. Mary . Kutz

(Address) 719 S. Linwood Avenue

15 JUL 9 - 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/6/25

17 I HEREBY CERTIFY, That I attended deceased from Apr, 1925, to July 6, 1925, that I last saw h[illegible] alive on July 4, 1925, and that death occurred, on the date stated above, at 2:15 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary T. B.

(duration) yrs. 11 mos. ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Laboratory

(Signed) A. F. Ries, M. D.

July 8, 1925 (Address) 24 S. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. DATE OF BURIAL: July 9 1925

20 UNDERTAKER: John M. Weber ADDRESS: 1803 Bank

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00201 | CERTIFICATE OF DEATH. | 24-001 | E 00201

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1135 N. Fulton Ave St.) (6-4 WARD)

2-FULL NAME Margaret A. Dyke

(a) RESIDENCE NO. 1135 N. Fulton Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Roland Dyke

6 DATE OF BIRTH (month, day, and year) Jan. 7 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	6	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Home 37
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Essex Co
(State or country) Va

PARENTS

10 NAME OF FATHER Richard Davis

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Va.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown
(State or country) .....

14 Informant Mr. Chas W. Dyke
(Address) 1135 N. Fulton Ave.

15 Filed JUL 9 - 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8 1925

17 I HEREBY CERTIFY, That I attended deceased from June 23, 1925, to July 8, 1925, that I last saw her alive on July 8, 1925, and that death occurred, on the date stated above, at 10.55 P m.

The CAUSE OF DEATH* was as follows:

Cerebral haemorrhage

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Cerebral arterio sclerosis

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Homer A. Dodd M. D.

7/9, 1925 (Address) 735 N Fulton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem.	July 10 1925
20 UNDERTAKER	ADDRESS
Wm Tucker & Sons	North Va

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 00202 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 00202

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1277 William ST. 24-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie M. Frank.

(a) RESIDENCE No. 1277 William ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles H. Frank

6 DATE OF BIRTH (month, day, and year): Dec. 7. 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: John Junker.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Chas H. Frank (Address) 1277 William St

15 ... Registrar

JUL TO 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-7 1925

17 I HEREBY CERTIFY, That I attended deceased from July 1 1925 to July 7 1925.

that I last saw h... alive on July 7 1925.

and that death occurred, on the date stated above, at 5.45 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) ... yrs. ... mos. ... da.

CONTRIBUTORY (Secondary) Carcinoma - Cervix

(duration) unknown yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? No.

Did an operation precede death? ... Date of ...

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) John A. Schwenck M.D.

19 (Address) 1337 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem

DATE OF BURIAL: 7-10 1925

20 UNDERTAKER: E. B. Clarke

ADDRESS: 115 E. West St.

TION is very important. See instructions on back of certificates.

Spec—12-23-2t—E.B.R.S.—400 Bks.

E 00203

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00203

CERTIFICATE OF DEATH.

154

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Baby Boy Smith

(a) Residence No. 1723 W. Franklin Street St., ... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) July 7, 1925

7-AGE. ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or 30 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Infant

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Marshall Dawson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Rebecca Smith

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Howard County Md

14- (Informant) Rebecca Smith

(Address) 1723 W Franklin St.

15- Filed JUL 10 1925 G H L Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 7 1925

17- I HEREBY CERTIFY, That I attended deceased from July 7, 1925, to July 7, 1925, that I last saw him alive on July 7, 1925, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Asphyxia. Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) —

..... (Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? Yes.

What test confirmed diagnosis? Phys Exam Autopsy

(Signed) Frederick A. Snyder M. D.

July 7, 1925 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF REMOVAL, Mt. Fineca CREMATION OR BURIAL, DATE OF BURIAL, July 10, 1925

20-UNDERTAKER, Leonard Whalen ADDRESS 73 Saratoga St

Spec.—1-10-21—M&T—1500 Bks.

(John Parker) ✓

E 00204

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00204

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No.) Rayner and Dukeland Aves. (ST.) 27-8 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Parker

(a) RESIDENCE NO. 11 Cold Spring Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Susan Parker

6 DATE OF BIRTH (month, day, and year) Oct 15 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Campbell Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Carey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Frank L Parker

(Address) 11 Coldspring Ave

15 Filed JUL 10 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 1925

17 I HEREBY CERTIFY, That I attended deceased from June 11, 1925, to July 6, 1925, that I last saw him alive on July 6, 1925, and that death occurred, on the date stated above, at 7:10 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Jas Hurley Welkerson M. D.

19 (Address) West Balto Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem — DATE OF BURIAL 7/10/25

20 UNDERTAKER George A Farley — ADDRESS Fulton & Fayette

IMPORTANT. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 00205

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00205

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Florence Crittenton Mission ST. 18-3 WARD)

REGISTERED NO. 167-08

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Maxwell

(a) RESIDENCE NO. 837 Hollins St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Committed Child

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years | Months: 8 | Days: 9 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Anna E. Gerber

(Address) 837 Hollins St

15 Filed JUL 10 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9 1925

17

I HEREBY CERTIFY, That I attended deceased from May 21, 1925, to July 9, 1925, that I last saw her alive on July 7, 1925 and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. 3 mos. 9 ds.

CONTRIBUTORY (Secondary) Marasmus (caused by prematurity) (duration) yrs. 1½ mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John C. Baldwin, M. D.

7/9, 1925 (Address) 1014 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: JUL 10 1925

20 UNDERTAKER

ADDRESS

ATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00206

CERTIFICATE OF DEATH.

119

E 00206

1-PLACE OF DEATH Franklin Square Hospital

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 22-2 ST., WARD)

2-FULL NAME Anna Wright

(a) RESIDENCE NO. 712 E. Fed St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): [illegible] 1886

7 AGE: Years 39 Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): md

PARENTS

10 NAME OF FATHER: Josiah Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER: Susan Smallwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

14 Informant: Midgit Palmer (Address) 21 E Lee St.

15 Filed ....., 19 ..... Registrar

JUL 10 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 9 1925

17 I HEREBY CERTIFY, That I attended deceased from June 26, 1925, to July 9th, 1925, that I last saw her alive on July 9th, 1925, and that death occurred, on the date stated above, at ✓ m.

The CAUSE OF DEATH* was as follows:

Ischio-rectal Abscess

(duration) ..... yrs. ..... mos ? ds.

CONTRIBUTORY (Secondary) Septicaemia

(duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) H. Bruning Jr., M. D.

19 (Address) 1013 Poplar Grove

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: July 11 1925

20 UNDERTAKER: John H. Loading — ADDRESS 1027 Hanover

IMPORTANT. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00207

CERTIFICATE OF DEATH.

24001 E 00207

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. ST., 18-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles R. Biggins

(a) RESIDENCE NO. 1906 E. Chase Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Delia Biggins

6 DATE OF BIRTH (month, day, and year) Aug 22, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	10	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Care taker, 0 fo

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Biggins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine Linger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Baltimore City Hospitals, (Address) Baltimore, Md

15 Filed OCT 10 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9 19 25

17

I HEREBY CERTIFY, That I attended deceased from July 7, 19 25, to July 9, 19 25, that I last saw him alive on July 8, 19 25 and that death occurred, on the date stated above, at 6.25 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Psychosis with Cerebral Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings.

(Signed) Harry Friedenwald, M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery DATE OF BURIAL July 11 1925

20 UNDERTAKER William Cook ADDRESS 502 E. North

Spec.—1-10-21—M&T—1500 Blks.

E 00208 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

31 E 00208

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4526 Arlington Av ST., Lanvale 27 WARD) 12

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfred J. Wills

(a) RESIDENCE NO. 4526 Arlington Ave ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 36 yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Grace E. Wills

6 DATE OF BIRTH (month, day, and year) 12/9/1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Messenger

(b) General nature of industry, business, or establishment in which employed (or employer) Union Transfer

(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) England

PARENTS

10 NAME OF FATHER Joseph Wills

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) England

12 MAIDEN NAME OF MOTHER Jane Thorn

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) England

14 Informant Mrs Grace Wills

(Address) 4526 Arlington Ave

15 ted JUL 10 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1925

17

I HEREBY CERTIFY, That I attended deceased from June 27, 1925, to July 7, 1925.

that I last saw him alive on July 7, 1925

and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) 2 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Place of Abode

Did an operation precede death? NA Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Sputum

(Signed) Henry A Long, M. D.

July 9. 1925 (Address) 2718 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL 7 | 11 | 1925

20 UNDERTAKER George J Ruth

ADDRESS 1735 Harford Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00209

CERTIFICATE OF DEATH

118-002

118 E 00209

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. ..... ST., 20-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Joseph M Bafford

(a) RESIDENCE NO. 5923 W. Mulberry ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs.

6 DATE OF BIRTH (month, day, and year): March 1- 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	22	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: General Worker

(b) General nature of industry, business, or establishment in which employed (or employer): Helper

(c) Name of employer: ?

9 BIRTHPLACE (city or town) (State or country): Caldert Co. Md. U.S.

PARENTS

10 NAME OF FATHER: George Henry Bafford

11 BIRTHPLACE OF FATHER (city or town) (State or country): Caldert Co. Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Bracker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Caldert Co. Md

14 Informant- (Address): Father - 5923 W. Mulberry

15 Filed JUL-10 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 8 1925

17 I HEREBY CERTIFY, That I attended deceased from July 2, 1925, to July 8, 1925

that I last saw h.. alive on July 8, 1925

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction - Ileum

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Shock Cardiac failure

(duration) ..... yrs. mos 1-7 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of July 7-25

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) Edw Smith, M. D.

(Address) 517 London

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: July 10 1925

20 UNDERTAKER: Knabb & Son — ADDRESS: 417 Nas Blvd

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00210

CERTIFICATE OF DEATH.

139 E 00210

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Southern Hospital ST., 12-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie B. Ewell

(a) RESIDENCE No. 2510 Greenmount Avenue ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 3, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Supt. Southern

(b) General nature of industry, business, or establishment in which employed (or employer) Hospital

(c) Name of employer

9 BIRTHPLACE (city or town) Anne Arundel Co.
(State or country) Virginia

PARENTS

10 NAME OF FATHER John E.T.Ewell

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Arinthia S.Russell

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14 Informant John E.T.Ewell
(Address) 2425 Harlem Avenue

JUL 10 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8th 19 25

17

I HEREBY CERTIFY, That I attended deceased from June 18, 1925, to July 8th, 1925, that I last saw h[illegible] alive on July 8th, 1925, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Coronary Embolus
also Myocarditis.

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Large Fibroid Tumor Myocarditis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) Joseph E. Richmond, M. D.

7-9- 25, 19 (Address) 3261 Garrison [illegible]

1516 Madison Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	July 11 1925
20 UNDERTAKER Joseph B. Cook	ADDRESS 1003 N. Gilt St

Spec.—1-10-21—M&T—1500 Blks.

Time of burial extended to July 20

E 00211 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00211

J. Wm. Koch Hempel
Asst. Com.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital. ST., 7 145 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Karadimas

(a) RESIDENCE NO. Bluefield West Va. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? 5 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of → Goret Karadimas

6 DATE OF BIRTH (month, day, and year) May 1887

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38 yrs.	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Greece

PARENTS

10 NAME OF FATHER Athanasios Louis

11 BIRTHPLACE OF FATHER (city or town) " (State or country) Greece

12 MAIDEN NAME OF MOTHER Zuitsa Tarabicos

13 BIRTHPLACE OF MOTHER (city or town) " (State or country) Greece

14 Informant (Address) Johns Hopkins Hospital.

15 FILED JUL 10 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6th 1925

17 I HEREBY CERTIFY, That I attended deceased from June 30, 1925, to July 6, 1925, that I last saw h- alive on July 6, 1925, and that death occurred, on the date stated above, at 8 46 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

Part

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of July 3-25

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) William E Sisson, M. D.

7-7, 1925 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Patras - Greece	July 10 1925
UNDERTAKER Joseph B. Cook	ADDRESS 1003 W Baltimore St

FOR IS very important. See instructions on back of certificate.

E 00212

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00212

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Foot of Bayard St. St., 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Reynolds Dyson.(C)

(Residence in Baltimore: No. 642 N. Montgomery St. St.; 12 yrs., 11 mos., 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male.	Colored	Single.

6-DATE OF BIRTH. July 25, 1912. (Month) (Day) 1... (Year)

7-AGE.	If LESS than 1 day,
12 yrs. 11 mos. 13 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of Indnstry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Turner Dyson.(C)

11-BIRTHPLACE OF FATHER, (State or Country). St. Marys Co. Md.

12-MAIDEN NAME OF MOTHER. Mary Blake.(C)

13-BIRTHPLACE OF MOTHER. (State or Country). St. Marys Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Dyson.(C) mother.

(Address) 642 W. Mongtomery St.

15-

Filed JUL 10. 1925 [signature] Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 8, 1925. (Month) (Day) 192... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidentally Drowned while in swiming.

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs....mos....ds.

(Signed) Otto R. Reinhardt M. D. (Coroner.)

July 10, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Laurel Cemtery

DATE OF BURIAL, July 10 1925

20-UNDERTAKER. Walter B. Spriggs

ADDRESS 139 W. Hamburg St.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00213

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

12-1926

E 00213

Registered No.....

City of BALTIMORE: (No. Union Memorial Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Arunah S. Abell 4th

(a) Residence No..... Ruxton ..... St., Md. Ward Ruxton-Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6-DATE OF BIRTH (month, day and year) Nov. 11. 1922

7-AGE, 2 yrs. 7 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... (Child)
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Balt. Md.

PARENTS.

10-NAME OF FATHER, Arunah Abell

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Elenore Engle

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Md.

14- (Informant)..... A. S. Abell-3rd (father)
(Address)..... Ruxton Md.

15- Filed JUL 10 1925 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 8, 1925

17- I HEREBY CERTIFY, That I attended deceased from July 6, 1925 to July 8, 1925 that I last saw him alive on July 8, 1925 and that death occurred, on the date stated above, at 7.55 P m.

The CAUSE OF DEATH* was as follows:
Generalized peritonitis, Primary,
Of either pneumococcus or Streptococcus type

(Duration)..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Not Any.

(Duration)..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of July 8, 1925

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Raymond L. Johnston, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Emmitsburg Cemetery

DATE OF BURIAL, July 10, 1925.

20-UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Blks.

E 00214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1925 E 00214

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 N Dallas ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna E. Fell

(a) RESIDENCE NO. 1013 N Dallas ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 22 ds. How long in U. S., if of foreign birth? Life mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) February 17 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
		4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER John A. Fell Jr.

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Ellen M. Stout

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Mr. John A. Fell Jr.
(Address) 1013 N Dallas St.

Filed JUL 10 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9 1925

17 I HEREBY CERTIFY, That I attended deceased from July 7th 1925, to July 9th 1925, that I last saw h alive on July 9th 1925, and that death occurred, on the date stated above, at 12 45 A. m.

The CAUSE OF DEATH* was as follows:

Inoculation

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. S. Love, M. D.

(Address) 1501 E. Eager St.

July 9 1925

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	July 13 1925
20 UNDERTAKER	ADDRESS
Henry Hoeck Son	1201 E Eager St

THIS IS very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 00215 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 90 E 00215

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 Ensor St ST. 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Joseph Kuper

(a) RESIDENCE NO. 803 Ensor St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5I yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E: Simms

6 DATE OF BIRTH (month, day, and year) Aug 7th 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	5I	II	I	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Jos F: Kuper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Frick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Mary E: Kuper

(Address) 803 Ensor St

15 JUL 10 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/8/ 1925 19

17 I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1924, to July 8, 1925, that I last saw h[illegible]live on July 8, 19..., and that death occurred, on the date stated above, at 5.35 Pm. m.

The CAUSE OF DEATH* was as follows:

Tabular Heart Disease

(duration) 5 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Senile Insufficiency

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John J. Frick, M. D.

7/9, 1925 (Address) 936 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem DATE OF BURIAL Jul 11 1925

20 UNDERTAKER John Merrick ADDRESS 2008 Aliceanna

E 00216

HEALTH DEPARTMENT—CITY OF BALTIMORE E 00216

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., 16 177-06 W'b)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Doris Gallagher

(Residence in Baltimore: No. 3730 Mt. Pleasant Ave St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	white	Sing

6-DATE OF BIRTH. Dec 8 1920
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
4 yrs. 7 mos. 1 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John Gallagher

11-BIRTHPLACE OF FATHER, (State or Country), New York

12-MAIDEN NAME OF MOTHER, Irene Barthel

13-BIRTHPLACE OF MOTHER, (State or Country). Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Irene Gallagher

(Address)..... 3730 Mt. Pleasant

15- JUL 10 1925 G H G Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 9-25
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hepatic Insufficiency-Bile Poisoning
(Autopsy at Hopkins-no other evidenc)

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

.....(Duration).....yrs.....mos.....ds.

(Signed) J. T. H. Callan M. D.
(Coroner.)

7-10-25 192....(Address) 508 E. North Ave

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal**, or **Homicidal**.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Bak Lawn Cem	July 11 1925
20-UNDERTAKER, John Ulrich	ADDRESS 2008 Orleans

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00217

CERTIFICATE OF DEATH.

1502

104 E 00217

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. WARD) 7-1

2-FULL NAME Hattie Clegg

(a) RESIDENCE. No. 1640 E. Monument ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 19, 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	28	10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wesley Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Julia Hawkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Hattie Clegg
(Address) 1640 E Monument St.

15 Filed ..... 19.....

JUL 10 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8 1925

17 I HEREBY CERTIFY, That I attended deceased from June 17, 1925, to July 8, 1925, that I last saw her alive on July 8, 1925, and that death occurred, on the date stated above, at 2.40 a. m.

The CAUSE OF DEATH* was as follows:

Pericarditis

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Vincents Angina

(duration) yrs. mos. 26 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Myron G Tull, M. D.

7/8, 1925 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion	July 11 1925
20 UNDERTAKER John W Henderson	ADDRESS 1502 E. Monument

Spec—12-23-21—E.B.R.S.—400 Blks.

E 00218 HEALTH DEPARTMENT—CITY OF BALTIMORE 90 E 00218

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 301 S. Broadway W-1 St., Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W Witmer

(a) Residence No. 301 S. Broadway St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Maude Witmer

6-DATE OF BIRTH (month, day and year) Feb 12 1863

7-AGE, 62 yrs. 4 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Scranton Pa

PARENTS.

10-NAME OF FATHER, John Witmer

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Pa.

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Maude Witmer

(Address) 301 S. Broadway

15- Filed 7 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 8-1925

17- I HEREBY CERTIFY, That I attended deceased from July 7 1925 to July 8 1925, that I last saw him alive on July 8 1925, and that death occurred, on the date stated above, at 9.20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Dropsy by Cardiac Heart -

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) B. P. Herzog M.D. M. D.

7/9, 1925 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. DATE OF BURIAL, July 11, 1925

20-UNDERTAKER, Lilly & Zeiler ADDRESS 403 S. Wolfe St

Spec—12-23-21—E.B.R.S.—400 Bks.

E00219 HEALTH DEPARTMENT—CITY OF BALTIMORE E00219

CERTIFICATE OF DEATH.

9-4 49

1-PLACE OF DEATH

City of BALTIMORE: (No. 542 E. 22 nd. St. St., Ward) Registered No.

2-FULL NAME Lillie E. Frederick.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 542 E. 22nd. St. St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, ~~Married, Widowed, or Divorced.~~ Single (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) July 9th. 1881

7-AGE. 44 yrs. mos. ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home.

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Louis A. Frederick

11-BIRTHPLACE OF FATHER (city or town) (State or Country), New York

12-MAIDEN NAME OF MOTHER, Elizabeth Arthur

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Miss Frederick

(Address) 542 E. 22nd St.

15- Filed JUL 10 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 8th. 1925

17- I HEREBY CERTIFY, That I attended deceased from September 20 19 20 to July 8 19 25 that I last saw h. alive on July 8 19 25 and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast

(Duration) 4 yrs. 10 mos. 8 ds.

CONTRIBUTORY (Secondary) Carcinoma Hepatis Liver

(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death? At place of death

Did an operation precede death? Yes Date of September 1920

Was there an autopsy?

What test confirmed diagnosis? Clinical & physical examination

(Signed) J. E. Kelly M. D

July 9th. 1925 (Address) 541 E 22nd St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cathedral Cemetery. DATE OF BURIAL, July 11 19 25

20-UNDERTAKER. Chas. P. Fraser & Son ADDRESS 118 West Ra

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00220 E 00220

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital 18-3 REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Mrs. Elizabeth Healey

(a) RESIDENCE NO. 871 Hollins ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. 5 mos. 9 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	M

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Ambrose Healey.

6 DATE OF BIRTH (month, day, and year) Jan 29, 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	24	5	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Frank Manning

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER B. Royle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Univ. Hosp. Records
(Address)

15 JUL 10 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-8- 1925

17 I HEREBY CERTIFY, That I attended deceased from 6-24, 1925, to 7-8, 1925, that I last saw h. alive on 7-8, 1925, and that death occurred, on the date stated above, at 5:05 P m.

The CAUSE OF DEATH* was as follows:
Endocarditis

.....(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

.....(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) K B. Boyd, M. D.

, 19 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	July 11 1925
20 UNDERTAKER John J Cowan & Son Per F J Cowan	ADDRESS 901 Hollins St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 00221 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00221

CERTIFICATE OF DEATH.

129

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 Harford Ave ST., 9-6 WARD)

2-FULL NAME Elijah E. Thompson

(a) RESIDENCE NO. 1803 Harford ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary R. Thompson

6 DATE OF BIRTH (month, day, and year) Feb. 21-1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Contractor

(b) General nature of industry, business, or establishment in which employed (or employer) 01/6

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Somerset Co, Md

PARENTS

10 NAME OF FATHER Elijah Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Somerset Co, Md

12 MAIDEN NAME OF MOTHER don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Don't know

14 Informant Mary R. Thompson (Address) 1803 Harford Ave

15 Filed JUL 10 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8 1925

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to July 8, 1925, that I last saw him alive on July 7, 1925, and that death occurred, on the date stated above, at 7.35 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency
(Uncontrolled)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Interstatial Nephritis & arterio Sclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [signature], M. D.

7/8, 1925 (Address) 4706 Harford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery — DATE OF BURIAL July 11 1925

20 UNDERTAKER Zirkler & Zirkler — ADDRESS 1739 E. Eager

(Fill in all items if possible. See instructions on back of certificates.)

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00222

CERTIFICATE OF DEATH.

91-004 E 00222

1-PLACE OF DEATH

City of BALTIMORE: (No. 5603 York Road St., 21-7 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas H. Quinn

(a) Residence No. 5603 York Road St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE Hester Quinn

6-DATE OF BIRTH (month, day and year) May 31 1849

7-AGE. 66 yrs. 1 mos. 8 ds. LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED.

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) C & P Tel Co

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Carroll Co Md.

PARENTS.

10-NAME OF FATHER Gustafus Quinn

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Carroll Co Md

12-MAIDEN NAME OF MOTHER Martha Hammond

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Cecil Co

14- (Informant) William L. Quinn

(Address) 5603 York Road

15- FILED JUL 10 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 7-9-25

17- I HEREBY CERTIFY, That I attended deceased from July 6 1925 to July 9 1925

that I last saw him alive on July 8 1925

and that death occurred, on the date stated above, at 8.A. m.

The CAUSE OF DEATH* was as follows:

Chron Arter Sclerosis

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Hess M. D

7-9. 1925 (Address) 5600 York Rd

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Woodlawn Cem. DATE OF BURIAL. July 11 1925

20-UNDERTAKER. E. A. Friedfeld & Jr ADDRESS 501 E 22nd St

Spec.—1-10-21—M&T—1500 Blks.

E 00223

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00223

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 E. Third St. ST., 26-8 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Foster.

(a) RESIDENCE NO. 1116 E. Third St. ST., 26 WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Foster.

6 DATE OF BIRTH (month, day, and year) July 6-1874.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	0	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Copper-smelter.

(b) General nature of industry, business, or establishment in which employed (or employer) Balti. Copper works.

(c) Name of employer 086

9 BIRTHPLACE (city or town) (State or country) Wales. England.

PARENTS

10 NAME OF FATHER John Foster

11 BIRTHPLACE OF FATHER (city or town) (State or country) England.

12 MAIDEN NAME OF MOTHER Margaret Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England.

14 Informant Sarah Foster (Address) 1116 E. 3rd St.

15 Filed JUL 10 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1925

17 I HEREBY CERTIFY, That I attended deceased from July 7th, 1925, to July 7th, 1925, that I last saw h[illegible] alive on July 7th, 1925, and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Heat Exhaustion

Finished days work at Baltimore C.N.Y.R.R.Co. (duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) ✓ (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? General symptoms

(Signed) D. D. Jones, M. D.

7/8, 1925 (Address) 1011 N. Edwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cem.	July 10th 1925
20 UNDERTAKER	ADDRESS
Lilly & Geiler	403 S. Wolfe St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00224

CERTIFICATE OF DEATH.

891

E 00224

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1435 Hollins ST., 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan M. Kinkead

(a) RESIDENCE NO. 1430 Hollins ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 22 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland (State or country)

PARENTS

10 NAME OF FATHER Philip Roderick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Susan Albaugh

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Walter N. Marriott

(Address) 1438 Hollins St

15 JUL 10 1925 ROBERT R. KRAUTER, Registrar

Bureau of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8 1925

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1925, to July 8, 1925, that I last saw her alive on July 8, 1925, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Heat Prostration

(duration) — yrs. — mos. 20 ds.

CONTRIBUTORY (Secondary) Senility + Angina

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam.

(Signed) Dan'l E. Wright M. D.

July, 1925 (Address) 1006 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	July 11 1925
20 UNDERTAKER George J. Smith	ADDRESS 1832 Hollins

FRONT—Very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00225

E 00225

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 222 S Madeira St.; 1-1 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Waclaw Kazura

(Residence in Baltimore: No. 222 S. Madeira St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, Oct, 1924.
(Month) (Day) (Year)

7-AGE, ...yrs. 9 mos.....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Isidore Kazura

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Kasurowski

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) I. Kazura

(Address) 222 S. Madeira St

15- JUL 10 1925 ROBERT R. KRAUTER, Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 9", 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 8" 1925, to ....191.., that I saw h.. alive on July 8" 1925, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(Duration).....yrs.....mos. 6 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration).....yrs. 9 mos.....ds.

(Signed) Margaret Coulston M. D.

July 10", 1925. (Address) 1141 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross

DATE OF BURIAL, July 11, 1925

20-UNDERTAKER F. W. Ozarowski

ADDRESS 1738 Eastern

Spec—12-23-21—E.B.R.S.—400 Bks.

Mary E. Mahaley.

E 00226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 57

E 00226

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Robert Lee Mahaley (Mary)

(a) Residence No. Salisbury, N. C. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Robert L. Mahaley

6-DATE OF BIRTH (month, day and year) Aug. 30, 1871

7-AGE. 54 yrs. 11 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Wm Blair

11-BIRTHPLACE OF FATHER (city or town) (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER, Martha Ellison

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), North Carolina

14- (Informant) R. Lee Mahaley

(Address) Salisbury, N. C.

15- JUL 10 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 10, 1925

17- I HEREBY CERTIFY, That I attended deceased from July 1, 1925 to July 10, 1925 that I last saw her alive on July 10, 1925 and that death occurred, on the date stated above, at 11:30 A.m.

The CAUSE OF DEATH* was as follows:

Chronic inflammatory disease

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY Diabetes (Secondary)

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of July 10, 1925

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Edwin B. Jarrell, M. D.

, 19 (Address)

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Salisbury, N. C.	July 10, 1925
20-UNDERTAKER. John O. Mitchell	ADDRESS 120 W. Fayette St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

115 E 00227

E 00227

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1230 Madison & ST., 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pearl Sheppard.

(a) RESIDENCE No. 1230 Madison ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. 6 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 22" 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Isaac Sheppard.

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Pearl Ennis.

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Rebecca Sheppard (Address) 1230 E. Madison

15 Filed JUL 10 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9" 1925

17

I HEREBY CERTIFY, That I attended deceased from July 1st, 1925, to July 10" 1925, that I last saw her alive on July 9" 1925, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Diarrhea (not dysentery)

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) C. V. Seattle, M. D.

7-10 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	July 12 1925
20 UNDERTAKER	ADDRESS
Robert H. Williams	1511 McCulloh St

TION is very important. See instructions on back of certificates. ...be properly examined. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00228

CERTIFICATE OF DEATH.

129

E 00228

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. 756 Linwood St. ST., 16-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Washington Irving Emery

(a) RESIDENCE NO. 756 Linwood st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. 10 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of Lorraine R. Emery

6 DATE OF BIRTH (month, day, and year) Aug 11, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocer Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER W. Emery

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Lester Meader

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Co. of Md

14 Informant Mrs Lorraine R. Emery

(Address) 756 Linwood st

15 Filed . 19 ROBERT R. KRAUTER, Registrar

JUL 10 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9 1925

17 I HEREBY CERTIFY, That I attended deceased from July 9, 1925 to July 9 1925.

that I last saw h[illegible] alive on July 9, 1925,

and that death occurred, on the date stated above, at 11:30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Hypertension

Arteriosclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute uremia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Jos Hutch Wilkerson M. D.

. 19 (Address) West Baltimore Gen. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	July 11 1925
20 UNDERTAKER Jos Jacobsons Son	ADDRESS 207 S. Pac

IMPORTANT: See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 00229 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 90 E 00229

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 S Penn st ST., 4-1 WARD)

2-FULL NAME Amy Cole

(a) RESIDENCE NO. 9 S Penn st ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	about 38			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bath, Md

PARENTS

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Chas Parks
(Address)

Filed ..... 192 ..... Registrar

JUL 10 1925

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... find that said deceased came to ~~(Inquest, autopsy or inquiry.)~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

..... (duration) Don't Know yrs. mos. ds.

CONTRIBUTORY (Secondary) Don't Know

..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) H K Gorsuch M. D. (Coroner.)

7-10, 192 5 (Address) 113 W Lanvale st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem

DATE OF BURIAL 7/10/1925

20 UNDERTAKER Daniel Easton

ADDRESS 916 Lemmon

Spec.—1-10-21—M&T—1500 Bks.

E 00230 HEALTH DEPARTMENT—CITY OF BALTIMORE 129 E 00230

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 Lindenave ST., 11-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence K Lewis

(a) RESIDENCE No. 1108 Lindenave ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 11 65

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	5	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cashier 609

(b) General nature of industry, business, or establishment in which employed (or employer) Laundry

(c) Name of employer Clerk

9 BIRTHPLACE (city or town) (State or country) Frederick Md.

PARENTS

10 NAME OF FATHER Josiah H Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary C Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Robert Winston

(Address) 1108 Lindenave

15 JUL 10 1925 ROBERT N. KRAUSE Registrar

Bureau of Vital Statistics.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9 1925

17 I HEREBY CERTIFY, That I attended deceased from July 2, 1925, to July 9, 1925, that I last saw her alive on July 9, 1925, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Acute Parenchymatous Nephritis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Acute Parenchymatous Nephritis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam. & Urinary Exam.

(Signed) G W Billups, M. D.

, 19 (Address) 2224 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Frederick Md

DATE OF BURIAL July 11 1925

20 UNDERTAKER W M Kourtes

ADDRESS 2238 W North

IMPORTANT—See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00231 +49 E 00231

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. Hopkins Hospital St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill ont No. 18.)

2-FULL NAME..... Francis Footen

(Residence in Baltimore: No. Barton Md St.; yrs.,.....mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, Divorced, (Write the word.)
male	white	single

6-DATE OF BIRTH,

....., 1.....
(Month) (Day) (Year)

7-AGE,

15 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School Boy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country),

Md

PARENTS.

10-NAME OF FATHER, Peter Footen

11-BIRTHPLACE OF FATHER, (State or Country). Md

12-MAIDEN NAME OF MOTHER, Julia xxxxx

13-BIRTHPLACE OF MOTHER, (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Ahrens

(Address) 221 N. Broadway

15- JUL 10 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 10-25, 192.....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said his (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Sarcoma left occipital region involving spinal cord

(Autopsy)

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) J S Ahrens M. D.
(Coroner.)

7-10-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Redmont W va	7/10/25 19....
20-UNDERTAKER, Joseph Ahrens	ADDRESS 221 Broadway

If very important. See instructions on back of certificate.

Cor.—1-12-25—M&T—100 Bks.

E 00232

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00232

CERTIFICATE OF DEATH.

176

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hosp. St. 17-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Regina Fenwick

(a) RESIDENCE NO. 1105 Division St. ST., WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) about 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	19			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER John Fenwick

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Blanche Banks

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Irving Fenwick
(Address) 1030 Argyle Ave.

15 JUL 11 1925 19 GK Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis following operation on Gall Bl- sac of Diagnosis (duration) ..... yrs. ..... mos. 22 ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy, M. D.
(Coroner.)

July 10, 1925 (Address) 2802 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Co. Md. DATE OF BURIAL: 7-12 1925

20 UNDERTAKER: John H. Toadvine ADDRESS 1027 Druid Hill

FOR A VERY important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00233

CERTIFICATE OF DEATH.

113 E 00233

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 E. Fayette ST., 5-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Panagiotes Stanatacos

(a) RESIDENCE NO. 911 E. Fayette ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? Life yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7/21/1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer ....

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Gustav Stanatacos

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greece

12 MAIDEN NAME OF MOTHER Kath. Stanatacos

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Greece

14 Informant Gustav Stanatacos (Address) 911 E. Fayette St

15 Filed JUL 11 1925 19 G.K.G. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/10 1925

17 I HEREBY CERTIFY, That I attended deceased from 7/8/25, to 7/10/25, that I last saw h.. alive on 7/10/25, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(duration) yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) yrs. ... mos. One.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Goldberg M. D.

7/10, 1925 (Address) 2210 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem DATE OF BURIAL 7/11 1925

20 UNDERTAKER George J. Ruth ADDRESS 1735 Harford Av

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—MAT—10) Hkn.

HEALTH DEPARTMENT—CITY OF BALTIMORE

31

E 00234

CERTIFICATE OF DEATH.

E 00234

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 1335 S Clinton ST., 16-8 WARD)

2-FULL NAME John Mayger

(a) RESIDENCE No. 1335 S Clinton ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Mayger

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About	72			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer At Home
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Joseph Mayger

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Estelle Strangfer
(Address) 3020 Hadway Ave

15 Filed ..... 192 .....
Registrar

JUL 11 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9. 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(duration) yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. E. Wades, M. D.
(Coroner.)

July 9 25, 192 (Address) 142 N Gay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn	July 11 1925

20 UNDERTAKER	ADDRESS
Wm Cook	502 Northern

Spec.—1-10-21—M&T—1500 Blks.

W Smith Nor Pond. ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00235

CERTIFICATE OF DEATH.

16 E 00235

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2020 Ridgewood Ave STR. 15-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Cecilia McCauley

(a) RESIDENCE No. 2020 Ridgewood Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) DEC 6-1924

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or....min.
	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Gilbert McCauley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Ellen C Watson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Ellen C. Watson

(Address) 2020 Ridgewood Ave

JUL 11 1925 GKG Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10th 1925

17 I HEREBY CERTIFY, That I attended deceased from July 1st, 1925, to July 10 1925, that I last saw her alive on July 7th, 1925, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Convulsions

(duration) one hour yrs. mos. ds.

CONTRIBUTORY (Secondary) Pyaemia, Enteritis

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Knee

(Signed) Edmund M. D.

(Address) 1605 N. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemet.	July 11 1925

20 UNDERTAKER	ADDRESS
Armbrook	602 E Fayette

NOTE—Is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 00236

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00236

CERTIFICATE OF DEATH.

5-2 164

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Maryland ST., WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachel Watkins

(a) RESIDENCE No. 624 N. Caroline Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Autumn 1874

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 070

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Watkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Baltimore City Hospitals Baltimore, Md.

15 Filed July 10 1925 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1925

17

I HEREBY CERTIFY, That I attended deceased from May 20, 1925, to July 7, 1925, that I last saw her alive on July 7, 1925, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Cardiac Exhaustion

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senile Psychosis, Agitated Depressive Type

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings.

(Signed) John F. Forsyth, M. D.

, 19 (Address) 1 E. Lexington St. Baltimore, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery — DATE OF BURIAL July 11 1925

20 UNDERTAKER Mrs Ida Snowden — ADDRESS 1225 Eastlake

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00237

CERTIFICATE OF DEATH.

57 E 00237

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 940 W Franklin St., 18-1 WARD)

2-FULL NAME Mrs Louisa Keller

(a) RESIDENCE NO. 943 W Franklin ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Wht

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Aug 29 2 71

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Jacob Kahler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Johanna Pauline Hoepfel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mrs Louisa Keller

(Address): 940 W Franklin

15 JUL 11 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 10 2 1925

17 I HEREBY CERTIFY, That I attended deceased from April 19, 1925, to July 10, 1925, that I last saw her alive on July 9, 1925, and that death occurred, on the date stated above, at 4.52 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Breast, with probably to Liver Metastasis

(duration) yrs. 3 mos. da.

CONTRIBUTORY (Secondary) Arteriosclerosis, Decubitus

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) E L Smith, M. D.

(Address) 1605 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: 7/13/25

20 UNDERTAKER: Geo W Boyd & Son — ADDRESS: 2503 Edmondson

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00238

E 00238

CERTIFICATE OF DEATH.

REGISTERED NO. 179

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1011 Poplar Grove St. 16-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Fisher

(a) RESIDENCE NO. 1011 Poplar Grove St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida V. Fisher

6 DATE OF BIRTH (month, day, and year) Apr 30 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Supt. Bldgs. (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer John Bramble Bldg Co.

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Andrew Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Jane Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mr. D. R. Fisher Son

(Address) 1011 Poplar Grove St

15 Filed ..... 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 15 1923 to July 9 1925.

that I last saw him alive on July 8 1925

and that death occurred, on the date stated above, at 3.45a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial nephritis Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) John J. Nolan, M. D.

7/10, 1925 (Address) 1219 Poplar Grove

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem.	July 11 1925

20 UNDERTAKER Wm. F. Kieffer Sons ADDRESS North Pa

TION is very important. See instructions on back of certificates.

E 00239

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00239

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hospital 2-7 St. ..... Ward)

Registered No. C 188-003

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Alfred Caranfa

(Residence in Baltimore: No. 322 A St. N.E. Washington DC St.; yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

6-DATE OF BIRTH Oct 29 1902
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
19 yrs. 8 mos. 11 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Tile Setter
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Phila, Pa

PARENTS:

10-NAME OF FATHER Anthony Caranfa

11-BIRTHPLACE OF FATHER, (State or Country). Italy

12-MAIDEN NAME OF MOTHER Elizabeth Maffei

13-BIRTHPLACE OF MOTHER, (State or Country). Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leonard Caranfa

(Address) 322 A St. N.E. Washington DC

15- JUL 11 1925

F ..... 192 ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 10 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... to ..... that I last saw ..... alive on ..... and that death occurred at the time stated above. The remains described above, held at ..... (Inquest, autopsy or inquiry.) Investigation thereon and from the evidence obtained by me Investigation (Inquest, autopsy or Inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH was as follows: Fractured Skull & Concussion Brain

20 Minutes (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Auto Accident

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. B. Horton M. D.
Coroner.

July 10 1925 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Died, Mx

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Wash, Ford DC DATE OF BURIAL, 7/11 1925

20-UNDERTAKER, Ernest A. Feeley ADDRESS Fulton & Fayette

Cor.—1-12-23—M&T—100 Bks.

E 00240 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

185 E 00240

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Division ave. Bridge ST., 12 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Coles Barron Dawson

(a) RESIDENCE No. 2926 Bernard ST., 12 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 19, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	30	9	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Fireman
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) Va
(State or country) Northumberland Co

PARENTS

10 NAME OF FATHER Charles E Dawson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER William E M J Coles

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va

14 Informant Rosie V. Dawson
(Address) 2926 Bernard St.

15 JUL 11 1925 192 GKG Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9th 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture skull due to a fall. Accidental

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) John J Mossieu M. D.
(Coroner.)

July 10, 1925 (Address) 3432 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Northumberland Co Va	July 12, 1925

20 UNDERTAKER — ADDRESS

A. Howard Evans — 38 E. Ford Ave

Sp. 6-00241 1000 Bks.

E 00241

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00241

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 316 S. Pulaski St. 20-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Otto.

(a) RESIDENCE. NO. 316 S. Pulaski ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	W.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Otto

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Engineer

(b) General nature of industry, business, or establishment in which employed (or employer): 030

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Frederick Md.

PARENTS

10 NAME OF FATHER: Fred. Otto

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Laura Herrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Elizabeth Otto

(Address) 316 S. Pulaski

15 Filed DEC 11 1925, 19 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/9 1925

17 I HEREBY CERTIFY, That I attended deceased from July 3, 1925, to July 9, 1925, that I last saw him alive on July 8-, 1925, and that death occurred, on the date stated above, at 6.30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) A Heller Hemming M. D.

7/10, 1925 (Address) 2000 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: July 13 1925

20 UNDERTAKER: George L. Schwabe — ADDRESS: 1101 Fulk Ave.

(Important. See instructions on back of certificate.)

Spec.—1-10-21—M&T—1500 Bks.

E 00242 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00242

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1800 S. Charles ST., 23-2 WARD)

REGISTERED NO. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Alvin Starling

(a) RESIDENCE No. 1800 S. Charles ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 29/1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER J. W. Starling

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va.

12 MAIDEN NAME OF MOTHER Marie Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va

14 Informant J. W. Starling

(Address) 1800 S. Charles St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11 1925

17 I HEREBY CERTIFY, That I attended deceased from July 8 1925 to July 11 1925, that I last saw h[illegible] alive on July 9 1925, and that death occurred, on the date stated above, at 8:20 a.m.

The CAUSE OF DEATH* was as follows:

Congenital Abscess of Pancreas

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of July 3 1925

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. F. Hagerman M. D.

7/11, 1925 (Address) 1 E. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	July 14 1925
20 UNDERTAKER	ADDRESS
A. Howard Evans 38	E. Fort Ave

TION IS very important. See instructions on back of certificates.

Spec.—Form 1—M.S.C.—500 Blks.

E 00243 ✓ E 00243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 114

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mrs. Hope Retreat ST., 28-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edna A. Gerfin

(a) RESIDENCE NO. Columbia, Pa. ST., ... WARD Columbia Pa.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 3 mos. ? ds. How long in U. S., if of foreign birth? 27 yrs. 0 mos. 23 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) May-18-1898

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	0	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher 068

(b) General nature of industry, business, or establishment in which employed (or employer) Home.

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Columbia. (State or country) Pa.

PARENTS

10 NAME OF FATHER Henry H. Gerfin

11 BIRTHPLACE OF FATHER (city or town) — (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Geer.

13 BIRTHPLACE OF MOTHER (city or town) Columbia (State or country) Pa.

14 Informant Mrs Hope Retreat

(Address) Mrs Hope

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11, 1925

17

I HEREBY CERTIFY, That I attended deceased from April 16, 1925, to July 11, 1925,

that I last saw her alive on July 11, 1925,

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Ileo-Colitis

(duration) — yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary) Manic Depression Psychosis

Unknown (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical.

(Signed) Milton P. Hill, M. D.

, 19 (Address) Wyliesburg - Rockstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Columbia Pa. DATE OF BURIAL July 16, 1925.

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS 108 W. NORTH AVE

TION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

E 00244 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00244

CERTIFICATE OF DEATH. 24-1 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1443 Light ST. (WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Luana V. Mullen.

(a) RESIDENCE No. 1443 Light St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mar. 16 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Richard Cannon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Annie Evans

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Lillie F. Cannon

(Address) 1443 Woodland Ave

15 Filed JUL 11 1925 S. Lamm Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10 1925

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1925 to May 10, 1925.

that I last saw h[illegible] alive on May 10, 1925.

and that death occurred on the date stated above, at 4.45 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(Duration) 1 yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) F. F. Hawkins M. D.

7/11, 1925 (Address) 6 Dunbar Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	July 13 1925
20 UNDERTAKER	ADDRESS
Wm Cook & Son	Inc.

TION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 00245 HEALTH DEPARTMENT—CITY OF BALTIMORE 00245

CERTIFICATE OF DEATH. 125-3129

1-PLACE OF DEATH 2100 Sassafras St Mt Vernon Registered No.

City of BALTIMORE: (No. 2100 Sassafras St Mt Vernon St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mary Anna Brumm

(a) Residence No. 2100 Sassafras St Mt Vernon St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Brumm

6-DATE OF BIRTH (month, day and year) June 14. 1860

7-AGE, 65 yrs. mos. 24 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, — Sebota

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) John C. Brumm (Address) 2100 Sassafras St

15- Filed JUL 11 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 8-1925

17- I HEREBY CERTIFY, That I attended deceased from Dec, 19.24, to July 8, 19.25, that I last saw her alive on July 6, 19.25, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Brights Disease

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Urine

(Signed) Raymond O. Glaus, M. D.

July 10, 1925 (Address) Lakeland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Druid Cemetery	July 11, 1925
20-UNDERTAKER, Harry H Wetzler	ADDRESS 1531 N. Fulton Ave

Spec.—1-10-21—MAT—1500 Blks.

E 00246 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00246

CERTIFICATE OF DEATH.

22-237-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Phoebe Weldon

(a) RESIDENCE No. 1208 Hanover ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 4 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Carl Heast

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Heast

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Baltimore City Hospitals Records (Address)

15 Filed JUL 11 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8 1925

17 I HEREBY CERTIFY, That I attended deceased from June 25, 1925, to July 8, 1925, that I last saw her alive on July 8, 1925, and that death occurred, on the date stated above at 2 P. m.

The CAUSE OF DEATH* was as follows:

Miliary tuberculosis

(duration) yrs. ½ mos (History) ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller M. D.

7/10 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Joseph Oakwely DATE OF BURIAL 7-11 1925

20 UNDERTAKER 151 Winters Ave ADDRESS

TION is very important. See instructions on back of certificate.

E 00247

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00247

CERTIFICATE OF DEATH.

143-001

16-6

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. ..... Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pauline Connor

(Residence in Baltimore: No. 1001 Arlington Ave St.; yrs., ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, Divorced, (Write the word.)
female	col	married

6-DATE OF BIRTH, ... Aug. 7-1903 ....., 1.....
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
21 yrs. 11 mos. 2 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country),
Md

PARENTS.

10-NAME OF FATHER, Spencer Patterson

11-BIRTHPLACE OF FATHER, (State or Country), Va

12-MAIDEN NAME OF MOTHER, Jane Scott

13-BIRTHPLACE OF MOTHER, (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Ernest Connor (Husband)
(Address) 1001 Arlington Ave

15-
Filed JUL 11 1925 [signature] Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July 9-25 ....., 192.....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry.....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:
Cardiac failure-Acote partum hemorrhage-premature seperation of placenta-(operation before death)
.....(Duration).....yrs.....mos.....ds.
CONTRIBUTORY (Secondary).....
.....(Duration).....yrs.....mos.....ds.
(Signed) [signature] M. D.
(Coroner.)
9-10-25 (Address) 508 E. North Ave

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn	7/12/1925

20-UNDERTAKER, MRS. GEORGE H. HOLLAND ADDRESS 1631 DRUID HILL AVENUE

...certificate. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 00248 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00248

CERTIFICATE OF DEATH.

111-

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1422N. Broadway ST., 8-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William D. Fishach

(a) RESIDENCE No. 1422 N. Broadway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Curtain

6 DATE OF BIRTH (month, day, and year) May 14-1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	66	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Fishach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Amanda Horner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14

Informant Mrs. Katie Fishach

(Address) 1422 N. Broadway

Filed JUL 11 1925 G.P.G. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 1925

17

I HEREBY CERTIFY, That I attended deceased from June 27, 1925, to July 10, 1925, that I last saw him alive on July 9, 1925, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Acromegaly, Insomnia

Exhaustion Cumulativa, Gastritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Paronychia Agitans, Jaundice

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms.

(Signed) Howard C. Dilon, M. D.

, 19 (Address) 3706 Liberty Heights Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL July 13 1925

20 UNDERTAKER H. C. Wiedefeld — ADDRESS 914 Greenmt. Ave.

FRONT Very important. See instructions on back of certificates.

Spec- 12-23-21—E.B.R.S.—400 Blks.

E 00249 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00249

CERTIFICATE OF DEATH.

Registered No. 129

1-PLACE OF DEATH

City of BALTIMORE: (No. 2217 E Oliver St., 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Westendorf

(a) Residence No. 2217 E. Oliver St St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Westendorf

6-DATE OF BIRTH (month, day and year) Dec 5, 1881

7-AGE, 43 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) (37)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, John Williams

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER, Mary Koster

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto Md

14-

(Informant) John W. Westendorf

(Address) 2217 E. Oliver St

15-

JUL 11 1925

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 7-9-25

17- I HEREBY CERTIFY, That I attended deceased from 5-27 1925 to 7-9 1925

that I last saw h[er] alive on 7-9 1925

and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 4 mos. 2 ds.

CONTRIBUTORY (Secondary) Myocarditis Hypertrophy

(Duration) yrs. 4 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) David Price M. D.

, 19 (Address) 1500 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Woodlawn Cemetery

DATE OF BURIAL. 7 12 1925

20-UNDERTAKER. George J Ruth

ADDRESS 1730 Harford Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00250 003 E 00250

CERTIFICATE OF DEATH.

15-486

1-PLACE OF DEATH

City of BALTIMORE: (No. Hebrew Hospital St. 15-4 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carroll Thomas

(Residence in Baltimore: No. 3041 W. North Ave St., yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, Divorced, (Write the word.)
male	white	married

6-DATE OF BIRTH, July 4-1880, 1..... (Month) (Day) (Year)

7-AGE, 46 yrs. 0 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Truckman
(b) General nature of industry, business, or establishment in which employed (or employer): Hauling

9-BIRTHPLACE, (State or Country): Baltimore, Md

PARENTS.

10-NAME OF FATHER. Chas. Albert Thomas

11-BIRTHPLACE OF FATHER, (State or Country). Prince George Co. Md

12-MAIDEN NAME OF MOTHER. Rebecca E. Soper

13-BIRTHPLACE OF MOTHER, (State or Country). Calvert Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Leigh Bien

(Address) 2013 W. North Ave

15- JUL 12 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 10-25, 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Septicemia-Streptococcus (Infected compound of left elbow)

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Autotruck collision (over

(Duration) yrs. mos. ds.

(Signed) J. S. Wallen M. D. (Coroner.)

7-11-25 1925 (Address) 502 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL. DATE OF BURIAL.
Calvert Co. Md
Emanuel Church Cemetery July 12 1925

20-UNDERTAKER, J. W. Cook ADDRESS 502 E North Ave

E 00251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

22-190

E 00251

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 228 W. Camden Street. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Anton Matulewicz.

(Residence in Baltimore: No. 228 W. Camden Street. St.; yrs. 25. mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male.	White.	Married.

6-DATE OF BIRTH. June 4, 1880. (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
45 yrs. 1 mos. 5 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of Industry, bnsiness, or establishment in which employed (or employer)..... Tailor. 080

9-BIRTHPLACE, (State or Country), Lithuania.

PARENTS.

10-NAME OF FATHER, Adom Matulewicz.

11-BIRTHPLACE OF FATHER, (State or Country), Lithuania.

12-MAIDEN NAME OF MOTHER, Margat Yurgicute.

13-BIRTHPLACE OF MOTHER, (State or Country), Lithuania.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Tillie Matulewicz. (wife).

(Address) 228 W. Camden Street.

15-

Filed JUL 12 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 9th, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

.....(Duration).....yrs.....mos.....ds.

(Signed) Otto A. Reinhardt M. D. (Coroner.)

July 11, 1925. (Address) 1017 S. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem.	July 13 1925

20-UNDERTAKER, John Grebliauskas ADDRESS 425 S. Paca St.

E 00252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

112 E 00252

Registered No. C.....

1-PLACE OF DEATH

Pronounced dead at 5-2

City of BALTIMORE: (No. St. Joseph Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Mary E. Booze .....

(Residence in Baltimore: No. 420 N. Caroline St St.; yrs. 40+ mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, Divorced. (Write the word.)
female	col	married

6-DATE OF BIRTH.

..... unknown ....., 1.....
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
45 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... General House-
(b) General nature of industry, business, or establishment in which employed (or employer)..... work 37

9-BIRTHPLACE, (State or Country),
Cambridge Md

PARENTS.

10-NAME OF FATHER, Bat Woolford

11-BIRTHPLACE OF FATHER, (State or Country), Cambridge Md

12-MAIDEN NAME OF MOTHER, Annie Thomas

13-BIRTHPLACE OF MOTHER, (State or Country), Cambridge Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Joseph Woolford

(Address)..... 420 N. Caroline St

15- JUL 12 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH,

..... July 9-25 ....., 192.....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an.... inquiry .....
(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said.....
inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cardiac Failure

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) History of Indigestion

.....(Duration).....yrs.....mos.....ds.

(Signed) J. S. H. Pullen M. D. M. D.
(Coroner.)

7-10-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, In deaths from Violent Causes, state (I) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemtry	7/12/25, 1925

20-UNDERTAKER, Byron Wright ADDRESS 1218 Mc Elderry st

IS VERY IMPORTANT. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00253

CERTIFICATE OF DEATH.

3-1

114 E 00253

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 26 S. High St., ... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Bessie Appelfeld .....

(a) Residence No..... 26 South HighS Street ..... St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? 37 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Isaac Appelfeld

6-DATE OF BIRTH (month, day and year): ----1830

7-AGE: ..... 95 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Russia

PARENTS.

10-NAME OF FATHER: Israel ------

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Russia

14- (Informant): J. Lewis

(Address): 1439 E. Balto St.

15- JUL 12 1926 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): July 11-25

17- I HEREBY CERTIFY, That I attended deceased from June 30, 1925 to July 11, 1925

that I last saw her alive on July 11, 1925

and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Entero Colitis

Heat exhaustion

(Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary): Pneumonia Hypostatic

(Duration) ..... yrs. ..... mos. 3 ds.

18-Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Examination

(Signed) Joseph E. Eichner M. D.

July 12 1925 (Address) 320 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Int. Carmel — DATE OF BURIAL: 7-12, 19.25

20-UNDERTAKER: Jack Lewis — ADDRESS: 1439 E. Balto

Spec.—1-10-21—M&T—1500 Blks.

E 00254

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

114

E 00254

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS 2-3 WARD)

CITY OF BALTIMORE: (No. [redacted] ST.,

2-FULL NAME Annie Smith

(a) RESIDENCE NO. 2003 Fleet St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

9a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Kireen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Susan Kireen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Baltimore City Hospitals Records (Address)

15 Filed JUL 12 1925 ROBERT R. KRAUSER, Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 1925

17 I HEREBY CERTIFY, That I attended deceased from July 5 1925 to July 10 1925

that I last saw her alive on July 10 1925

and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Acute enteritis (etiology undetermined) (duration) yrs. mos. 15 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W Lindsay Mills M. D.

7/11 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem DATE OF BURIAL 7/13 1925

20 UNDERTAKER J. Fred McCully ADDRESS 130 E Fort

TION is very important. See instructions on back of certificates.

FILE

Spec.—1-10-21—M&T—1500 Bks.

E 00255 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00255

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen Hosp St., 24-3 WARD) REGISTERED NO. 57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Minnie Schluter

(a) RESIDENCE NO. 1506 E. Fort Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mr Carl Schluter

6 DATE OF BIRTH (month, day, and year) Aug 13-1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Gera Germany
(State or country)

PARENTS

10 NAME OF FATHER Hermann Ullrich

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Mr Carl Schluter
(Address) 1506 E Fort. ave

15 Filed JUL 12 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/11/1925

17

I HEREBY CERTIFY, That I attended deceased from July 10, 1925, to July 11, 1925,

that I last saw h[illegible] alive on July 11, 1925,

and that death occurred, on the date stated above, at 6:00 A m.

The CAUSE OF DEATH* was as follows:

Diabetes - Chr Diffuse Nephritis

Uremia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Accident - Diabetes & Nephritis Fract

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab

(Signed) Thos A Jumpstein, M. D.

, 19 (Address) Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: 7/14/1925

20 UNDERTAKER John Welriot — ADDRESS 2008 Orleans

TION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00256
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 00256

Registered No. C.....

City of BALTIMORE: (No. 5 Franklin Sq. St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Wm. F. Evans

(Residence in Baltimore: No. 915 Bennett Place St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Single

6-DATE OF BIRTH Nov 12 1856
(Month) (Day) (Year)

7-AGE 63 yrs. 7 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Machinist
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jacob H. Evans

11-BIRTHPLACE OF FATHER, (State or Country), Md

12-MAIDEN NAME OF MOTHER, Elizabeth R. Schultz

13-BIRTHPLACE OF MOTHER, (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob H. Evans

(Address) 915 Bennett Place

Filed JUL 12 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 9th 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, Autopsy or Inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or Inquiry.)
find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy
Half hour
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Thos B Gorton M. D.
Coroner.
July 10 1925 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Greenwood — DATE OF BURIAL, 7/13 1925

20-UNDERTAKER Wm Cook — ADDRESS 502 E Wash

Spec.—1-10-21—M&T—1500 Rks.

E 00257

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00257

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2117 W. Mulberry ST., 70-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Leo Countess

(a) RESIDENCE NO. 2117 W. Mulberry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Countess

6 DATE OF BIRTH (month, day and year) Oct 21, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	6	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Switchman 073

(b) General nature of industry, business, or establishment in which employed (or employer) B & O R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER James E. Countess

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Ellen Macdonald

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Mary E. Countess

(Address) 2117 W. Mulberry St.

JUL 12 1925 ROBERT R. KRAUTER, Registrar

Filed ..... 19 ..... Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) July 11 1925

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1925, to July 11, 1925, that I last saw him alive on July 10, 1925 and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Uhyocarditis c
cardiac arrhythmia
2 days known.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Embolus

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) J. Edward Norris, M. D.

(Address) 107 E. Mulberry St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	July 16 1925
20 UNDERTAKER	ADDRESS
Easton Sons	Ellicott City

FROM IS very important. See instructions on back of certificates.

E 00258

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00258

CERTIFICATE OF DEATH.

9-1

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. St. Joseph Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Underwood

(Residence in Baltimore: No. Joppa Md St.; yrs., 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	sing

6-DATE OF BIRTH. March (Month) 1918 (Day), 1 (Year)

7-AGE.			If LESS than 1 day,
5 yrs.	3 mos.	---k ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: child
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Bluefield W.VA

PARENTS.

10-NAME OF FATHER, Henry Underwood

11-BIRTHPLACE OF FATHER, (State or Country), W.Va

12-MAIDEN NAME OF MOTHER, Nora Sheppard

13-BIRTHPLACE OF MOTHER, (State or Country). Blueffeld W.VA

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Koseph Hospital

(Address)

15- Filed JUL 12 1925 ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 11-25 (Day), 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental burns over almost entire body. Water in wash boiler overflowed while boiling clothes, child was near. (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. Scott Gallen (Coroner.) M. D.

7-12-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Bluefield W. Va.	July 12 1925
20-UNDERTAKER,	ADDRESS
H. K. McComas.	Abingdon, Md.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 00259

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00259

CERTIFICATE OF DEATH.

X 90

18-9

1-PLACE OF DEATH

City of BALTIMORE: (No. 919 Edmondson St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eleanora V. Hale

(a) Residence No. 919 Edmondson St., ... Ward Virginia

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX F

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Unk

7-AGE, 75 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country), Alexandria Va

PARENTS.

10-NAME OF FATHER, Robert Snyder

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Alexandria Va

12-MAIDEN NAME OF MOTHER, Eleanore Smith

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Alexandria Va

14- (Informant) C. M. McKnew

(Address) 919 Edmondson Ave

15- Filed JUL 12 1925 ROBERT R. KRAUTER Registrar Burial Permit No.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 11 25

17- I HEREBY CERTIFY, That I attended deceased from July 6, 1925, to July 11, 1925, that I last saw her alive on July 11, 1925, and that death occurred, on the date stated above, at 11.15 P. m.

The CAUSE OF DEATH* was as follows:

Tabular Dis. Heart

(Mitral)

(Duration) ..... yrs. ..... mos. — ds.

CONTRIBUTORY (Secondary) Contraction

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clin. Exam.

(Signed) Frank E. Nagus M. D.

7/27, 1925 (Address) 1026 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Calvary Cem Washington D C — DATE OF BURIAL, July 14, 1925

20-UNDERTAKER, Geo J Smith — ADDRESS 1532 Hollins Ave

Cor.—1-12-23—M&T—100 Bks.

E 00260

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00260

CERTIFICATE OF DEATH.

185

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Homewood Hospital (Street) 3-4 (WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Shanck

(a) RESIDENCE: No. 802 Berry ST., 13 WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): ~~Married~~

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Florence A Shanck

6 DATE OF BIRTH (month, day, and year): Jan 11 1858

7 AGE: 67 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Chester Shanck
(Address) 802 Berry St

15 JUL 12 1925 ROBERT P. KRAUTER Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 10 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest find that said deceased came to (Inquest, autopsy or inquiry.) death on the day stated above.

The CAUSE OF DEATH was as follows:

Fracture Skull.
Due to a fall
Accidental

(Accident)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H Mowen (Coroner.), M. D.

(Address) 9632 Reisterstown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Forest Balto Co | DATE OF BURIAL: July 13 1925

20 UNDERTAKER: Ehenowerth Son Chestnut St

oc—12-23-21—E.B.R.S.—400 Bks.

E 00261

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00261

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2925 Weaver Ave (St.) Ward) 13

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Black

(a) Residence No. 2925 Weaver Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? 51 yrs. 3 mos. 24 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) March 16-1874

7-AGE. 51 yrs. 3 mos. 24 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Home Duties

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Casper Glaser

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Clementine Brandt

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Henry Black

(Address) 2925 Weaver Ave

15- JUL 12 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 10/25

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 — 1924 to July 10 — 1925

that I last saw h— alive on July 8 — 19—

and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatous Nephritis (Duration) 3 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and Laboratory

(Signed) L. L. Gordy M. D.

7-10 . 1926 (Address) 421 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park DATE OF BURIAL, July 13 1925

20-UNDERTAKER, Mrs. Mrs. John K. Peufel Son ADDRESS 801 N. Fayette St.

Spec.—1-10-21—M&T—1500 lbs.

E 00262 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 00262
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 635 N. Fulton Ave ST., 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Golem

(a) RESIDENCE NO. 635 N Fulton Ave ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H Golem

6 DATE OF BIRTH (month, day, and year) Feb 8-1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profesalon or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER John Yates

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rebecca Rosenburg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn'd

14 Informant Mrs Ada Golem
(Address) 635 N Fulton Ave

15 Filed JUL 12 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9 1925

17 I HEREBY CERTIFY, That I attended deceased from July 2 1925, to July 9 1925, that I last saw h alive on July 7 1925, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

? (duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Hoge E Shannon, M. D.

(Address) 700 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL July 13 1925

20 UNDERTAKER Wm J Tschiers & Co — ADDRESS Nath Ave

TION is very important. See instructions on back of certificates.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00263

CERTIFICATE OF DEATH.

49 E 00263

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 142 W. Clement St.; 23 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augustus Woell

(Residence in Baltimore: No. 142 W. Clement St.; 30 yrs., —— mos. —— ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Feb. 14th, 1865
(Month) (Day) (Year)

7-AGE, 60 yrs. 4 mos. 26 ds. If LESS than 1 day, ——hrs. or ——min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Glass Blower
(b) General nature of industry, business, or establishment in which employed (or employer): Manufacture of glass ware

9-BIRTHPLACE, (State or Country): Richmond Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick August Woell

(Address) 142 W. Clement St.

15-

FILED JUL 13 1925, 191..... C.H.G. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 10th, 1925
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb. 16th, 1925, to July 10th, 1925, that I saw h— alive on July 10th, 1925, and that death occurred, on the date stated above, at 6:30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of body of fourth dorsal vertebra & me-
tastatic (Duration) yrs. 4 mos. 24 ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Harry Weibel M.D.

7/11, 1925 (Address) 1324 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, York, Pa. DATE OF BURIAL, 7/13, 1925

20-UNDERTAKER E. D. Fanning Son - ADDRESS 1938 E. Lafayette Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00264

CERTIFICATE OF DEATH.

E 00264

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hospital ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Bower

(a) RESIDENCE NO. Main St. - Albertcity ST., WARD London - N. J.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Bower

6 DATE OF BIRTH (month, day, and year) July 24-1896

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	28 years.	11	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Portboton Pa.
(State or country)

PARENTS

10 NAME OF FATHER Philip Schmeer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany.

12 MAIDEN NAME OF MOTHER Mary A. Myers

13 BIRTHPLACE OF MOTHER (city or town) Portboton Pa
(State or country)

14 Informant Philip Schmeer
(Address) Phila. Pa.

15 Filed JUL 13 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/12 1925

17

I HEREBY CERTIFY, That I attended deceased from July 10, 1925, to July 12, 1925, that I last saw her alive on July 12, 1925, and that death occurred, on the date stated above, at 11:40 A m.

The CAUSE OF DEATH* was as follows:

Ruptured Ectopic Pregnancy.

about 2 weeks (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) General Peritonitis

about (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) Kenneth B Boyd, M. D.

, 19 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Philadelphia Pa DATE OF BURIAL July 15 1925

20 UNDERTAKER Harry H. Witzke ADDRESS 153 W. London

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 00265

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00265

CERTIFICATE OF DEATH.

91-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 W Pratt ST. 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick Humphrey.

(a) RESIDENCE NO. 1523 W. Balt. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? - yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Humphrey

6 DATE OF BIRTH (month, day, and year) Oct 17 1837

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87.	3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer-Retired

(b) General nature of industry, business, or establishment in which employed (or employer) B & O. R.R.

(c) Name of employer " " " "

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS

10 NAME OF FATHER Edward Humphy.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Margaret Murphy. (Address) 1523 W Pratt St.

15 JUL 13 1925 EKG Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 1925

17 I HEREBY CERTIFY, That I attended deceased from June, 1925, to July 10, 1925, that I last saw him alive on July 10, 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis.

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac arthritis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) E. V. Cordelia, M. D.

7/13/25 (Address) 24 W Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 7/13/25

20 UNDERTAKER Harry A. Weitzke — ADDRESS 1531 W Lanvale

ATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 00266 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00266

CERTIFICATE OF DEATH

1-PLACE OF DEATH West. Balto. General Hospital. REGISTERED NO. 145

CITY OF BALTIMORE: (No. Raynor Ave & Oakland ST., 16-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Irene W. Darby.

(a) RESIDENCE No. 710 Linard ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. 3 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis E. Darby

6 DATE OF BIRTH (month, day, and year) March 14 1889

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
36.	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Thomas. White.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford. Co. Md.

12 MAIDEN NAME OF MOTHER Valerie. McGuire.

13 BIRTHPLACE OF MOTHER (city or town) Cambridge (State or country) Maryland.

14 Informant Louis E. Darby. (Address) 710 Linard St.

JUL 13 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10. 1925

17 I HEREBY CERTIFY, That I attended deceased from June 16, 1925, to July 10. 1925.

that I last saw her alive on July 10, 1925,

and that death occurred, on the date stated above, at 11 45 A. m.

The CAUSE OF DEATH* was as follows:

Pregnancy (Instrumental Delivery)

(duration) yrs. mos 25 ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

(duration) yrs. mos. 6 hrs

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Dr. W Biemp, M. D.

7-10 1925 (Address) 2224 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. DATE OF BURIAL July 13 1925

20 UNDERTAKER Joseph B. Cook ADDRESS 1003 N. Balto St.

Spec.—[illegible]-21-[illegible]

E 00267

HEALTH DEPARTMENT—CITY OF BALTIMORE E 00267

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Mercy Hospital ST. 3-4 84 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stephan Bolewicki

(a) RESIDENCE No. 615 S Dallas St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed, or Divorced, (write the word)~~
M.	W.	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 22 1909

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	15	6	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER John Bolewicki

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Mary Szulkowski

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant Mrs Mary Bolewicki
(Address) 615 S Dallas Street

15 JUL 13 1925 Epts
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11, 1925

17

I HEREBY CERTIFY, That I attended deceased from July 6, 1925 to July 11, 1925, that I last saw him alive on July 11, 1925, and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 4 hrs

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of July 9 & 11

Was there an autopsy? No

What test confirmed diagnosis? Clinical Op —

(Signed) K. C. Hollar, M. D.

(Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus cem	July 14 1925
20 UNDERTAKER	ADDRESS
John McWeber	1803 Bank

FROM IS very important. See instructions on back of certificates.

E 00268 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00268

CERTIFICATE OF DEATH. 6-31

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. 27 N. Castle St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Corrine Johnson

(Residence in Baltimore: No. 27 N. Castle St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: col

5-Single, Married, Widowed, Divorced, (Write the word.): single

6-DATE OF BIRTH: Feb 20-1905 (Month) (Day) (Year)

7-AGE: 20 yrs. 4 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto. Md

PARENTS.

10-NAME OF FATHER: Moses Johnson

11-BIRTHPLACE OF FATHER, (State or Country): Anne Arundel Co Md

12-MAIDEN NAME OF MOTHER: Annie Freeman

13-BIRTHPLACE OF MOTHER, (State or Country): A. A. Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Freeman

(Address) Curtis Bay Md

15-

Filed JUL 13 1925 19.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 10-25, 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner.)

7-13-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Asbury Cem — DATE OF BURIAL: 7/13, 1925

20-UNDERTAKER: Jas. Skinner — ADDRESS: 625 E. Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 00269 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 00269

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS 1-1 ST., WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Duckins

(a) RESIDENCE No. 3195 Duncan ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Leagth of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Anton Swolowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Baltimore City Hospitals Records (Address)

15 Filed JUL 13 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924 to July 11, 1925 that I last saw h[illegible] alive on July 10, 1925 and that death occurred, on the date stated above, at 2:10 p m.

The CAUSE OF DEATH* was as follows:

Chronic infectious Arthritis

(duration) 9 yrs. mos ds.

CONTRIBUTORY (Secondary) Carcinoma of uterus

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller, M. D.

7/11, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary — DATE OF BURIAL July 14 1925

20 UNDERTAKER George Weber — ADDRESS 2405 Boston St

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 00270

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00270

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) Bay View Asylum ST., V-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lydia Willard.

(a) RESIDENCE NO. 1709 E Lombard St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. F. Willard. The late

6 DATE OF BIRTH (month, day, and year) Feb 14, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	4	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penn.

PARENTS

10 NAME OF FATHER Solomon Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn.

12 MAIDEN NAME OF MOTHER Amanda ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn.

14 Informant Hospital Records Baltimore City Hospitals

15 Filed ....., 19.... Registrar

JUL 13 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12. 1925

17

I HEREBY CERTIFY, That I attended deceased from May 7. ....., 1925 to July 12. ....., 1925.

that I last saw her alive on July 12 ....., 1925.

and that death occurred, on the date stated above, at 6.30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Cervix C

General Metastasis.

Edema Carcinoma Left Breast.

(duration) yrs. 11. mos ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 2. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes - August for Breast Carcinoma at St Joseph. Date not known

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Microscopical

(Signed) Jno. F. Chaney Jr. M. D.

Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore County	July 14 25
20 UNDERTAKER	ADDRESS
Elmer W. Conklin	944 E. Eager St.

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00271

E 00271

CERTIFICATE OF DEATH.

162

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 821 N Calhoun ST. 16-7 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME no name Infant Abbott

(a) RESIDENCE NO. 821 N Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): July 11 / 25

7 AGE: Years | Months | Days: 11/2 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ——

(b) General nature of industry, business, or establishment in which employed (or employer): ——

(c) Name of employer: ——

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Everett B Abbott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Maria A. Seltzer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Emmetsburg Md

14 Informant: Everett B Abbott

(Address) 821 N. Calhoun

15 Filed JUL 13 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 13 1925

17 I HEREBY CERTIFY, That I attended deceased from July 11, 1925, to July 13, 1925.

that I last saw her alive on July 12, 1925

and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows:

Haemorrhage from the mouth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Nothing that I Know

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Samuel A Bain, M. D.

, 19 (Address) 937 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Stone Chapel Balto Co Md — DATE OF BURIAL: 7/13-1925

20 UNDERTAKER: Robert Brooks & Son — ADDRESS: Walbrook Hilton Sts

TION is very important. See instructions on back of certificates.

Cor.—1-12-25—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00272

CERTIFICATE OF DEATH.

179 E 00272

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Maryland Hospital ST., 27-6 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John L. Balduzzi

(a) RESIDENCE No. 630 Wyndhurst Ave- ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Roberta L. Balduzzi

6 DATE OF BIRTH (month, day, and year) Dec-6-1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	4	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Shoe mender
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Balt Gas & Electric Co

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John L Balduzzi

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Roberta L. Balduzzi
(Address) 630 Wyndhurst Ave

15 JUL 13 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

(duration) Don't Know yrs. mos. ds.

CONTRIBUTORY (Secondary) Burns on body, accidentally received prior to last illness (Duration) yrs. mos. ds.

(Signed) (Coroner.) M. D.

7-11, 1925 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: July 13 1925

20 UNDERTAKER: Henry Sander Sons Inc — ADDRESS: 710 Park St

Spec—12-20-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00273

161-001

CERTIFICATE OF DEATH.

E 00273

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 3037 Harlem St., 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Baby Herr

(a) Residence No. 3037 Harlem St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) July 11, 1925

7-AGE, 3 mo foetus. If LESS than 1 day, ...yrs. .....mos. .....ds. ....hrs. or 5 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Herman Herr

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Elsie Kobron

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Germany

14- (Informant)..... Father

(Address)..... 3037 Harlem Av

15- JUL 13 1925 G.H.G., Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 11, 1925

17- I HEREBY CERTIFY, That I attended deceased from July 11, 19 25 to ....., 19....., that I last saw her alive on July 11, 19 25 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

3 mo foetus

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?.....Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) L. A. Lally, M. D.

, 19 (Address) 3517 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER,	ADDRESS

(over)

Spec.—1-10-21—M&T—1500 Blks.

E 09275 (1825)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 00274

1-PLACE OF DEATH Johns Hopkins Hospital 14-1 REGISTERED NO. 45

CITY OF BALTIMORE: (NO. ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Bond

(a) RESIDENCE NO. 525 Robert ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ..... mos. 14 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Pacardo
(Address) Johns Hopkins Hosp.

15 Filed JUL 13 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 1925

17 I HEREBY CERTIFY, That I attended deceased from July 6, 1925, to July 10, 1925, that I last saw her alive on July 10, 1925, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cecum

unknown (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Myocarditis

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of July 6, 1925

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) H. McGuigan, M. D.

7-10 1925 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ..... DATE OF BURIAL July 13, 25

20 UNDERTAKER Wm. H. Force Son ADDRESS 1400 Madison

TION is very important. See instructions on back of certificates.

E 00275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Dead on Admission

City of BALTIMORE: (No. Hopkins Hospital St., 14-1 Ward)

Registered No. C. E 00275

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna May Beans

(Residence in Baltimore: No. 1806 MadisonAce St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	col	single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1..... (Year)

7-AGE,	If LESS than 1 day,
6 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: child
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto. Md

PARENTS.

10-NAME OF FATHER, Frederick Beans

11-BIRTHPLACE OF FATHER, (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mag Williams

13-BIRTHPLACE OF MOTHER, (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mae W. Beans

(Address) 1806 Madison Ave

15- JUL 13 1925 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 13-25, 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Meningitis (Class undetermined)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. W. Mc Cain (Coroner.) ..... M. D.

7-13-25 (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn	July 13, 1925
20-UNDERTAKER, John H. Toadvine	ADDRESS 1027 Hanover St

Cor.—1-12-23—M&T—100 Blks.

E 00276 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 00276

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1121 Garage ST., 26-9 WARD 90 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Solon Chas. Jacobs.

(a) RESIDENCE No 3300 Colgate ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. — mos. — ds. How long in U. S., If of foreign birth? 55 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 9 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Watchman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Mr. Clark 062

9 BIRTHPLACE (city or town) (State or country) Germany July 6 1847

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

PARENTS

14 Informant Margaret Helen (Address) 3300 Colgate Ave

15 FILED JUL 13 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

CONTRIBUTORY (Secondary) (duration) yrs. 1 mos. 1 ds.

(Signed) H. C. Wades, M. D. (Coroner) (Address) 1123 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Pleasant Cem	July 13 1925
UNDERTAKER F. S. Westphal	ADDRESS 1850 N. Balto St

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00277

CERTIFICATE OF DEATH.

177 E 00277

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Colonial Hospital St., 9-7 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fred. H. Danz.

(a) RESIDENCE No 1433 Hartford Ave ST., WARD 9

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. 7 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Johanna Danz.

6 DATE OF BIRTH (month, day, and year) Dec 2. 1881

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
37	7	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Brickleyer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Henry Danz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Debroder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Johanna Danz
(Address) 1433 Hartford Ave

JUL 13 1925 G.K.G. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: Accident

Due to mistaken overdose medicine (duration) yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) Ex Lawson (duration) yrs. mos. 1 ds.

(Signed) G C Radcliff, M. D. (Coroner.)

July 12, 1925 (Address) 1423 E Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .... yrs., ... mos., ... ds. In the State .... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Immanuels Cemetery	July 14 1925
20 UNDERTAKER	ADDRESS
Louis Heimann	325 Broadway

Spec.—1-10-21—M&T—5M0 Hls.

E 00278

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00278

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. BALTIMORE CITY HOSPITALS ST. [redacted] WARD) 4-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Hall.

(a) RESIDENCE NO. 622 Penn Alley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER George Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Cole

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Baltimore City Hospitals Records (Address)

15 Filed ....., 19..... Registrar

JUL 14 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924, to July 10, 1925, that I last saw him alive on July 10, 1925, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Hypertension

Chronic Myocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. 1½ mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller M. D.

7/11/1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion

DATE OF BURIAL 7/13/25

20 UNDERTAKER H. C. Grass 1405 McC

ADDRESS Leroy

Spec.—1-10-21—M&T—1500 Blks.

E 00279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 44

E 00279

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 E Banvale ST., 12-6 WARD)

2-FULL NAME Henrietta Eliza Blaggett

(a) RESIDENCE NO. 15 E Banvale ST., ... WARD Rockville Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, ~~or Divorced~~, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Darius Blaggett

6 DATE OF BIRTH (month, day, and year) June 25. 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77		15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife old

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Georgetown D.C. , (State or country)

PARENTS

10 NAME OF FATHER Ebn Browne

11 BIRTHPLACE OF FATHER (city or town) (State or country) District of Columbia

12 MAIDEN NAME OF MOTHER Mary Bentley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sandy Spring Md

14 Informant Daughter; Frederica Warner (Address)

15 JUL 13 1925 G.H.G. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 1925

17

I HEREBY CERTIFY, That I attended deceased from March 15, 1925. to July 10, 1925.

that I last saw her alive on July 10, 1925.

and that death occurred, on the date stated above, at 6.45 P m.

The CAUSE OF DEATH* was as follows:

Cancer of liver -

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm J. Watson M. D.

July 10, 1925 (Address) 2128 St Paul St, Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Rockville Md	July 13, 1925
20 UNDERTAKER	ADDRESS
W R Humphrey Sons	Rockville

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00280

CERTIFICATE OF DEATH.

E 00280

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) 1535 Marshall ST., 23-7 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Louise Carrado.

(a) RESIDENCE No. 1535 Marshall ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced (or) WIFE of Frank Carrado.

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	Each date	unknown.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework. pds

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) A.A. County. Md

PARENTS

10 NAME OF FATHER John Towman

11 BIRTHPLACE OF FATHER (city or town) (State or country) A.A. County. Md.

12 MAIDEN NAME OF MOTHER Sarah Burnett.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) A.A. County. Md.

14 Informant Frank Carrado (Address) 1535 Marshall

15 Filed JUL 13 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 1925

17

I HEREBY CERTIFY, That I attended deceased from June 5 , 1925 , to July 12 , 1925 ,

that I last saw h[illegible] alive on July 11 , 1925 ,

and that death occurred, on the date stated above, at 8 20 0 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. 1 mos 7 ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Wm. T. Seabury, M. D.

7/12. 1925 (Address) 638 Fort

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
W. E. Carnell.	July 15 1925
20 UNDERTAKER Chas L. Thomas	ADDRESS 1501 Pratt

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

(Howard Yeager)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00281 Baltimore City Hospitals CERTIFICATE OF DEATH. 3F E 00281

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST., 10-7 WARD

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard Yeager

(a) RESIDENCE NO. 915 N. Eden ST., ... WARD Male I.D.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown 32 yrs ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) July 12, 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penn.

PARENTS

10 NAME OF FATHER Jacob Yeager

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sarah Zitz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn.

14 Informant Bay View Hospital (Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 1925

17 I HEREBY CERTIFY, That I attended deceased from August 23, 1923, to July 12, 1925, that I last saw him alive on July 12, 1925, and that death occurred, on the date stated above, at 12:30 P.M.

The CAUSE OF DEATH* was as follows:

General paralysis of Insane

duration ? yrs. ? mos ds.

CONTRIBUTORY (Secondary) Lueti infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Serological

(Signed) John To Lowrie M. D.

, 19 (Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violence, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL York Pa DATE OF BURIAL 7/15 1925

20 UNDERTAKER Freeman Cook ADDRESS 502 E North

Spec.—8-24-14—M. & T.—2000 Bks.

Elizabeth W. Stiemly

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00282

CERTIFICATE OF DEATH.

6-7

74 E 00282

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4347 N. Patt. Pk ave ST.; ..... WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth W Stiemly

(Residence in Baltimore: No. 4347 N. Patt. Pk. ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Female	W	

6-DATE OF BIRTH. July (Month) 30 (Day), 1851 (Year)

7-AGE. 74 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. John Walter

11-BIRTHPLACE OF FATHER (State or Country). City

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. J. Stiemly

(Address) 4347 N. Patt. Pk Ave

15- G.F.G.

Filed JUL 13 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 11 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 9 1925, to July 11 1925, that I saw h 9 alive on July 11 1925, and that death occurred, on the date stated above, at 1 30 p.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Hypertension + Myocardial disease

..... (Duration) 3 yrs. ..... mos. ..... ds.

(Signed) L. L. Reznicek M. D.

July 11, 1925. (Address) 5 E. Patterson Park ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cem

DATE OF BURIAL, July 13 1925

20-UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans st

Spec.—1-10-21—M&T—1500 Bks.

E 00283 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 113 E 00283

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evelyn Clara Horn

(a) RESIDENCE NO. Perry Hall-Md ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 22nd 1925

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John P. Horn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Emma Dietz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mother

(Address) above address.

15 Filed JUL 13 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11 1925

17 I HEREBY CERTIFY, That I attended deceased from June 30, 1925, to July 11, 1925;

that I last saw her alive on July 11, 1925;

and that death occurred, on the date stated above, at 6:10 P m.

The CAUSE OF DEATH* was as follows:

Diarrhoea - Not Dysentery

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Hemolytic Strep. Septicaemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) C. F. Scott, M. D.

7-11, 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Michaels Cemetery Perry Hall

DATE OF BURIAL July 14 1925

20 UNDERTAKER Frank Gesaha Sons

ADDRESS Fullerton

TION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

Dr Forsythe — E Fort Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 00284

CERTIFICATE OF DEATH.

74 E 00284

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 326 E. Lafayette Ave ST. 17-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James R. Sheridan

(a) RESIDENCE NO. 362 E. Lafayette Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca L Sheridan

6 DATE OF BIRTH (month, day, and year) Feb 25. 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	4	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith ppb

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer U S Navy Yard

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER James Sheridan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Jane Ferguson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Rebecca Sheridan (Address) 326 E Lafayette Ave

15 Filed JUL 10 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11 1925

17 I HEREBY CERTIFY, That I attended deceased from July 4, 1925, to July 11, 1925.

that I last saw him alive on July 11, 1925.

and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Acute ascending paralysis.

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage.

(duration) yrs. 7 mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? No.

(Signed) Hough Forsythe, M. D.

7/12, 1925 (Address) 524 E North ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	July 14 1925
20 UNDERTAKER	ADDRESS
Wm Cook	502 E North Ave

HOW TO FILL OUT CERTIFICATE. See instructions on back.

Cor.—1-12-23—M&T—100 Blks.

E 00285

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00285

CERTIFICATE OF DEATH.

16-25

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bay View ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Morgan

(a) RESIDENCE NO. 835 Calverton Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	W.	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Mary Morgan

6 DATE OF BIRTH (month, day, and year) Feb 11, 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	5	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer City of Balto

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Markland Morgan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mary Morgan
(Address) 835 Calverton Road

15 Filed ... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Thermic Fever,

(duration) 7 mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

(Signed) C. C. Yoder, M. D.

(Coroner) July 12 1925 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western	July 14 1925

20 UNDERTAKER	ADDRESS
Wm. Cook	502 E North Ave

IF NOT very important. See instructions on back of certificate.

PROFESSION, TRADE OR PARTICULAR KIND OF WORK; GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED; NAME OF EMPLOYER; PLACE OF OCCUPA-

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E ~~00286~~ DEATH

REGISTERED No. E 00286

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Hebrew Hospital ST., WARD 6

2-FULL NAME Marian R. Greenwald.

(a) RESIDENCE No. Lake Drive Apts ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ———

6 DATE OF BIRTH (month, day, and year) Sept. 9, 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	26	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Meat 066

(b) General nature of industry, business, or establishment in which employed (or employer) Salesman

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Solomon Greenwald

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Theresa Kaw

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mr. S. Greenwald (Address) Lake Drive Apts

15 Filed ..... 19 ..... Registrar

JUL 13 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/12/ 1925.

17 I HEREBY CERTIFY, That I attended deceased from 7/10, 1925, to 7/12, 1925.

that I last saw h.. alive on 7/12, 1925.

and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Pimple on forehead.

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Staphylococcus Septicemia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Routine Blood Culture

(Signed) Philip Jacobson M. D.

. 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem. DATE OF BURIAL 7/14/ 1925

20 UNDERTAKER David Goodman ADDRESS 1120 W. Mt Royal Ave

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00287

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00287

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore city hospitals St., 16-6 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME....Pauline Ball

(a) Residence No....1036 Stockton st. St.,.....Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	colored	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1911

7-AGE.	If LESS than 1 day.
13 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School-girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Eli Ball

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Katie Rich

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Virginia

14- (Informant) Hospital records

(Address)

15- JUL 13 1925 · Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 11, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 3 1925 to July 11 1925

that I last saw her alive on July 11 1925,

and that death occurred, on the date stated above, at 8.15 A.m.

The CAUSE OF DEATH* was as follows:

pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. O. McFaun Jr., M. D.

7-11-1925 (Address) Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Lawnhurst	7/13/25
20-UNDERTAKER,	ADDRESS
Geo. T. A. Gibson	1735 Druid Hill

Spec.—FP-21-~~00288~~ E 00288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 00288

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 N. Hoffman St., 11-1 WARD)

2-FULL NAME Catherine Short

(a) RESIDENCE NO. 727 N. Hoffman ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colo	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 12-1836

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	89	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charles Co. Md

PARENTS

10 NAME OF FATHER Steven Dixon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Sebera Edmondson

(Address) 511 Marley St

15 Filed JUL 13 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11 19 25

17 I HEREBY CERTIFY, That I attended deceased from May 2, 19 25, to July 11, 19 25

that I last saw h alive on July 9, 19 25

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular Renal Disease

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senility.

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) W. J. Carr, M. D.

(Address) 515 Mosher St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loyes Station Charles Co Md. DATE OF BURIAL 7/14/25

20 UNDERTAKER MRS. GEORGE H. HOLLAND ADDRESS 1631 DRUID HILL AVENUE

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Rbs.

E 00289 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00289

CERTIFICATE OF DEATH. 38

1-PLACE OF DEATH Baltimore City Hospitals 16-7 REGISTERED NO.

CITY OF BALTIMORE: (No. Bay View Asylum ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harriet White -

(a) RESIDENCE No. Bay View Asylum ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where [illegible] yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Black.	widow.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1839.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	86			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework. Ret'd
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS
10 NAME OF FATHER Harry Brown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records - Baltimore City Hospitals -

15 Filed JUL 13 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9. 1925

17 I HEREBY CERTIFY, That I attended deceased from June 17, 1925, to July 9. 1925.
that I last saw h[illegible] alive on July 9. 1925
and that death occurred, on the date stated above, at 9 30 P. m.
The CAUSE OF DEATH* was as follows:
Tertiary Lues -
Old Luetic ulcers - left foot + Leg -
(duration) 2. yrs. mos da.
CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 2. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical & Lab. Test
(Signed) Jos. C. Champe M. D.
Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Loan DATE OF BURIAL July 13 25

20 UNDERTAKER Edmund Kunkel ADDRESS [illegible]

FROM IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

AFFIX

Spec.—1-10-21—M&T—1500 Blks.

E 00290 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00290

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 1506 Madison Ave (St.) 14-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura V. Robinson

(a) RESIDENCE NO. 1506 Madison Ave St.

(Usual place of abode) WARD

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oklahoma 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bath Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Alan Watts (Address) 1506 Madison Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 1925

17 I HEREBY CERTIFY, That I attended deceased from July 5, 1925, to July 10, 1925, that I last saw her alive on July 9, 1925, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Chemical & Microscopic

(Signed) Charles F. Fiorentino, M. D.

July 12 19 (Address) 712 S. Bouldin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL July 13 25

20 UNDERTAKER Samuel Knusley ADDRESS 1211 E. Balto St.

TION is very important. See instructions on back of certificates.

A-K 00290

Spec.—1-10-21—M&T—1500 Blks.

E 00291

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00291

CERTIFICATE OF DEATH.

109-002

1-PLACE OF DEATH Church Home and Infirmary

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., 70 WARD)

2-FULL NAME Colonel W. R. Stanley

(a) RESIDENCE No. 507 Dearden Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 10, 1918

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	7	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Willard F. Stanley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Emma McPherson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Willard F. Stanley

(Address) 507 Dearden Ave

Filed JUL 13 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12, 1925

17 I HEREBY CERTIFY, That I attended deceased from 7-11-, 1925, to 7-12, 1925;

that I last saw h. alive on 7-12, 1925;

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis pulmonum
& haemorrhage — from
gastro intestinal tract.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of 7-11-25

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Keith C. Rice, M. D.

, 19 (Address) Church Home + Inf

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	July 1925
20 UNDERTAKER Zirkler & Zirkler	ADDRESS 1739 Eager

FRONT is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 00292

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00292

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 829 N.Fulton Ave. ST., 16-7 WARD

2-FULL NAME Ora A.Waller

(a) RESIDENCE NO. 829 N.Fulton Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lester J.Waller

6 DATE OF BIRTH (month, day, and year) Oct.19 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	8	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-work

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mount Vernon Somerset Co. Md.

PARENTS

10 NAME OF FATHER George R.Mason

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary A.Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14

Informant Lester J.Waller (Husband)

(Address) 829 N.Fulton Ave.

15

Filed ....., 19 .....

JUL 13 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. , 1924 to July 12 , 1925,

that I last saw her alive on July 11 , 1925

and that death occurred, on the date stated above, at 11.55 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Apr 17-1924

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Homer A. Todd, M. D.

7/13 1925 (Address) 735 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Vernon Somerset Co. Md. via N.B. & A.

DATE OF BURIAL: July 14 1925

20 UNDERTAKER: John H. Denny

ADDRESS: 715 Light St.

TION is very important. See instructions on back of certificates.

E 00293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24-001

24 E 00293

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Sq. Hospital, St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William S. Hopson

(Residence in Baltimore: No. 537 N. Mount St. St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	Cold	Single

6-DATE OF BIRTH. Apr (Month) 13th (Day) 1889 (Year)

7-AGE 36 yrs. 2 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Orange Hopson

11-BIRTHPLACE OF FATHER, (State or Country), N. C.

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country), N C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sadie Williams

(Address) 1521 W. Saratoga St.

JUL 13 1925 ROBERT R. KRAUTER,

Filed ..... 192.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 3rd (Month) (Day) 192.5 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by (Inquest, autopsy or inquiry.) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs.....mos.....ds.

(Signed) Thos. B. Morton M. D.
(Coroner.)

July 10th 1925 (Address) Curtis Bay, Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY	JUL 13 1925

20-UNDERTAKER, ADDRESS

Spec—12-23-21—E.B.R.S.—400 Blks.

E 00294

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00294

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Elizabeth's Home Chestnut Ridge St., 9-7 Ward) Registered No. 37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anderson F. Davis

(a) Residence No. St. Elizabeth's Home St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, negro

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1920 date unknown

7-AGE, about 5 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Rockville Md

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), "

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), "

14- (Informant)

(Address)

15- Filed JUL 13 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 11/25

17- I HEREBY CERTIFY, That I attended deceased from June 29, 1925, to July 11, 1925, that I last saw him alive on July 11, 1925, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Tuberculous Meningitis

(Duration) yrs. mos. 6 ds.

18-Where was disease contracted if not at place of death? unascertained

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Frank J. Ayd, M. D.

July 12, 1925 (Address) 2005 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. PUBLIC CEMETERY. DATE OF BURIAL, ..., 19....

20-UNDERTAKER. ADDRESS

Commissioner Health, JUL 13 1925

Spec.—1-10-21—M&T—1500 Bks.

1825 00295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 00295
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. 5-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Simon Tapscott

(a) RESIDENCE No. 1318 E Lexington St. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		1	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None old
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS
10 NAME OF FATHER William Tapscott
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md
12 MAIDEN NAME OF MOTHER Edith Gordon
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records J.H.H.
(Address)

15 Filed JUL 13 1925 ROBERT R. KRAUTER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 1925

17 I HEREBY CERTIFY, That I attended deceased from June 22, 1925 to July 12, 1925, that I last saw him alive on July 12, 1925, and that death occurred, on the date stated above, at 3:00 P. m.

The CAUSE OF DEATH* was as follows:

Laryngeal Diphtheria.
(Tracheotomy)

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Acute Broncho pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of June 22

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) G F Dearr M. D.

7-13 1925 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	July 14 1925

20 UNDERTAKER Wilkins Davis & Co ADDRESS 710 N Eden St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 00296 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00296

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 N. Read ST., 4-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anthony Imbroglio

(a) RESIDENCE NO. 307 N. Read ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 22/25

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	—	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Samuel Imbraguilio

11 BIRTHPLACE OF FATHER (city or town) Italy
(State or country)

12 MAIDEN NAME OF MOTHER Josephine Fonti

13 BIRTHPLACE OF MOTHER (city or town) Balt
(State or country)

14 Informant Samuel Imbraguilio
(Address) 307 N. Read St.

15 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.
JUL 13 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/12/ 19 25

17 I HEREBY CERTIFY, That I attended deceased from 7/11/ 19 25 to 7/12/ 19 25,

that I last saw h[illegible] alive on 7/12/25, 19

and that death occurred, on the date stated above, at 4.30 p m.

The CAUSE OF DEATH* was as follows:

Acute Gastro enteritis.

History (duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Visual

(Signed) Bernard Levy, M. D.

7/12/ 19 25 (Address) 910 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Cathedral Cemetery	July 13 1925

20 UNDERTAKER George J. Ruth ADDRESS 1335 Harford Ave.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00297

E 00297

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1452 DeCalvo ST., 24-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evelyn E Schepers

(a) RESIDENCE NO. 1452 DeCalvo, Av. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 4 1918.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	9	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Henry Schepers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Holland

12 MAIDEN NAME OF MOTHER Verona Dookins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Verona Schepers

(Address) 1452 DeCalvo Av

15 Filed ..., 19 ...

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11 1925

17 I HEREBY CERTIFY that I attended deceased from June 3, 1925, to July 11, 1925.

that I last saw h[illegible] alive on July 11, 1925

and that death occurred, on the date stated above, at 9 40 P.M.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia - Osbit. anuria

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 7 Yrs ago.

Was there an autopsy? No.

What test confirmed diagnosis? —

(Signed) J. E. Schwenck, M. D.

19 (Address) 1337 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross, Cem. — DATE OF BURIAL: July 13 1925

20 UNDERTAKER Chas. P. Stevens, — ADDRESS 1501 E Fort Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

54 E 00298

E 00298

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 4-1 WARD)

2-FULL NAME Emma Pierce

(a) RESIDENCE NO. 235 N. Arch ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	30 yr.	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER William Dorman

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Mary Dorman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Baltimore City Hospitals Records (Address)

Filed JUL 13 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 1925

17 I HEREBY CERTIFY, That I attended deceased from June 25, 1925 to July 12, 1925

that I last saw h[illegible] alive on July 12, 1925

and that death occurred, on the date stated above, at 10:45 A m.

The CAUSE OF DEATH* was as follows:

Pellagra

(duration) yrs. 2½ mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller M. D.

7/13 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Elizabeth City, N.C. DATE OF BURIAL July 13 25

20 UNDERTAKER Samuel D. Hurley ADDRESS W. Biddle

Spec- 12-23-21—E.B.R.S.—400 Bks.

E 00299 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 00299

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 408 E. Element St., 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Dorothea E. Lohr

(a) Residence No. 408 E. Element St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) June 21, 1921

7-AGE. 4 yrs. mos. 20 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... None

(b) General nature of industry, business, or establishment in which employed (or employer)...

(c) Name of employer...

9-BIRTHPLACE (city or town)... Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Frank Lohr

11-BIRTHPLACE OF FATHER (city or town)... Chicago (State or Country), Ill.

12-MAIDEN NAME OF MOTHER, Elizabeth Reth

13-BIRTHPLACE OF MOTHER (city or town)... Balto (State or Country), Md.

14- (Informant)... Frank Lohr

(Address)... 408 E. Element St

15- Filed JUL 14 1925 19... G K G Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 11/25

17- I HEREBY CERTIFY, That I attended deceased from July 2- 19 25 to July - 11 19 25

that I last saw h. alive on July 11 — 19 25

and that death occurred, on the date stated above, at 9 40 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio - Pneumonia

(Duration) 9 yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Heat Exhaustion

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) [illegible] M. D.

, 19 (Address) 1452 Bdy

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Trinity Cemetery — DATE OF BURIAL, July 14, 1925

20-UNDERTAKER. Lenz Sander Funeral — ADDRESS 1110 Eutaw St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00300 E 00300

CERTIFICATE OF DEATH

1-PLACE OF DEATH Baltimore City Hospital 185

CITY OF BALTIMORE: (No.) 331 E. 34 Conn (St.) (Ward) 2-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Stanley Stakowski

(a) RESIDENCE NO. 331 E. 34 Conn ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Hospital Records (Address) Balto City Hospitals

15 Filed JUL 14 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/10 1925

17

I HEREBY CERTIFY, That I attended deceased from 6/26, 1925, to 7/10, 1925.

that I last saw him alive on 7/10, 1925

and that death occurred, on the date stated above, at 5.30 A. m.

The CAUSE OF DEATH* was as follows:

Comminuted fracture of neck of Right Femur (accidental due to fall) (Cancer)

(duration) yrs. 2 mos. 15 ds.

CONTRIBUTORY (Secondary) Terminal bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab Tests

(Signed) Jos. P. Campbell M. D.

Baltimore City Hospitals,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem	July 14 1925
20 UNDERTAKER	ADDRESS
John McWeber	1803 Bank St

FROM IS very important. See instructions on back of certificate.

Spec.—1-10-21—M&T 1500 Blks.

E 00301

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00301

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 Kerle Ct ST., 18-2 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Jackson

(a) RESIDENCE No. 917 Kerle Ct ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced (or) WIFE of Wm A Jackson

6 DATE OF BIRTH (month, day, and year) ? ? 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) House Work

(c) Name of employer 0

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Wm A. Jackson
(Address) 917 Kerle St.

15 Filed JUL 14 1925 GHL Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 1925

17 I HEREBY CERTIFY, That I attended deceased from July 8, 1926, to July 10, 1926.

that I last saw h[illegible] alive on July 8, 1926.

and that death occurred, on the date stated above, at 8:45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) Months 5 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. F. Havills, M. D.

7/11, 1925 (Address) 1191 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 7/14/1925

20 UNDERTAKER Daniel Easton — ADDRESS 916 Pine

IMPORTANT: See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Blks.

E 00302

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00302

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2106 Ridgewood St., 15-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond L. Houseman.

(a) RESIDENCE NO. 2111 Raymond St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 10 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 17, 19[illegible]

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	10	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto, Md
(State or country)

PARENTS

10 NAME OF FATHER Albert Houseman

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER Rose Stedding

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant Albert Houseman
(Address) 2106 Ridgewood Ave.

15 JUL 14 1925 192 G H G Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) no other history.

(duration) ....yrs. ....mos. ....ds.

(Signed) J. T. Hennessy, M. D.
(Coroner.)

July 12, 1925 (Address) 520 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	July 14 1925
20 UNDERTAKER Margaret D. Flynn	ADDRESS 1422 Eight

E 00303 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00303

CERTIFICATE OF DEATH.

Registered No. C 2290

1-PLACE OF DEATH

City of BALTIMORE: (No. 204 E. Montgomery St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anastatia Marsch.

(Residence in Baltimore: No. 204 E. Montgomery St. St.; yrs. 23 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female.	White.	Widow.

6-DATE OF BIRTH, July 1, 1860 (Month) (Day) (Year)

7-AGE, 65 yrs. 0 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of Industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Somerset Co. Md.

PARENTS.

10-NAME OF FATHER, James Scott.

11-BIRTHPLACE OF FATHER, (State or Country). Somerset Co. Md.

12-MAIDEN NAME OF MOTHER, Emily Kelly.

13-BIRTHPLACE OF MOTHER, (State or Country). Somerset Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cora Blizzard. (daughter)

(Address) 204 E. Montgomery St.

15-

Filed JUL 14 1925 G K G Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 13 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion.
Acute dilatation of the Heart.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

July 14, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Turner Somerset Co. DATE OF BURIAL. July 14, 1925

20-UNDERTAKER. William Lack ADDRESS 502 E. Baltimore

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00304

E 00304

CERTIFICATE OF DEATH.

15-13

1-PLACE OF DEATH 1810 N. Payson St

Registered No.....

City of BALTIMORE: (No. 1810 N. Payson St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Maurice Forrestell

(a) Residence No. 1810 N Payson St., Ward,
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) April 14 1907

7-AGE. 18 yrs. 2 mos. 29 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). St Marys Co Md

PARENTS.

10-NAME OF FATHER. Wm J. Forrestell

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER. Annie C. Raley

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). St Marys Co Md

14- (Informant) Emma C. Forrestell

(Address) 1810 N Payson St

15- JUL 14 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 13 1925.

17- I HEREBY CERTIFY, That I attended deceased from June 10, 1925 to July 13, 1925

that I last saw him alive on July 13, 1925

and that death occurred, on the date stated above, at 3.9 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(Duration) yrs. mos. 0 0 ds.

CONTRIBUTORY (Secondary) Pyonephrosis

(Duration) 1 yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual Clinical Test

(Signed) C. D. Macdonald M. D.

(Address) 1540 E. Broadway July 13, 1925

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Ridge St Marys Co Md

DATE OF BURIAL. July 16, 1925

20-UNDERTAKER. Wm. Cook

ADDRESS 502 E Lombard

Spec.—1-10-21—M&T—1500 Blks.

E 00305

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00305

CERTIFICATE OF DEATH.

75-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 E. Lafayette Ave. WARD 4-6

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Jane Baldwin

(a) RESIDENCE NO. 1421 E. Lafayette Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If ~~married, widowed, or divorced~~ (or) WIFE of Wm A. Baldwin

6 DATE OF BIRTH (month, day, and year) Nov-18-1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	7	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PARENTS

10 NAME OF FATHER Samuel Swindell

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Mary Haslam

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Martin E. Baldwin

(Address) 1421 E. Lafayette Ave

15 Filed JUL 14 1925 19 G. H. Y. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11 1925

17

I HEREBY CERTIFY, That I attended deceased from June 19, 1925, to July 11, 1925

that I last saw h[illegible] alive on July 11, 1925

and that death occurred, on the date stated above, at 4.20 P m.

The CAUSE OF DEATH* was as follows:

Whole

Hemiplegia, Right Side

(duration) yrs. mos 22 ds.

CONTRIBUTORY (Secondary) Senility Age

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Ben, Wassermann +

(Signed) Francis D. McCarrick, M. D.

, 19 (Address) 416 E North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	July 14 19 25

20 UNDERTAKER H. C. Mehrl. ADDRESS 424 N. Broadway.

Per Milton M. Jones

Spec—12-23-21—K.B.R.S.—400 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00306

E 00306

CERTIFICATE OF DEATH.

21-113

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1225 Carroll St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas E Kann

(a) Residence No. 1225 Carroll St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Feb 8/20

7-AGE, ...yrs. 5 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Wm Kann

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto

12-MAIDEN NAME OF MOTHER, Mary Lucas

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto

14- (Informant) Aunt Hattie (Aunt) (Address) English Consul

15- Filed ..... 19?? Registrar.

JUL 14 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 13/25

17- I HEREBY CERTIFY, That I attended deceased from July 13, 1925 to July 13, 1925

that I last saw him alive on July 13, 1925

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Embolism Coronaries

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general history

(Signed) H E Kann M. D.

July 13, 1925 (Address) 1002 W Lanvale

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, ..., 19??
Pikesville Cem	July 14, 25
20-UNDERTAKER	ADDRESS
James Degnan Son	1000 S Paca St

Spec.—1-10-21—M&T—1500 Blks.

E 00307

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00307

CERTIFICATE OF DEATH.

6-57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 N. Castle ST., 6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilhelmina Kneslein

(a) RESIDENCE NO. 212 N. Castle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jos. Kneslein

6 DATE OF BIRTH (month, day, and year) Jan 14 1851

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	"	"	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ~~Germany~~ Balto Md.

PARENTS

10 NAME OF FATHER George Wernkans

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger

14 Informant Mrs. Chas. Frank

(Address) 213 N. Castle St.

15 Filed JUL 14 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 1925

17

I HEREBY CERTIFY, That I attended deceased from June, 1924, to July 12, 1925, that I last saw her alive on July 10, 1925, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cardiac Hemiplegia

(duration) — yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? "

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. S. Rosden, M. D.

, 19 (Address) 1904 E. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	July 16 1925
20 UNDERTAKER	**ADDRESS**
Jos. J. Herr	156 N. Luzerne

FROM IS very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00308

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00308

CERTIFICATE OF DEATH.

5-1

1-PLACE OF DEATH

City of BALTIMORE: (No. 36 N. Eden St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Philip Rosenbloom

(a) Residence No. 36 N. Eden St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 17 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. W

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) [illegible] 1893

7-AGE. 32 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Tailor

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). Russia
(State or Country).

PARENTS.

10-NAME OF FATHER. Samuel Rosenbloom

11-BIRTHPLACE OF FATHER (city or town). Russia
(State or Country).

12-MAIDEN NAME OF MOTHER. Esther Rosenbloom

13-BIRTHPLACE OF MOTHER (city or town). Russia
(State or Country).

14-
(Informant). Ben Rosenbloom
(Address). 1413 Appleton St

15-
Filed ..... 192.....
Registrar.

JUL 14 1925

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 13-1925

17- I HEREBY CERTIFY, That I attended deceased from July 7 1925 to July 13 1925

that I last saw h. alive on July 13 1925

and that death occurred, on the date stated above, at 11.35 A m.

The CAUSE OF DEATH* was as follows:

Acute ulcerative endocarditis

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY
(Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Balto

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Jack Levin M. D.

7-13, 1925 (Address) 223 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Northern Circle Cem

DATE OF BURIAL. July 14, 1925

20-UNDERTAKER. Jack Levin

ADDRESS 1434 E Balt St

Spec.—1-10-21—M&T—1500 Bks.

E 00309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 00309

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 W. North Ave. WARD) 12-19

2-FULL NAME Mary E. Pohler

(a) RESIDENCE NO. 1604 W. North Ave WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert. Pohler

6 DATE OF BIRTH (month, day, and year) Nov. 26 - 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	7	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER — Schultz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Black

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Eva. Kornmann

(Address) 1604 W. North Ave

15 Filed JUL 14 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1925

17 I HEREBY CERTIFY, That I attended deceased from ....., 19..., to July 12, 19 25.

that I last saw h... alive on July 12, 19 25;

and that death occurred, on the date stated above, at 10:30 m.

The CAUSE OF DEATH* was as follows:

Stomach Intestinal

Neurasthenia

(duration) 15 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardio Asthenia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Hamilton, M. D.

19 (Address) 1604 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	July 15 1925
20 UNDERTAKER	ADDRESS
Josiah Syfer	1600 W. North Ave

E 00310 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00310

CERTIFICATE OF DEATH.

25 X 182 - 9

1-PLACE OF DEATH
City of BALTIMORE: (No.) Weyerhaeuser Timber Company Fairfield. St. Ward. Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Karl Christensen.

(Residence in Baltimore: No. Pinehurst Washington. St.; yrs. ---- mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced. (Write the word.)
Male..	White.	Single.

6-DATE OF BIRTH. Do not know. ..... 1..... (Month) (Day) (Year)

7-AGE. 24 yrs. ---- mos. ---- ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Fireman, O S
(b) General nature of indnstry, bnsiness, or establishment in which employed (or employer) S/S Pomona.

9-BIRTHPLACE, (State or Country). Norway

PARENTS.

10-NAME OF FATHER. Do not know.

11-BIRTHPLACE OF FATHER, (State or Country). Do not know.

12-MAIDEN NAME OF MOTHER. Do not know.

13-BIRTHPLACE OF MOTHER, (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) F.G.Scott. 1st officer

(Address) S/S Pomona.

15-

Filed JUL 14 1925. G.H.G. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 7, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.

Accidental fall from a wharf.

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Otto M. Rembrandt M. D. (Coroner.)

July 14, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	July 15 1925
20-UNDERTAKER,	ADDRESS
John F. Denny	715 Light St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00311

CERTIFICATE OF DEATH.

E 00311

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1224 N. Carlton St. (Ward) 16-6

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Melvinia Green

(a) RESIDENCE NO. 1224 N. Carlton St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 39 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marshall Green

6 DATE OF BIRTH (month, day, and year) May 5, 1856 Guess

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	2	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer 041

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Samuel Johnson

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Auburn

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Marshall Green
(Address) 1614 E. Madison St.

15 Filed JUL 14 1925 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) no history

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D.
(Coroner.)

July 15, 1925 (Address) 2802 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Samuel Ben	7/14/1925
20 UNDERTAKER Dunn Easton	ADDRESS 916 Pa Ave

Cor.—1-12-23—M&T—100 Blks.

E 00312

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00312

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1417 Cairo St. ST., 19-1 WARD)

REGISTERED NO. 74-001

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Chase

(a) RESIDENCE NO. 1417 Cairo St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Rebecca Chase

6 DATE OF BIRTH (month, day, and year) about 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Street Vender of Ices & Cakes
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Julius Chase

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Emma Scott

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Walter Chase Jr.
(Address) 1417 Cairo St.

15 JUL 14 1925 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 1925

I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

(Signed) J. O. Stevenson, M. D.
(Coroner)

July 13 1925 (Address) 1705 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion

DATE OF BURIAL 7/14/1925

20 UNDERTAKER David Carter

ADDRESS 966 Pa ave

E 00313 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 00313

CERTIFICATE OF DEATH.

24-96-2

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1514 Boyle St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William F. Metzger.

(Residence in Baltimore: No. 1514 Boyle St. St.; yrs. 52 mos. 1 ds. 9)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed or Divorced, (Write the word.)
Male.	White.	Married.

6-DATE OF BIRTH. June 4, 1873. (Month) (Day) (Year) 1.....

7-AGE, 52 yrs. 1 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer. 0 40
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore, Md.

PARENTS.

10-NAME OF FATHER, August Metzger.

11-BIRTHPLACE OF FATHER, (State or Country), Germany.

12-MAIDEN NAME OF MOTHER, Elizabeth.--------

13-BIRTHPLACE OF MOTHER, (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Metzger. (wife)

(Address) 1514 Boyle St.

15-

Filed JUL 14 1925 19.. G. A. G. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 13, 1925 (Month) (Day) (Year) 192.....

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion.

Acute dilatation of the Heart.

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

July 14, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, July 13, 1925

20-UNDERTAKER, A. Howard Evans ADDRESS 38 E. Fort Ave.

Spec. (Rev.) 1-24 1500 Blks.

E 00314

HEALTH DEPARTMENT—CITY OF BALTIMORE E 00314

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 S. Clinton St ST., 26 WARD) 26-8 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth A. Amberg.

(a) RESIDENCE NO. 1004 S. Clinton St ST., 26 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 10 - 1916

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	9	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Attended School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Henry Amberg.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Carrie Schaur

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Henry Amberg (Father)
(Address) 1004 S. Clinton St.

15 JUL 14 1925, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1925

17

I HEREBY CERTIFY, That I attended deceased from 12 Feb, 1925, to 12 July, 1925, that I last saw h[illegible] alive on 11 July, 1925, and that death occurred, on the date stated above, at 6.10 A. m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Heart Sounds

(Signed) [illegible], M. D.

7/14, 1925 (Address) 301 S. Ellwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem.	July 15 1925

20 UNDERTAKER Tilly and Zuber. ADDRESS 403 S. Wolfe St

IMPORTANT: See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 00315 HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

90 E 00315

1-PLACE OF DEATH N

CITY OF BALTIMORE: (No.) 833 Central Ave (St.) 10-2 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adelia A. K. Watson

(a) RESIDENCE. No. 833 Central Ave ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Watson

6 DATE OF BIRTH (month, day, and year) 5 30 1840

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Ugand Hilty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret C. Hilty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Cora Blight

(Address) 1418 N. Gay Street

Filed JUL 14 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-12 1925

17

I HEREBY CERTIFY, That I attended deceased from 3-12 1925, to 7-12 1925

that I last saw h alive on 7-12 1925

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis Incipient

(duration) yrs. mos. 1- ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Louis Turner, M. D.

7/13 1925 Address) 1500 Bdway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	7/14 1925

20 UNDERTAKER Albert L Hilty Jr ADDRESS 1606 Chester St

Spec.—1-10-21—M&T—1500 Blks.

E 00316

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00316

129

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 940 W Saratoga ST., 18-1 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Thornton

(a) RESIDENCE NO. 970 W. Saratoga St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE Co

5 Single, ~~Married, Widowed, or Divorced, (write the word)~~ Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE 41 Years | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West Va

PARENTS

10 NAME OF FATHER Wesley Thornton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Rebecca Insley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Sarah Jackson Sister (Address) 940 Saratoga St

15 Filed JUL 14 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-11- 1925

17 I HEREBY CERTIFY, That I attended deceased from June 25, 1925, to July 11, 1925, that I last saw him alive on July 11, 1925, and that death occurred, on the date stated above, at 7 45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 18 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Autopsy

(Signed) K W Kelly, M. D.

, 19 (Address) Here

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery

DATE OF BURIAL 7/15 1925

20 UNDERTAKER J Leon Hall

ADDRESS 755 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Blks.

E 00317 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00317

CERTIFICATE OF DEATH.

29-001

1-PLACE OF DEATH St Joseph's Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 1-3 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Boleslaw Bekzinski

(a) RESIDENCE NO. 2641 Hudson ST., 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? 14 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 30, 1911

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	14			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pupil

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Adam. Bekzinski

11 BIRTHPLACE OF FATHER (city or town) Poland. (State or country)

12 MAIDEN NAME OF MOTHER Ida. Warczynska

13 BIRTHPLACE OF MOTHER (city or town) Poland. (State or country)

14 Informant Bekzinski (Address) 2641 Hudson St

15 Filed JUL 14 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1925

17 I HEREBY CERTIFY, That I attended deceased from July 11, 1925, to July 13, 1925, that I last saw him alive on July 13, 1925, and that death occurred, on the date stated above, at 3 10 a. m.

The CAUSE OF DEATH* was as follows:

Burn of Left Hand from exploding fire-crackers.

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Tetanus

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? Yes

What test confirmed diagnosis? —

(Signed) T. Joseph Tarbey, M. D.

, 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cems

DATE OF BURIAL July 16, 1925

20 UNDERTAKER Stephen J. Fialkowski

ADDRESS 1603 S. Kenwood Ave

Spec.—1-10-21—M&T—1500 Bks.

89718

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00318

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

38 E 00318

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST., 14-1 WARD)

2-FULL NAME Theodore Scott

(a) RESIDENCE No. 563 N. Baker St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 3-1925

7 AGE: Years | Months | Days: 10 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Albert Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Grace Abrams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Rgeard (Address) J. H. H.

15 Filed JUL 14 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 13 1925

17

I HEREBY CERTIFY, That I attended deceased from July 6 1925 to July 13 1925, that I last saw h-- alive on July 13 1925, and that death occurred, on the date stated above, at 1000 P m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes Wassermann

What test confirmed diagnosis?

(Signed) C. H. Scott M. D.

7/14/25 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: July 14 1925

20 UNDERTAKER: Joseph A Farrell

ADDRESS: 2318 Eloise

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00319

CERTIFICATE OF DEATH.

159 02 E 00319

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 Mosher ST.: 16-4 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Nelson Romberger

(a) RESIDENCE No. 1804 Mosher ST., WARD.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 13 1925

7 AGE	Years	Months	Days	If LESS than 1 day, 3 hrs. or min.
	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER Arnold Romberger

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Shamokin Pa

12 MAIDEN NAME OF MOTHER Jessie Hoffmaster

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant Mother
(Address) 1804 Mosher St

15 Filed JUL 14 1925, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 18 July 1925

17 I HEREBY CERTIFY, That I attended deceased from July 13, 1925, to July 13, 1925, that I last saw h. alive on July 13, 1925, and that death occurred, on the date stated above, at 12 00 m.

The CAUSE OF DEATH* was as follows:

Pneumonia Abscess of Lung
acute

(duration) yrs. mos. 3 hrs. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J. Thomas Nelson, M. D.

, 19 (Address) 1001 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL July 14 1925

20 UNDERTAKER W M Roulson

ADDRESS 2238 W North

Spec.—8-24-14—M. & T.—2000 Bks.

E 00320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16-002 E-00320

REGISTERED No. E-00320

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 Sharp St. ST. 23-T WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hallie Thompson.

(Residence in Baltimore: No. 1002 Sharp St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male.	Colored.	X

6-DATE OF BIRTH, Aug. 23, 1924.
(Month) (Day) (Year)

7-AGE, ...yrs. 10 mos. 17 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER. Peter Thompson.

11-BIRTHPLACE OF FATHER (State or Country). South Carolina

12-MAIDEN NAME OF MOTHER Louise Holliday.

13-BIRTHPLACE OF MOTHER (State or Country). South Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Peter Thompson

(Address) 1002 Sharp St

15- DE 14 1925

Filed....., 191....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 13, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 12, 1925, to July 13, 25, 191—, that I saw h[illegible] alive on July 13, 25, 191—, and that death occurred, on the date stated above, at 7.10 P. m.

The CAUSE OF DEATH* was as follows:

Primary — acute Dysentery

Immediate Exhaustion

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. 4 ds.

(Signed) J. R. [illegible] M. D.

July 14, 1925 (Address) 520 W. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. [illegible] DATE OF BURIAL, July [illegible], 191....

20-UNDERTAKER Samuel Hamilton ADDRESS [illegible]

E 00321 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00321

CERTIFICATE OF DEATH.

113
23-1

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. 1137 Race St. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Collett.(C)

(Residence in Baltimore: No. 1137 Race St. St.; yrs., 6 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed or Divorced, (Write the word.)
Female.	Colored	Single.

6-DATE OF BIRTH, December 17, 1924. (Month) (Day) (Year)

7-AGE, ... yrs. 6 mos. 26 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Denard Collett.(C)

11-BIRTHPLACE OF FATHER, (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER, Annie Freeman.(C)

13-BIRTHPLACE OF MOTHER, (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Collett.(C) mother.

(Address) 1137 Race St.

15- JUL 14 1925

Filed ..... 192.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 13, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diarrhoea & Enteritis.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

July 14, 1925 (Address) 1018 S. Charles St.

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, July 14 1925

20-UNDERTAKER, Samuel Brooks ADDRESS, 1128 Eutaw St

Spec.—1-10-21—M&T—1500 Bks.

E 00322 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00322

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 921 Madison Ave ST., 11-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie Soleida Fingue

(a) RESIDENCE No. 921 Madison Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. ~~How long in U. S., if of foreign birth?~~ yrs. mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward Wells Fingue

6 DATE OF BIRTH (month, day, and year): June 27/~~85~~ 849

7 AGE: Years 76 — Months — Days 16 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none Wife

(b) General nature of industry, business, or establishment in which employed (or employer): — 037

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): New York City

PARENTS

10 NAME OF FATHER: Captain Bauer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany —

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pennsylvania

14 Informant (Address): Edward W Fingue 921 Madison Ave Baltimore

15 Filed JUL 14 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 13th 1925

17 I HEREBY CERTIFY, That I attended deceased from July 13- 1925, to July 13th 1925.

that I last saw her alive on July 13- 1925

and that death occurred, on the date stated above, at 6-30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis

Not Known (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Samuel A Bahn M. D.

19 (Address) 937 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dost Claim. Ky

DATE OF BURIAL: July 14, 1925

UNDERTAKER: Robt J Turner

ADDRESS: 1747 W. Bway.

E 00323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 00323

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) Pronounced Dead at St Joseph Ho spital St., (Ward)

2-FULL NAME..... John Vitak

(Residence in Baltimore: No. 826 N. Chapel St St.; yrs., 39 mos., 1 ds.) 13

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	married

6-DATE OF BIRTH, May 30-1886, 1..... (Month) (Day) (Year)

7-AGE, 39 yrs. 1 mos. 13 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Iron Molder
(b) General nature of industry, business, or establishment in which employed (or employer)..... Kennedy & Co

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Frank Vitak

11-BIRTHPLACE OF FATHER, (State or Country), Austria

12-MAIDEN NAME OF MOTHER, Mary Klima

13-BIRTHPLACE OF MOTHER, (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sophia Vitak (wife)

(Address) 826 N Chapel St

15- JUL 14 1925 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 12-25, 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency -Probably Myocardial

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) J. H. Callen M. D. (Coroner.)

7-14-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	July 15, 1925
20-UNDERTAKER,	ADDRESS
Frank E Crockett Son	1906 Eastlake Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00324

CERTIFICATE OF DEATH.

167-001

E 00324

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mayland Gen Hosp. ST., 4-1 WARD)

2-FULL NAME Baby Hudgins

(a) RESIDENCE NO. 738 W Balto St ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. 2 hours mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) ✓

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year)

7 AGE Years ..... Months ..... Days ..... If LESS than 1 day, 2 hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓ 600

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) Mayland Gen Hosp. (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Charles B. Hudgins

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Virginia

12 MAIDEN NAME OF MOTHER Frances A. Marshall

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Virginia

14 Informant Charles B. Hudgins (Address) 738 W. Baltimore ~~Baltimore Md.~~

15 Filed JUL 14 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11 19

17 I HEREBY CERTIFY, That I attended deceased from July 11, 1925, to July 11, 1925, that I last saw her alive on July 11, 1925, and that death occurred, on the date stated above, at 9:30 P m.

The CAUSE OF DEATH* was as follows:

Baby was 3 mo premature. Delivered by caesarian section & lived only a few hours.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ✓

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ..... Autopsy? ..... Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jas. B. Hudgins, M. D.

, 19 (Address) M. Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health.

ADDRESS JUL 14 1925

Dr. Wm. S. Webster

FROM A very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00325 CERTIFICATE OF DEATH. 161 E 00325

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital. ST., 12-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Taylor

(a) RESIDENCE NO. 312 E. 22nd St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 29, 1925

7 AGE: Years | Months | Days: One | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ~~[illegible]~~ 000

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Walter Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country): S.C.

12 MAIDEN NAME OF MOTHER: Maggie Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S.C.

14 Informant: William E. Sisson

(Address) Johns Hopkins Hospital.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30 1925

17 I HEREBY CERTIFY, That I attended deceased from 6-29, 1925 to 6-30, 1925, that I last saw him alive on 6-30 1925, and that death occurred, on the date stated above, at 6 45 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) William E. Sisson, M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER ..... Commissioner of Health,

ADDRESS .....

JUL 14 192

Spec.—1-10-21—M&T—1500 Blks.

00326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 00326

1-PLACE OF DEATH Johns Hopkins Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kenneth Kane

(a) RESIDENCE NO. 1400 W Lombard St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		1		

8 OCCUPATION OF DEACEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER John Kane

11 BIRTHPLACE OF FATHER (city or town) Ire
(State or country)

12 MAIDEN NAME OF MOTHER Genevieve Tenan

13 BIRTHPLACE OF MOTHER (city or town) City
(State or country)

14 Informant Records Johns Hopkins Hospital
(Address)

15 Filed JUL 14 1925 ROBERT R. KRAUTER Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5 1925

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1925, to July 5 - 1925, that I last saw him alive on July 5 - 1925, and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 6 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Wassermann

(Signed) [illegible] M. D.

7-11 1925 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

Commissioner of Health. JUL 14 1925

Reg. No. E. 00326

IMPORTANT. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

Remarks

E 00327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

T 113 E 00327

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Geal Hospital 11-2 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Grace Romeike

(a) RESIDENCE NO. Hampstead - Maryland ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) September 4/1923

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hamstead - Maryland

PARENTS

10 NAME OF FATHER E. Charles Romeike

11 BIRTHPLACE OF FATHER (city or town) Stetton (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Grace Brown

13 BIRTHPLACE OF MOTHER (city or town) Hampstead Md (State or country)

14 Informant Mother - Mary Grace Romeike (Address)

15 Filed July 14, 1925 — ROBERT R. KRAUTER, Registrar

JUL 14 1925 Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1925

17

I HEREBY CERTIFY, That I attended deceased from 5:30 P.M. July 13 1925, to Mid-night July 13 1925, that I last saw her alive on July 13, 1925, and that death occurred, on the date stated above, at .... m.

The CAUSE OF DEATH* was as follows:

Echo Colitis

(duration) .... yrs. .... mos. 14 ds.

CONTRIBUTORY (Secondary) Toxemia & Starvation

(duration) .... yrs. .... mos. .... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ....

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab

(Signed) Thos A Thompson M.D.

, 19 (Address) Mt Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arcadia - Maryland — DATE OF BURIAL July 16 1925

20 UNDERTAKER, C. V. Lipton & Son — ADDRESS Hampstead Maryland

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

Stokely ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 00328

CERTIFICATE OF DEATH.

E 00328

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 17-3 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Stokely

(a) RESIDENCE NO. 405 N Paca ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) " "

12 MAIDEN NAME OF MOTHER " "

13 BIRTHPLACE OF MOTHER (city or town) " "
(State or country)

14 Informant Elmer Stokely
(Address) 637 Eden alley

15 JUL 14 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Dont Know

(duration) yrs. mos. ds.

(Signed) W W Grinnalds M. D.
(Coroner.)

7-14-, 1925 (Address) 117 W Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Lebanon Cemetery	July 15 1925
20 UNDERTAKER Mrs. Katie R. Williams	ADDRESS 722 E. Lexington St

Spec.—1-10-21—M&T—1500 Blks.

E 00329 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 164 E 00329

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2609 Shirley Ave. ST., 15-3 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth A. Owens

(a) RESIDENCE NO. 2609 Shirley Ave. ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 87 yrs. 3 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): W.

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Phillip Owens

6 DATE OF BIRTH (month, day, and year): Apl 1-1838

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
87	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto.

PARENTS

10 NAME OF FATHER: Wm Kepler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Kepler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Mrs. Mary E. Harris

(Address) 2609 Shirley Ave.

15 Filed JUL 14 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 14 1925

17 I HEREBY CERTIFY, That I attended deceased from April 23 1925 to May 20 1925 that I last saw her alive on May 20 1925 and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Senility-
Cardiac Asthenia

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. R. Johnson M. D.

7/14. 1925 (Address) 3928 Park Heights Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem.

DATE OF BURIAL July 16 1925

20 UNDERTAKER: Wm J. Pickett & Son

ADDRESS Norfolk

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

18225 E 00330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

×84 E 00330

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST., 7-1 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Stearns

(a) RESIDENCE NO. Clayton Ala ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 8 1921

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
3	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) Alabama
(State or country)

PARENTS

10 NAME OF FATHER William Stearns

11 BIRTHPLACE OF FATHER (city or town) Sulligent
(State or country) Ala

12 MAIDEN NAME OF MOTHER Elma Roberson

13 BIRTHPLACE OF MOTHER (city or town) Ala
(State or country)

14 Informant Records
(Address) J. H. H.

15 JUL 14 1925 19 ROBERT R. KRETSCH, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 - 1925

17 I HEREBY CERTIFY, That I attended deceased from June 18 -, 1925, to July 14 -, 1925,
that I last saw her alive on July 14 -, 1925
and that death occurred, on the date stated above, at 9.45 A. m.

The CAUSE OF DEATH* was as follows:
Brain Tumor, Benign, Glioma Cerebellar

(duration) 2 yrs. ? mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of July 4 1925
Was there an autopsy? yes
What test confirmed diagnosis? autopsy & Operation
(Signed) Julian D Hall, M. D.
. 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Clayton Ala	July 14 1925
20 UNDERTAKER	ADDRESS
John O. Mitchell	120 W Fayette St

THIS IS very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00331

CERTIFICATE OF DEATH.

57 E 00331

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7-1 ST., BALTIMORE CITY HOSPITALS WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Witty

(a) RESIDENCE NO. 16 S. McElderry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1833

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 66

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Charles F. Witty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katharine Witty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Information (Address) Baltimore City Hospitals Records

15 JUL 14 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 1925

17 I HEREBY CERTIFY, That I attended deceased from July 8, 1925 to July 12, 1925.

that I last saw him alive on July 12, 1925.

and that death occurred, on the date stated above, at 4:55 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller M. D.

7/13. 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Phila. Penna

DATE OF BURIAL 7/15 1925

20 UNDERTAKER Philip Henry

ADDRESS 2016 Arlington

FROM DATA IMPORTANT. See INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00332

CERTIFICATE OF DEATH.

129 E 00332

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 19 So. Carey St (St.) (Ward) 18-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Bernhardt

(a) RESIDENCE NO. 19-So. Carey St (St.) (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Bernhardt

6 DATE OF BIRTH (month, day, and year) Sept. 20 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	9	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer At Home

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER John Heinrich Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Etta E Wyatt

(Address) 19 So. Carey St

15 Filed JUL 14 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 10 - 1924, to July 13, 1925.

that I last saw her alive on July 12, 1925.

and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

apoplexy

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) 1 yrs. 5 mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Dr. A. W. Kennard, M. D.

713 1925 (Address) 708 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	July 16 1925
20 UNDERTAKER	ADDRESS
Joseph B. Cook	1003 N. Balto

E 00333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 00333

1-PLACE OF DEATH

City of BALTIMORE: (No. 2320 Washington Blvd. St., 25-3 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia H. Wilkins

(Residence in Baltimore: No. 2320 Washington Blvd. St.; yrs., life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced. (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH. April 11th (Month) (Day) 1869 (Year)

7-AGE. 56 yrs. 3 mos. 1 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General natnre of industry, bnsiness, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country). Baltimore, Maryland

PARENTS.

10-NAME OF FATHER. William H. Stier

11-BIRTHPLACE OF FATHER, (State or Country). Frederick, Maryland

12-MAIDEN NAME OF MOTHER. Amelia Hilton

13-BIRTHPLACE OF MOTHER, (State or Country). Frederick, Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Daniel Kennedy

(Address) 2242 Wilkens Ave.

JUL 14 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 12th (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hypoplasy of Liver

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Thos. B. Morton M. D.
(Coroner)

7-13 1925 (Address) Curtis Bay, Md.

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cem.	July. 16 1925
20-UNDERTAKER. Joseph B. Cook	ADDRESS 1003 N. Balto St

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 00334 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 00E 00334

CERTIFICATE OF DEATH

1-PLACE OF DEATH — CITY OF BALTIMORE: (No.) German Aged Home (St.) Balto and Payson Sts (Ward) 20-5 — REGISTERED NO. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eva Blomeier

(a) RESIDENCE. NO. German Aged Home ST., ____ WARD. ____ (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 6 mos. ds. How long in U. S., if of foreign birth? 71 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced (or) WIFE of Christian Blomeier

6 DATE OF BIRTH (month, day, and year) ~~Unknown~~ 1840

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	85	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Conrad Geist

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eva Groglesser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant German Home Records. (Address) Balto and Payson Sts

15 Filed ____, 19____ Burial Permit No. ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/13/25 19

17 I HEREBY CERTIFY, That I attended deceased from July 6, 1925, to July 13, 1925, that I last saw her alive on July 13th, 1925, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) yrs. mos. 8. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) John D Neff, M. D.

. 19 (Address) 1843 W. Balto. St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Harlem Lutheran Catonsville	July 15 '25 19
20 UNDERTAKER Joseph B. Cook	ADDRESS 1003 W Balto

Cor.—1-12-23—M&T—100 Bkt.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00335 E 00335

CERTIFICATE OF DEATH. 185

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 1-2 WARD) REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Matczuk.

(a) RESIDENCE No. 634 S. Lakewood Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 25 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Matczuk

6 DATE OF BIRTH (month, day, and year) March 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) Stevedore
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER John Matczuk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mary Matczuk
(Address) 634 S. Lakewood ave

Filed JUL 14 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry. thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fractured Skull.
Caused by accidental falling or Stevedore Pulled Down Hatchway 1 Deck
Duration 3 Hours
(Signed) ....., M. D.
July 14 1925 (Address) (Coroner.)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. State Maryland yrs., ...mos., ...ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	July 15 1925
20 UNDERTAKER	ADDRESS
John M Weber	803 Bank St

Spec.—1-10-21—M&T—1500 Blks.

Riviera F.I.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00336

CERTIFICATE OF DEATH.

99-001

E 00336

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Riviera Apts F I ST., 13-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Abraham Moses

(a) RESIDENCE NO. Riviera Apts F I ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Mat

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kitty Moses

6 DATE OF BIRTH (month, day, and year) July 27/1867

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
57	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Buyer of Clothing

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. A. Moses (Address) Same

15 Filed ....., 19 ROBERT R. KRAUTER Registrar

JUL 14 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13th 1925

17 I HEREBY CERTIFY, That I attended deceased from May 8, 1925, to July 13, 1925, that I last saw h[illegible] alive on July 13, 1925, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Streptococcus Bronchitis

(duration) yrs. 2 mos 5 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 dy

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Bacteriological

(Signed) Standish McLaren, M. D.

, 19 (Address) 1609 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL July 15 1925

20 UNDERTAKER Leonard Goodman

ADDRESS [illegible]

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00337

CERTIFICATE OF DEATH.

90 E 00337

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 S Eden ST., 3-2 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cornelia Tracy

(a) RESIDENCE NO. 321 S Eden ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Tracy

6 DATE OF BIRTH (month, day, and year) March 23 1854

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
70	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bath

PARENTS

10 NAME OF FATHER Thomas Wayson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bath

12 MAIDEN NAME OF MOTHER Darthy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Thomas Tracy

(Address) 321 S Eden

15 Filed JUL 14 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1925

17 I HEREBY CERTIFY, That I attended deceased from July 3rd, 1925, to July 13, 1925, that I last saw h. alive on July 13, 1925 and that death occurred, on the date stated above, at 10/10 A m.

The CAUSE OF DEATH* was as follows:

Asthenia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. Palmisano, M. D.

, 19 (Address) 75 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross	July 1925
20 UNDERTAKER	ADDRESS
Wendell Dyffel & Son	378 [illegible]

E 00338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1903 59 E 00338

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Elsworth Reynolds

(Residence in Baltimore: No. 730 N. Stockton St St.; yrs. mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	col	sing

6-DATE OF BIRTH, June (Month) 26 (Day) 1925 (Year)

7-AGE, ...yrs. 16 mos. 14 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, John Reynolds

11-BIRTHPLACE OF FATHER, (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Lucielle Nickens

13-BIRTHPLACE OF MOTHER, (State or Country), Lancaster Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hopkins Hospital

(Address)

JUL 14 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 12-25 (Day) 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock- Congenital Obstruction of urethra. (Bilateral inguinal Hernia (Operation)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. S. H. Patterson M. D.
(Coroner.)

7-14-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Zion cemetery	July 14 1925
20-UNDERTAKER,	ADDRESS
Mrs Jas H. Dennis	1303
per T. E. Nelson.	Presstman St.

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 00339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 So Ann St ST.: W WARD 16-1901)

REGISTERED NO. E 00339

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Tyszler.

(a) RESIDENCE. No. 127 So Ann St ST., WARD.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) July 14 1925

7 AGE	Years	Months	Days	If LESS than 1 day ½ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Sophia Tyszkowski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Sophia Tyszko
(Address) 127 ½ So Ann St.

FILED JUL 14 1925 ROBERT R. KRAUTER Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1925

17 I HEREBY CERTIFY, That I attended deceased from July 14, 1925, to July 14, 1925, that I last saw h[illegible] alive on July 14, 1925, and that death occurred, on the date stated above, at 11.30 A.M.

The CAUSE OF DEATH* was as follows:

Premature Premature
of about 8 months.
(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Unknown.
(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph L. Wolfenden M.D.

19 (Address) 14 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	July 15 1925

20 UNDERTAKER John M Weber ADDRESS 1803 Bank St

Spec.—1-10-21—M&T—1500 Bks.

E 00340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 00340

1-PLACE OF DEATH Franklin Sq. Hospital.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 19-1 WARD)

2-FULL NAME Mary Dorsey

(a) RESIDENCE NO. Elliott City ST., Balto Md WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Dorsey

6 DATE OF BIRTH (month, day, and year) March 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	—	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Linda Ellison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hosp Records.
(Address)

15 JUL 14 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 1925

17

I HEREBY CERTIFY, That I attended deceased from July 6, 1925, to July 12, 1925.

that I last saw her alive on July 12, 1925

and that death occurred, on the date stated above, at 9.30 a.m.

The CAUSE OF DEATH* was as follows:

Salpingitis Chronic Bilateral

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Cardiac Embolism

Sudden (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of July 8-25

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) W. F. Smith, M. D.

7-13, 1925 (Address) 1182 N Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Warrenton Virginia — DATE OF BURIAL July 15 1925

20 UNDERTAKER Easton Sons — ADDRESS Ellicott City

(Sign here in ink when filled out)

Note.—Please read carefully the instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 00341

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00341

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 Augusta Ave ST., 20-1 WARD)

REGISTERED NO. 32

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma E. Dougherty

(a) RESIDENCE NO. 421 Augusta Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas J. Dougherty

6 DATE OF BIRTH (month, day, and year) Feb 3 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Emanuel Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Stieltanoth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Miss Julia Schmidt (Sister)

(Address) 421 Augusta ave

15 JUL 14 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 19 25

17

I HEREBY CERTIFY, That I attended deceased from July 7, 19 25, to July 13, 19 25.

that I last saw h alive on July 12, 19 25

and that death occurred, on the date stated above, at 1.30 A. m.

The CAUSE OF DEATH* was as follows:

Nephrolithiasis & Cystitis

(duration) 30 yrs 7 mos ds.

CONTRIBUTORY (Secondary) Acute Uraemia

(duration) yrs. mos. 2½ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of July 13-25.

Was there an autopsy? No.

What test confirmed diagnosis? Blood N.P.N. 62 mgs

(Signed) S. Lloyd Johnson, M. D.

19 (Address) Frederick & Augusta.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cem.

DATE OF BURIAL July 15 1925

20 UNDERTAKER Margaret D. Flynn

ADDRESS 1412 Light St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00342

CERTIFICATE OF DEATH.

23-2 113

E 00342

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 37 E. Fort ave ST., 23 WARD)

2-FULL NAME James Leo Gorrick

(a) RESIDENCE NO. 37 E Fort ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 7. 1924

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto, Md
(State or country)

PARENTS

10 NAME OF FATHER Martin Gorrick

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER Julia Gallagher

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Martin Gorrick
(Address) 37 E. Fort ave.

15 Filed JUL 14 1925 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1925

17 I HEREBY CERTIFY, That I attended deceased from July 7, 1925, to July 13, 1925 that I last saw h alive on July 13, 1925 and that death occurred, on the date stated above, at 11 P m

The CAUSE OF DEATH* was as follows:

acute Gastro Enteritis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) R. K. Campbell M. D.

July 15 1925 (Address) 1644 Harwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem.

DATE OF BURIAL July 15 1925

20 UNDERTAKER M. J. Flynn

ADDRESS 1422 Light St.

How to fill out certificates. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 00343

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00343

CERTIFICATE OF DEATH.

35

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4008 Ridgewood Ave. ST., 25-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Richards Lennert

(a) RESIDENCE NO. 4008 Ridgewood Ave ST., 28 WARD Resident

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. 6 mos. 28 ds. How long in U. S., if of foreign birth? 77 yrs. 6 mos. 28 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Lennert

6 DATE OF BIRTH (month, day, and year) January-15-1848

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.. min.
	77	6	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Richards

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine ???

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country) Germany

14 Informant Miss Kate M. Lennert (daughter)

(Address) 4008 Ridgewood Ave.

15 Filed JUL 15 1925 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1925

17 I HEREBY CERTIFY, That I attended deceased from July 12, 1925, to July 13, 1925.

that I last saw her alive on July 13, 1925,

and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Hip

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. E. Brown, M. D.

7/14/1925 (Address) 390 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL July 16 1925

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-002 E 00344

E 00344

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 10 W. Fort av St., 23-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Allie E. Garver

(a) Residence No. 10 W. Fort av St., Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. 4 mos. 29 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female.

4-COLOR OR RACE: White

5-Single, Married, Widowed or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Albert M. Garver

6-DATE OF BIRTH (month, day and year): Feb 14-1879

7-AGE: 46 yrs. 4 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto Md.

PARENTS.

10-NAME OF FATHER: Phillip Dubrich

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Balto Md.

12-MAIDEN NAME OF MOTHER: Nanny Hyatt.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Md.

14-

(Informant): Mrs. Dietrich

(Address): 10 W. Fort

15-

Filed JUL 15 1925

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): July 13th 1925

17- I HEREBY CERTIFY, That I attended deceased from June 10th 1925 to July 13th 1925

that I last saw h.. alive on July 12th 1925

and that death occurred, on the date stated above, at 1 07 p.m.

The CAUSE OF DEATH* was as follows:

Acute encephalitis

following influenza

(Duration) — yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) — yrs. — mos. — ds.

18-Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Harry Weibel M.D.

7/15, 1925 (Address) 1224 Hanover St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Prospect M. Ang Mal — DATE OF BURIAL, 7/15 1925

20-UNDERTAKER: J. Frew McCully — ADDRESS 130 E Fay

Spec.—1-10-21 M&T 1500 Blks.

E 00345 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17-129

E 00345

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. BALTIMORE CITY HOSPITALS ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Bond Brapton

(a) RESIDENCE NO. 743 Harlem Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	single

5a If married, widowed, or divorced (or) WIFE of Jamie Brapton

6 DATE OF BIRTH (month, day, and year) 1884-6-15

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41 yr.	6	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Bond

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Wolfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospitals Records (Address)

15 FILED JUL 15 1925 G K G Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11 1925

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to July 11, 1925, that I last saw her alive on July 11, 1925, and that death occurred, on the date stated above, at 7:45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) yrs. 4 (history) mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller, M. D.

7/13, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL 7-15-1925

20 UNDERTAKER J. W. H. Johnson

ADDRESS 1309 Druid Hill Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00346 HEALTH DEPARTMENT—CITY OF BALTIMORE

100-002

CERTIFICATE OF DEATH.

E 00346

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1034 Hillman St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna C. Kenny

(a) Residence No. 1034 Hillman St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widd

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 13, 1858

7-AGE. 67 yrs. 1 mos. 1 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Joseph Kenny

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER, Mary Burrier

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md

14- (Informant) Mrs. Mary Kenny Mother

(Address) 1034 Hillman St.

15- JUL 15 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 14, 1925

17- I HEREBY CERTIFY, That I attended deceased from June 28th 25 to July 14th 25

that I last saw h. alive on July 14th 25

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Carcinoma

(Duration) yrs. mos. 7 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?*

(Signed) Wm S Love M. D.

July 15th, 1925 (Address) 1501 Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral Cem

DATE OF BURIAL. July 16, 1925

20-UNDERTAKER. Edward W Conklin

ADDRESS 924 E Eager St

Cor.—1-12-25—M&T—100 lks.

E 00347 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00347

185

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST., 9-3 WARD

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry R. Slemp

(a) RESIDENCE No. 1715 Mt Royal Terrace ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 11-1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37	10	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Electrician
(b) General nature of industry, business, or establishment in which employed (or employer) Oil
(c) Name of employer Gas Electric Co

9 BIRTHPLACE (city or town) Beech Mills
(State or country)

PARENTS

10 NAME OF FATHER Wm D Slemp

11 BIRTHPLACE OF FATHER (city or town) Bluefield
(State or country)

12 MAIDEN NAME OF MOTHER Emma Fox

13 BIRTHPLACE OF MOTHER (city or town) Beech Orchard
(State or country)

14 Informant Wm D Slemp
(Address) 1715 Mt Royal Terrace

15 Filed JUL 15 1925 C Kelly Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~(Inquest, autopsy or~~ inquiry.)

thereon and from the evidence obtained by said ~~(Inquest, au-~~ topsy or inquiry.) find that said deceased came to ~~h~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull—

(duration) a few minutes yrs. mos. ds.

CONTRIBUTORY (Secondary) Fell from Elevator Pile

(duration) yrs. mos. ds.

(Signed) J T Grant, M. D.
(Coroner.)

7-15, 1925 (Address) 117 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	July 17 1925
20 UNDERTAKER	ADDRESS
J Henry Lutz	1203 N Broadway

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00348

CERTIFICATE OF DEATH.

90 E 00348

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 S Ann ST., W-1 WARD)

2-FULL NAME Mary E F Glenn

(a) RESIDENCE NO. 1401 S Ann ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a ~~If married~~, widowed, ~~or divorced~~
~~HUSBAND of~~
(or) WIFE of Alexander Glenn

6 DATE OF BIRTH (month, day, and year) Aug 28 1841

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83	10	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer at home

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Benjamin Roberts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Jane Ann Cotter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Lloyd E Herbert Glenn
(Address) 10 E White St Roseberg Md

15 Filed ..... 192 .....
JUL 15 1925 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Contusion

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) G E Glenn, M. D.
(Coroner.)

1925 (Address) 1536 Fawn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	7-15 1925
20 UNDERTAKER E + B Harle 115	ADDRESS E West St

Spec.—1-10-21—M&T—1500 Bks.

E 00349 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Dr. White's Maternity Hospital

CITY OF BALTIMORE: (No.) 1029 Madison Ave., ST., WARD 19-1

REGISTERED No. 1406 E 00349

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lauretta Hall

(a) RESIDENCE No. 403 N. Mount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. 9 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 1903

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
21	Nov 11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore md
(State or country)

PARENTS

10 NAME OF FATHER Howard Hall

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) md

12 MAIDEN NAME OF MOTHER E Frances

13 BIRTHPLACE OF MOTHER (city or town) Denton
(State or country) md

14 Informant H. Hall

(Address) 403 N Mount st

15 Filed JUL 15 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12, 1925

17 I HEREBY CERTIFY, That I attended deceased from June 27, 1925, to July 12, 1925,

that I last saw her alive on July 12, 1925,

and that death occurred, on the date stated above, at 8:05 A.M.

The CAUSE OF DEATH* was as follows:

Sapraemia

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Dead baby in Utero

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. White, M. D.

, 19 (Address) 1029 Madison Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Iron	7-16 1925
20 UNDERTAKER	ADDRESS
Joseph A Lively	151 Winters ave

TION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00350 E 00350

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

7-1-99

Registered No. C.....

City of BALTIMORE: (No. South Baltimore General Hospital. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theodore Willian Despeaux.

(Residence in Baltimore: No. 916 N. Wolfe St. St.; yrs. 67 mos. 5 ds. 12)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced. (Write the word.)
Male.	White.	Married.

6-DATE OF BIRTH. February 1, 1858.
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
67 yrs. 5 mos. 12 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer): City Highway Engineer.

9-BIRTHPLACE. (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. William Despeaux

11-BIRTHPLACE OF FATHER. (State or Country). France.

12-MAIDEN NAME OF MOTHER. Elizabeth Bango.

13-BIRTHPLACE OF MOTHER. (State or Country). Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma R. Despeaux. (wife)

(Address) 916 N. Wolfe St.

15- JUL 15 1925 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. July 13, 1925. 192....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy & inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute dilatation og the Heart.
Fractured ribs, struck and knocked down by an automobile recklessly driven. Homicide. (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

July 15, 1925 (Address) 1617 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents). At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? Hanover St. Bridge, July 2nd. 1925.

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cemetery DATE OF BURIAL. July 16, 1925

20-UNDERTAKER. Zirkler & Zirkler ADDRESS 1739 E. Eager St.

Spec.—1-10-21—M&T—1500 Blks.

E 00351 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00351

44

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3603 Fernwood ST. 46-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Ulrich

(a) RESIDENCE No. 3603 Fernwood Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Christina Ulrich

6 DATE OF BIRTH (month, day, and year): July 26/86

7 AGE — Years: 38 — Months: 11 — Days: 16 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Priester at St

(b) General nature of industry, business, or establishment in which employed (or employer): Standard Oil Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Penna

PARENTS

10 NAME OF FATHER: John Ulrich

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna

12 MAIDEN NAME OF MOTHER: Ella Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna

14 Informant: Christina Ulrich

(Address): 3603 Fernwood Av

15 JUL 15 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 12 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb. 1925, to July 12, 1925, that I last saw him alive on July 12, 1925, and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Starvation

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of March 1925

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) Frank A. Glantz, M. D.

7/14, 1925 (Address) 5244 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — DATE OF BURIAL: 7/15 1925

20 UNDERTAKER: Philip Herrig — ADDRESS 2016 Aliceanna

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 00352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 00352

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 23-1 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Sykes

(a) RESIDENCE NO. 1044 Patapsco ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Sykes (deceased)

6 DATE OF BIRTH (month, day, and year) (July 1825)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
99?				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John Campbell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER May Hawthorn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Baltimore City Hospitals Records
(Address)

15 Filed 7-15 1925, 19 G F K
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1925

17 I HEREBY CERTIFY, That I attended deceased from July 8, 1925, to July 13, 1925, that I last saw him alive on July 13, 1925, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Senile Deterioration

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure 3 (History)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) R. Lindsay Miller, M. D.

7/14, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — DATE OF BURIAL July 16 1925

20 UNDERTAKER Wm Cook — ADDRESS 502 E Fayette

TION is very important. See instructions on ack of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 00353 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00353

CERTIFICATE OF DEATH. 38

1-PLACE OF DEATH Baltimore City Hospital

REGISTERED No. 1-4

CITY OF BALTIMORE: (No. 1102 S. Ellwood Ave. WARD 1)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matilda Southern

(a) RESIDENCE No. 1102 S. Ellwood Ave. WARD 1
(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	unknown		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Factory worker.

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER John Wandby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mary Jeesery

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Balto. City Hospitals Balto. Md.

15 JUL 15 1925 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1925

17 I HEREBY CERTIFY, That I attended deceased from April 16, 1925, to July 13, 1925, that I last saw her alive on July 13, 1925, and that death occurred, on the date stated above, at 1:00 P. m.

The CAUSE OF DEATH* was as follows:

General paralysis of insane

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Serological & Clinical

(Signed) Henry F. Friedrich M.D.

, 19 (Address) Baltimore City Hosps.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL July 16 1925

20 UNDERTAKER Wm. Cook — ADDRESS 502 E North Ave

Spec.—1-10-21 M&T 1500 Blks.

E 00354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

156 E 00354

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. BALTIMORE CITY HOSPITALS ST. 17-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Levels

(a) RESIDENCE NO. 1111 Penn. Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1877 or 1873?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48 ? 52 ?				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER James Turner

11 BIRTHPLACE OF FATHER (city or town) Virginia (State or country)

12 MAIDEN NAME OF MOTHER Elvira Hamberry

13 BIRTHPLACE OF MOTHER (city or town) Virginia (State or country)

14 Informant Baltimore City Hospitals Records (Address)

Filed JUL 15 1925 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1925

17

I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924 to July 13, 1925

that I last saw h.. alive on July 13, 1925

and that death occurred, on the date stated above, at 1:45 P m.

The CAUSE OF DEATH* was as follows:

Chronic infectious arthritis (History)

(duration) 3 yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller, M. D.

7/14, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] Lawn

DATE OF BURIAL July 15 25

20 UNDERTAKER [illegible]

ADDRESS [illegible]

FROM [illegible] very important. See instructions for [illegible] of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 00355 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00355

CERTIFICATE OF DEATH. 24-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 557 Presstman ST., (14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas D. Slater

(a) RESIDENCE No. 557 Presstman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Slater

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Fred Weller

9 BIRTHPLACE (city or town) Va (State or country)

PARENTS

10 NAME OF FATHER Martin Slater

11 BIRTHPLACE OF FATHER (city or town) Va (State or country)

12 MAIDEN NAME OF MOTHER Jennie Johnson

13 BIRTHPLACE OF MOTHER (city or town) Va (State or country)

14 Informant Clara L. Slater (Address) 557 Presstman St

15 Filed ....., 19..... Registrar

MAR 15 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 1925

17

I HEREBY CERTIFY That I attended deceased from May 16th, 1925, to July 12 1925, that I last saw him alive on July 11, 1925, and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) High Blood pressure

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Jas C Carper, M. D.

19 (Address) 1063 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	July 15 1925

21 UNDERTAKER Edward H Burke ADDRESS 1[illegible] Baltimore St

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00356

CERTIFICATE OF DEATH.

E 00356

24-007

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital 16-6 St. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William G. O'Brien

(a) RESIDENCE NO. 1108 Woodley Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mal	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) about 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Builder
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William O'Brien

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Emma Airey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant George G. O'Brien (Address) 1111 East 25th St

15 Filed JUL 15 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 2 yrs, mos. ds.

CONTRIBUTORY (Secondary) cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

(Signed) J. T. Hennessy M. D. (Coroner.)

July 14, 1925 (Address) 802 Eutaw Av

*Give the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	July 16 1925
20 UNDERTAKER	ADDRESS
William Cook	802 Eutaw Ave

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 00357 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00357

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 309 N. Robinson ST., 6-3 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lawrence J. Callahan

(a) RESIDENCE No. 309 N. Robinson ST., WARD

(Usual place of abode) Life

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Callahan

6 DATE OF BIRTH (month, day, and year) Aug 15-1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Michael T. Callahan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary McGrade

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mary Cullington

(Address) 2405 Harwood ave

FILED 15 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1925

17

I HEREBY CERTIFY, That I attended deceased from July 11, 1925, to July 13, 1925,

that I last saw him alive on July 13, 1925,

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis — Chronic

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Culligan, M. D.

, 19 (Address) 2942 E Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Cathedral

DATE OF BURIAL Jly 16, 1925

20 UNDERTAKER F. A. Kraemer & Son

ADDRESS 703 Hamilton

Spec.—1-12-23—M&T—500 Blks.

E 00358 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 00358

91-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 W. Clement ST. 23-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Leach Reynolds

(a) RESIDENCE NO. 9 W. Clement ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 40 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael P. Reynolds

6 DATE OF BIRTH (month, day, and year) August 1837

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	87	10	28	

8 OCCUPATION OF DEACESED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Leach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER not given

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Katherine Reynolds (Address) 9 W. Clement St

15 Filed JUL 1925 19 A. ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/13/25. 19

17

I HEREBY CERTIFY, That I attended deceased from 6/20/25, 19 to 7/13/25, 19.

that I last saw her alive on 7/12/25., 19,

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis.

(duration) 5 yrs. --- mos. --- ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? ----------

(Signed) Lenox L. Deane, M. D.

7/14 19 25 (Address) 1610 Mt. Royal Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL July 16. 1925

20 UNDERTAKER F. A. Kraemer Son — ADDRESS 703 Hanover St

FILMED

Spec.—1-10-21—M&T—1500 Bks.

E 00359

HEALTH DEPARTMENT—CITY OF BALTIMORE

135 E 00359

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.

CITY OF BALTIMORE: No. Bay View Asylum, ward 4-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Williams.

(a) RESIDENCE No. 361 East Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town wh[illegible] yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1861.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64 years.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brakeman. 673

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York.

PARENTS

10 NAME OF FATHER Peter Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Lena. ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records. Brelband City Hospitals

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1925

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1925, to July 13, 1925, that I last saw him alive on July 13, 1925 and that death occurred, on the date stated above, at 7 39 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Benign Prostatic Hypertrophy.

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute Myocardial Infarction (Myocardial) yrs. mos. 6 hrs.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of July 13-25.

Was there an autopsy? No.

What tests confirmed diagnosis? Clinical & Lab. Tests.

(Signed) Wm. F. Champion, M. D.

Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sunset Cemetery	7/16 1925
20 UNDERTAKER	ADDRESS
Liston P. Russell Mgr.	2620 St Paul

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00360

CERTIFICATE OF DEATH

E 00360

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 2216 Gorland ave St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emilea Vojcik

(a) Residence No. 2216 Gorland av St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

3a-If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6-DATE OF BIRTH (month, day and year) Nov 8 1899

7-AGE, 25 yrs. 8 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cigar maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 017

9-BIRTHPLACE (city or town) (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Frank Vojcik

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER, Josephine Petr

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Bohemia

14- (Informant) Frank Vojcik

(Address) 2216 Gorland av

15- Filed 192 GPG Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 14 1925

17- I HEREBY CERTIFY, That I attended deceased from July 14 1925 to July 14 1925 that I last saw her alive on July 14 1925 and that death occurred, on the date stated above, at 4:20 A. m.

The CAUSE OF DEATH* was as follows:

Endocarditis, mitral insufficiency, mitral stenosis

Arteriosclerosis pericardium ?

(Duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? ✓ Dr. Jacob Otenasek 3235 Bradway

Did an operation precede death? no Date of

Was there an autopsy? no also attended

What test confirmed diagnosis? none

(Signed) Joseph Potorny M. D.

, 19 (Address) 2124 Gorland Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL July 18 1925

20-UNDERTAKER Frank Cracklon — ADDRESS 1906 Bank

Spec.—1-12-23—M&T—500 Blks.

E00361

HEALTH DEPARTMENT—CITY OF BALTIMORE

E00361

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 240 S: Bouldin ST., 26-5 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Hauwitz

(a) RESIDENCE No. 240 S: Bouldin St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. 2 mos. 11 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5/3/ 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Ernest Hauwitz

11 BIRTHPLACE OF FATHER (city or town) Berlin (State or country) Germany

12 MAIDEN NAME OF MOTHER Sophia Rapke

13 BIRTHPLACE OF MOTHER (city or town) Berlin (State or country) Germany

14 Informant Otto Hauwitz

(Address) 240 S: Bouldin St

15 Filed JUL 15 1925 19 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/14/1925 19

17

I HEREBY CERTIFY, That I attended deceased from Dec 8, 1924, to July 14, 1925, that I last saw h[illegible] alive on July 13, 1925, and that death occurred, on the date stated above, at 8.am. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 2 yrs. — mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec 12 1924

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Alfred A. Bondeck, M. D.

, 19 (Address) 88 Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lutheran Reformed Cem — DATE OF BURIAL July 17 1925

20 UNDERTAKER John Lucas — ADDRESS 2008 Aliceanna

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 00362 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH. 7-13

E 00362

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Patapsco & Railway ave 26-9 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard E. French

(a) RESIDENCE. No. Patapsco & Railway ave ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 7-1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Eddie French

11 BIRTHPLACE OF FATHER (city or town) Baltimore, Md.
(State or country)

12 MAIDEN NAME OF MOTHER Eugenia Green

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va.

14 Informant Edward French
(Address) Patapsco Railway ave

Filed JUL 15 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1925

17 I HEREBY CERTIFY, That I attended deceased from July 12, 1925, to July 14, 1925, that I last saw him alive on July 14, 1925, and that death occurred, on the date stated above, at 12-30 P. m.

The CAUSE OF DEATH* was as follows:

Entero-Colitis

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted — If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) A. W. Karen, M. D.

(Address) 1 Winsley Rd. Arnold Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	July 15 1925

20 UNDERTAKER — ADDRESS

Johanna Conoles 1004 Aisquith

Spec.--1-10-21--M&T--1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00363

E 00363

CERTIFICATE OF DEATH.

REGISTERED NO. 26-757

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 S. 12th ST., (or) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Baxter

(a) RESIDENCE No. 409 S 12th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 6 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	~~5 Single~~, Married, Widowed, or Divorced, (write the word)
female	W	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H Baxter.

6 DATE OF BIRTH (month, day, and year) Sept 8th 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Lord.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer for self.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Conrad Luckert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Catherine Wentz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wilhelmina M. Baxter

(Address) 409 South 12th St

Filed JUL 15 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1925

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1925, to July 14, 1925, that I last saw her alive on July 14, 1925, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

(duration) ? yrs. ? mos ? ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? no Date of ~

Was there an autopsy? no

What test confirmed diagnosis? Urine & blood.

(Signed) J. Hampleman M. D.

7/15, 1925 (Address) 11 N Carey St Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cem	July 17th 1925
20 UNDERTAKER E. Schumann & Son	ADDRESS 1024 Monroe

TION IS very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

Jerry Sue Big

E 00364 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00364

CERTIFICATE OF DEATH.

4-24-001

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 202 W. Fayette ST., 4-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jerry Sue Big

(a) RESIDENCE NO. 202 W Fayette st WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Dont Know yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Chinese	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dead

6 DATE OF BIRTH (month, day, and year) Dont Know

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laundry
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9 BIRTHPLACE (city or town) China
(State or country)

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) ? ?
(State or country)

12 MAIDEN NAME OF MOTHER — ?

13 BIRTHPLACE OF MOTHER (city or town) ? ?
(State or country)

14 Informant .....
(Address) .....

Filed JUL 15 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... find that said deceased came to ~~(Inquest, autopsy or inquiry.)~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Central apoplexy

a few hours
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Dont Know
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) W R Grinnell M. D.
(Coroner.)

7-14, 1925 (Address) 117 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nuture of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem.	July 17 1925
UNDERTAKER	ADDRESS
John O. Mitchell	1701 W Fayette

E 00365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1007

88 E 00365

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hospital St., 10-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Henry Woolery

(Residence in Baltimore: No. 729 Ensor Street St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. January 6th 1898
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
27 yrs. 6 mos. 8 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Automobile
(b) General nature of industry, business, or establishment in which employed (or employer). Painter

9-BIRTHPLACE. (State or Country). Waynesboro, Pennsylvania

PARENTS.

10-NAME OF FATHER. Granville T.Woolery

11-BIRTHPLACE OF FATHER. (State or Country). Westminster, Maryland

12-MAIDEN NAME OF MOTHER. Alice E.Aughenbaugh

13-BIRTHPLACE OF MOTHER. (State or Country). Chambersburg, Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Rev. E.C.Woolery
(Address) Hebbville, Maryland

15- Filed JUL 15 1925 ROBERT R. KRAUTER, Burial Permit (Registrar.)

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. July 14th 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broken Neck & Back & other injuries Motorcycle of which he was driver struck City street sprinkler

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. S. H. Paten M. D.
(Coroner.)

July 15, 1925 (Address) 508 E. North Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
York Pa.	July 16 1925

20-UNDERTAKER.	ADDRESS
Joseph B. Cook	1003 W. Balto St

IF VERY IMPORTANT. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

(Bonifazius Pfoertsch)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00366

CERTIFICATE OF DEATH.

4-1

E 00366

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 Pearl st- ST., 4 WARD)

2-FULL NAME Bonifazius Pfoertsch

(a) RESIDENCE NO. 24 Pearl st- ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	marrd

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 29, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	8-	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) Germany
(State or country)

PARENTS

10 NAME OF FATHER Michael Pfoetsch-

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) "
(State or country)

14 Informant Frank Bunge
(Address) [illegible]

15 JUL 16 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 192 5-

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (~~Inquest, Autopsy or~~ Inquiry.) thereon and from the evidence obtained by said ..... (~~Inquest, au-~~ topsy or Inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy
2 Days
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Dont Know
(duration) yrs. mos. ds.

(Signed) W K Gorsuch, M. D.
(Coroner.)

7-15-, 1925 (Address) Govanstown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL July 16 1925

20 UNDERTAKER Mc Mrs. J. W. Teufel & Son — ADDRESS 801 W. Fayette

IMPORTANT—See instructions on reverse side

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00367
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

113 E 00367
Registered No.....

City of BALTIMORE: (No. Union Memorial Hospital St., 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Gloria Logan

(a) Residence No..... 3905 Greenmount Ave Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-Single, ~~Married~~, ~~Widowed~~, ~~or Divorced~~, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Feb 27th '25

7-AGE, 0 yrs. 4 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Md. Balto. City.....
(State or Country),

PARENTS.

10-NAME OF FATHER, William Logan

11-BIRTHPLACE OF FATHER (city or town)..... Md.
(State or Country),

12-MAIDEN NAME OF MOTHER, Rose Arnette

13-BIRTHPLACE OF MOTHER (city or town)..... Md.
(State or Country).

14-
(Informant)..... Mother
(Address)..... above given

15-
Filed ..... 192.....
L 16 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 15/25

17- I HEREBY CERTIFY, That I attended deceased from July 1st, 19.25., to July 15th 19.25.,
that I last saw h.r. alive on July 15th 19.25.,
and that death occurred, on the date stated above, at 2.15 Am.
The CAUSE OF DEATH* was as follows:
Ileocolitis of infancy - acute (Diarrhea)

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Undernutrition

(Duration) yrs. 3 mos. ds.

18-Where was disease contracted if not at place of death? At Child's Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) H. C. Wharton Smith M. D.
, 19 (Address)

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, St Mary's Burial July 16..... DATE OF BURIAL, 19.25

20-UNDERTAKER, Wilhelm Cook ADDRESS 502 E North Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00368

CERTIFICATE OF DEATH.

154-002

E 00368

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1023 N Castle ST., 7-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kenneth R Tafuch

(a) RESIDENCE NO. 1023 N Castle ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 10/25

7 AGE: Years | Months | Days: 5 | If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Edgar A Tafuch

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md

(State or country)

12 MAIDEN NAME OF MOTHER Anna M Langhauf

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md

(State or country)

14 Informant Edgar A Tafuch

(Address) 1023 N Castle St

Filed JUL 16 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15 1925

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1925, to July 15, 1925.

that I last saw him alive on July 15, 1925

and that death occurred, on the date stated above, at 5 A.M. m.

The CAUSE OF DEATH* was as follows:

Congenital Heart Trouble

(duration) ... yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) William J Rowan M. D.

19 (Address) 1 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemt — DATE OF BURIAL: Jul 16 1925

20 UNDERTAKER: Wilhain Bros & Eralla — ADDRESS

TO BE VERY important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 lbs.

E 00369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6-33 ME 00369

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 104 N. Hary ST., 6 WARD)

2-FULL NAME Charles H Bartels

(a) RESIDENCE No. 104 N. Hare ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) Apr 27 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Straw Hat Blocker

(b) General nature of industry, business, or establishment in which employed (or employer) ...do...

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore md
(State or country)

PARENTS

10 NAME OF FATHER Henry Bartels

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany.

12 MAIDEN NAME OF MOTHER Sophia Baker

13 BIRTHPLACE OF MOTHER (city or town) Balti
(State or country) md

14 Informant Mrs Sophia Sudbrook
(Address) 104 N. Hare St.

15 Filed ..... Registrar

UL-T6-1525

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1925

17 I HEREBY CERTIFY, That I attended deceased from May, 1925, to July 14, 1925 that I last saw him alive on July 13 and that death occurred, on the date stated above, at 9.18 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Lungs
Throat

(duration) ..... yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? ✓

What test confirmed diagnosis? X Ray

(Signed) Chas H Bartels M. D.

July 14 1925 (Address) 20 E Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	July 17 1925
20 UNDERTAKER	ADDRESS
John O. Mitchell	1201 W Lafayette

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00370

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00370

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 409 Annapolis St., or Brooklyn Ward.)

Registered No. 25 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura J. Schmidt

(a) Residence No. 409 Annapolis St., or Ward. Brooklyn
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 11 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed or Divorced, (Write the word.)
Female.	white	Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John Schmidt

6-DATE OF BIRTH (month, day and year) Aug 10-1854

7-AGE,	If LESS than 1 day,
70 yrs. 11 mos. 4 ds.	....hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto Md.

PARENTS.

10-NAME OF FATHER: John M. Burgs

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown

14-

(Informant) Mrs. Howard Snyder

(Address) 409 Annapolis

JUL 16 1925

15- L F Kelly Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 14-1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 28, 1925, to July 14, 1925

that I Last saw h... alive on July 13, 1925

and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 mo. yrs. mos. ds.

CONTRIBUTORY (Secondary) H Hamilton

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. H. Brosius M. D.

, 1925 (Address) Brooklyn Md

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Cedar Hill	7/17, 1925
20-UNDERTAKER,	**ADDRESS**
J. Frew McCully	130 E Fort

Spec.—1-10-21—M&T—1500 Blks.

E 00371 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00371

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1217 Mosher St., 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Peterson May

(a) RESIDENCE No. 1217 Mosher ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. 6 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 5th 1843

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Frederick Peterson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Bertha Hildebrandt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Frances Hildebrandt (Address) 1217 Mosher St

15 Filed JUL 16 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14th 1925

17

I HEREBY CERTIFY, That I attended deceased from July 10. 1925. to July 13. 1925.

that I last saw her alive on July 13. 1925.

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration (fatty heart)

(Senile heart & chronic nephritis (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic pneumonia anasarca (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys examination

(Signed) Bartus T. Baggott M. D.

(Address) 1015 Monroe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL 7/16/25

20 UNDERTAKER Geo. Weber & Son 2503 — ADDRESS Edmondson

ATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 00372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 E 00372

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 40th ave ST., 25-9 WARD)

2-FULL NAME Mary E. Heath

(a) RESIDENCE NO. 40th ave Fairfield ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7/7

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md (State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country)

14 Informant Amanda Purnell

(Address) 4th ave Fairfield

15 Filed JUL 16 1925 19 GKG Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/14 1925

17 I HEREBY CERTIFY, That I attended deceased from July 1 1925, to July 14 1925, that I last saw her alive on July 13 1925, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Dilated Heart

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Neil Pyle, M. D.

19 (Address) 1340 Edmondson.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Furnace Branch	July 16 1925
20 UNDERTAKER	ADDRESS
I. H. Bloom & Son	116 N. Monty

TION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00373

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

22-24-001 E 00373

Registered No. C.....

City of BALTIMORE: (No. 425 Hanover St. St., 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick L. Casey.

(Residence in Baltimore: No. 425 Hanover St. St.; yrs. 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widow, or Divorced, (Write the word.)
Male.	White.	Widower.

6-DATE OF BIRTH, Do not know. (Month) (Day) 1..... (Year)

7-AGE.	If LESS than 1 day,
45 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer):

040

9-BIRTHPLACE, (State or Country): New York.

PARENTS.

10-NAME OF FATHER: Do not know.

11-BIRTHPLACE OF FATHER, (State or Country): Do not know.

12-MAIDEN NAME OF MOTHER: Do not know.

13-BIRTHPLACE OF MOTHER, (State or Country): Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Koch.

(Address) 817 Arlington Ave.

15- JUL 16 1925 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 9, 1925. (Month) (Day) 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M.D. (Coroner)

July 16, 1925 (Address) 1017 N. Charles St.

*State the **Disease Causing Death**, or, In deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross C & C	7-17, 1925

20-UNDERTAKER,	ADDRESS
E & B Stark	115 E. 23rd St.

E 00374 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00374

CERTIFICATE OF DEATH.

24-001

1-PLACE OF DEATH
City of BALTIMORE: (No. Franklin Sq. Hospital St. 15 Ward 13)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Paul Schultheis

(Residence in Baltimore: No. 1628 N. Gilmor St 35 yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

6-DATE OF BIRTH, Oct (Month) 31st (Day) 1847 (Year)

7-AGE. 77 yrs. 8 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Gardner
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country). Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Conrad Schultheis
(Address) 2210 Jarvis St

15- JUL 16 1925
16- G H G Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 14th (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) — yrs. — mos. ....ds.

CONTRIBUTORY (Secondary) —

(Duration) ....yrs. ....mos. ....ds.

(Signed) Thos. P. Horton M. D.
Coroner.
July 15th 1925 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Rachitis

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where did this disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, [redacted] DATE OF BURIAL, July 17 1925

20-UNDERTAKER, [redacted] ADDRESS Thos. Fulda 1200 W. Lombard

Do not write above this line. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 00375 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00375

45

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Hospital St 21-2 Ward)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Jones

(a) RESIDENCE. No. 1185 Cleveland St., Ward.....

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 25 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm E. Miles

6 DATE OF BIRTH (month, day, and year) Nov 5-1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Louis Klipp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothea

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wm E. Miles

(Address) 1158 Cleveland St

15 Filed JUL 16 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15 1925

17

I HEREBY CERTIFY, That I attended deceased from June 5, 1925, to July 15, 1925, that I last saw her alive on July 15, 1925, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH was as follows:

Gall Stones, Cancer of Intestines
Died following operations for intestinal obstructions

(duration) yrs. 1 mos. 11 ds.

CONTRIBUTORY (Secondary) Shock following operation (duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? at 1185 Cleveland St

Did an operation precede death? Yes Date of July 15/25

Was there an autopsy? No

What test confirmed diagnosis? Appearance & Symptoms

(Signed) Chas A Fiehlhoff, M. D.

, 19 (Address) 1307 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	July 18 19 25

20 UNDERTAKER ... ADDRESS 1201 W Lombard

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.K.S.—400 Bks.

E 00376 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 00376

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE, (No. Union Memorial Hospital 12-1 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. W. George Manley (Elizabeth)

(a) Residence No. Dunley Ave. Dundalk St, Md. Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of W. George Manley

6-DATE OF BIRTH (month, day and year) Aug. 15, 1877

7-AGE.	If LESS than 1 day.
47 yrs. 11 mos. ds.	hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Merryland

PARENTS.

10-NAME OF FATHER, Frederick Gwinn

11-BIRTHPLACE OF FATHER (city or town) (State or Country), England

12-MAIDEN NAME OF MOTHER, Sarah Ellen

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), England

14- (Informant) W. George Manley

(Address) Dundalk, Md.

JUL 16 1925 Hamm
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 16-1925

17- I HEREBY CERTIFY, That I attended deceased from July 13, 1925 to July 16, 1925 that I last saw h[illegible] alive on July 15, 1925 and that death occurred, on the date stated above, at 7:20 A.m.

The CAUSE OF DEATH* was as follows:

Nephritis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Heart failure

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Examination of brain

(Signed) Edwin B. Jowett, M. D.

, 19 (Address)

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Presb. Cem. Jarrettsville	July 17, 1925
20-UNDERTAKER,	ADDRESS
John Burns Sons	Towsontown Md

Spec.—1-10-21—M&T—1500 Blks.

E 00377 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00377

CERTIFICATE OF DEATH. 113

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Rayner and Dukeland Ave. ST., 16-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Fowlkes

(a) RESIDENCE NO. 924 Boyd St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6/26/25

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child none

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Jame Foulkes

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Viola Ross

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Viola Ross

(Address) 924 Boyd St

Filed JUL 16 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1925

17

I HEREBY CERTIFY, That I attended deceased from July 13, 1925, to July 14, 1925, that I last saw her alive on July 14, 1925, and that death occurred, on the date stated above, at 9.25 A. m.

The CAUSE OF DEATH* was as follows:

Acute ileo-colitis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Jos. Hurst Wilkerson, M. D.

(Address) West Baltimore Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion — DATE OF BURIAL 7/16/25

20 UNDERTAKER R C Gross — ADDRESS 1405 McHenry

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 00378

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00378

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital (St.) (WARD) 4

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis Wiggins

(a) RESIDENCE NO. 509 E. Cooling ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Widowed

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER William Wiggins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Patient himself.

(Address)

JUL 16 1925

Filed Hall

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14, 1925.

17

I HEREBY CERTIFY, That I attended deceased from July 10, 1925, to July 14, 1925.

that I last saw him alive on July 14, 1925.

and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Cellulitis right hand

Chr. Myocarditis.

Chr. Bronchitis.

(duration) yrs. 1/2 mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No. Date of Typhoid 7/11/25.

Was there an autopsy? No. Clinical findings

What test confirmed diagnosis?

(Signed) B. M. Rhoades, M. D.

, 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lancaster Co Va	July 17 1925

20 UNDERTAKER John W Henderson

ADDRESS 1502 E monument

SEE INSTRUCTIONS on back of certificate. See Instructions is very important.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 00379

E 00379

CERTIFICATE OF DEATH.

112

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1729 Ashland Ave ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raymond Brown

(a) RESIDENCE NO. 1729 Ashland Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 1 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	21			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer) School

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Andrew Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Norfolk Va

12 MAIDEN NAME OF MOTHER Mary Burden

13 BIRTHPLACE OF MOTHER (city or town) Boston (State or country) Mass.

14 Informant Mary Brown (Address) 1729 Ashland Ave

15 Filed JUL 16 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-14-1925

17

I HEREBY CERTIFY, That I attended deceased from July 7, 1925, to July 13, 1925, that I last saw him alive on July 13, 1925, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion &
Nervous Dyspepsia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Error in diet

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Medical Test

(Signed) J. H. Walters, M. D.

. 19 (Address) 821 N. Fremont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	July 16, 25
20 UNDERTAKER	ADDRESS
Mrs R. T. Elliott	2225 Eutaw

Cor.—1-12-23—M&T—100 Blks.

E 00380 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00380

CERTIFICATE OF DEATH.

187-006

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 25 WARD 11

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sobe ~~Oliver~~ oliver

(a) RESIDENCE No. 728-4th St Fairfield Curtis Bay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Don't Know

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) —

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about 23			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Boston Metal works

9 BIRTHPLACE (city or town) Don't Know
(State or country)

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) —
(State or country)

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) —
(State or country)

14 Informant Son
(Address)

15 Filed JUL 16 1925 [signature] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ....(Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ....(Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushed Chest

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Caught in Steam Crane

(duration) ....yrs. ....mos. ....ds.

(Signed) W H Grimsley M. D.
(Coroner.)

July 15, 1925 (Address) 117 W Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	July 16 1925

20 UNDERTAKER Harry N. Witzke ADDRESS 552 W Lanvale St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00381

CERTIFICATE OF DEATH.

100-001

E 00381

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS 27-6

CITY OF BALTIMORE: (No. [redacted] ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mattie Hynes

(a) RESIDENCE No. 4710 Charles Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER John T. Hynes

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Martha Landenslager

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Baltimore City Hospitals Records
(Address)

15 JUL 16 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15 1925

17

I HEREBY CERTIFY, That I attended deceased from June 30 1925, to July 15 1925.

that I last saw her alive on July 15 1925.

and that death occurred, on the date stated above, at 5.45 P m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) B Lindsay Miller, M. D.

7/15 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Abingdon Md

DATE OF BURIAL July 17 1925

20 UNDERTAKER Robt J Turner & Co

ADDRESS 1702 E. Broadway

CAUSE OF DEATH MUST be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 00382 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00382

CERTIFICATE OF DEATH. 124

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Kehreen Hosh ST., 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Meyer Katzen

(a) RESIDENCE NO. 1263 E. Fayette ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? 37 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Katzen

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis (Address) 1439 E. Baltimore

15 Filed JUL 16 1925 A. Lew Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/16 1925

17 I HEREBY CERTIFY, That I attended deceased from 6/18, 1925, to 7/16, 1925, that I last saw him alive on 7/16, 1925, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Myocardial Failure

with Pulmonary oedema

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Gangrenous Cholecystitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 6/23/25

Was there an autopsy? No.

What test confirmed diagnosis? Operation

(Signed) Philip Jacobson, M. D.

, 19 (Address) Lehigh Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Kehreen Hosh Rd	July 16 1925

20 UNDERTAKER ADDRESS

Jack Lewis 1439 E. Baltimore

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 00383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

51 E 00383

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS 16-3 REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Timmings

(a) RESIDENCE No. 904 W. Lombard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58 yr.	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Indiana

PARENTS

10 NAME OF FATHER Marion Timmings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Anna Lostennit

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant (Address) Baltimore City Hospitals Records

15 Filed JUL 16 1925 ROBERT R. KRAUTER Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15 1925

17 I HEREBY CERTIFY, That I attended deceased from July 13, 1925, to July 15, 1925.

that I last saw him alive on July 15, 1925,

and that death occurred, on the date stated above, at 5:45 a.m.

The CAUSE OF DEATH* was as follows:

Rheumatic endocarditis and myocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. 8 mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & laboratory

(Signed) W. Lindsay Miller, M. D.

7/15 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemy.	July 18 1925
UNDERTAKER	ADDRESS
Edw. J. Cowan & Son	901 Hadday

TION is very important. See instructions on back of certificates.

Spec. Blk. Co.—1000 Bks.

E 00384

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00384

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 230 E Cross St. 24-1 Ward) 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth (Lizzie) Montgomery

(a) RESIDENCE. No. 230 E Cross St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 5 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm Montgomery

6 DATE OF BIRTH (month, day, and year) Feb 2 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Thomas Cannon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Montgomery
(Address) 230 E Cross St

15 Filed . 19 ROBERT R. KRAUTER, Registrar

JUL 16 1925 Burial Permit Clerk.

TION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1925

17

I HEREBY CERTIFY, That I attended deceased from June 5, 1925, to July 14, 1925,

that I last saw h alive on July 14, 1925,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Bright's Disease

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) E B Wheeler, M. D.

7/16, 1925 (Address) 1279 Pulaski St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	July 17, 1925

20 UNDERTAKER Cowger & Son ADDRESS 901 Hollins St.
Per F. J. Cowger

Spec—12-23-21—E.B.R.S.—400 Blks.

E 00385 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 00385

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 410 E. Fayette St., 12-6 Ward) Registered No.

2-FULL NAME Bridget R. Collins

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 46 E. Fayette St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? 49 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: John J. Collins

6-DATE OF BIRTH (month, day and year): May 18, 1852

7-AGE: 73 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Ireland.

PARENTS.

10-NAME OF FATHER: Thomas McDonald

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Ireland.

12-MAIDEN NAME OF MOTHER: Timmon

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Ireland.

14-

(Informant): Mary L. Collins

(Address): 410 E. Fayette

15-

Filed JUL 15 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Delivered

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): July 18/25

17- I HEREBY CERTIFY, That I attended deceased from Feb 2 1921 to July 14 1925 that I last saw h[illegible] alive on July 13 1925 and that death occurred, on the date stated above, at 2.45 A.M.

The CAUSE OF DEATH* was as follows:

Arthritis Deformans

(Duration) 10 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Stanley L. Kittaliata M. D

July 15 1925 (Address) 1038 N Broadway

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL, July 17 1925

20-UNDERTAKER: E. A. Friedfeld & Co — ADDRESS 501 E 22 St

INFORMATION ON BACK OF CERTIFICATE

Spec—12-23-21—E.B.R.S.—400 Sks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00386

CERTIFICATE OF DEATH.

3-31

E 00386

1-PLACE OF DEATH

City of BALTIMORE: (No.) Baltimore City Hospitals (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Valentine Gadzinski

(a) Residence No. 915 S. Carolina st. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., If of foreign birth Unknown mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6-DATE OF BIRTH (month, day and year) 1865

7-AGE: 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Poland

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown

14-

(Informant): Hospital Records

(Address):

15-

Filed JUL 16 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): July 14, 1925

17- I HEREBY CERTIFY, That I attended deceased from July 1, 19 25 to July 14, 19 25

that I last saw him alive on July 14, 19 25

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) W. O. McFarland Jr. M. D.

7-14-1925 (Address) Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: 7/17 19 25

20-UNDERTAKER: J. F. Bakey Sons

ADDRESS 1315 Eighty 8th

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—6-9-19—H. P. Co.—1000 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00387

CERTIFICATE OF DEATH.

31 E 00387

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 829 Ashland av ST.) 10-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Mathews

(a) RESIDENCE. No. 829 Ashland ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 9-1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	10	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Washington D. C.
(State or country)

PARENTS

10 NAME OF FATHER Geo Mathews

11 BIRTHPLACE OF FATHER (city or town) Maryland
(State or country)

12 MAIDEN NAME OF MOTHER Rachel Brown

13 BIRTHPLACE OF MOTHER (city or town) Virginia
(State or country)

14 Informant Rose Mathews Mother
(Address) ROBERT H. KINNISTER

15 Filed JUL 16 1925 19... Burial Permit Issued Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1925

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to July 14, 1925, that I last saw h... alive on July 13, 1925, and that death occurred, on the date stated above, at 9.30 p m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum Test

(Signed) W C Cyril Burns M. D.

, 19 (Address) 2016 E. 32

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	July 16 1925

20 UNDERTAKER Jos. J. H. Rochester ADDRESS 1913 Jefferson st.

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00388

CERTIFICATE OF DEATH.

E 00388

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 329 S. Monroe Street ST., 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Jane Scott

(a) RESIDENCE NO. 329 S. Monroe Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert J. Scott

6 DATE OF BIRTH (month, day, and year) Apr. 22, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER James Parker

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Margaret Knight

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant James R. Scott
(Address) 329 S. Monroe Street

15 JUL 16 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15 19 25

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1922, to July 15, 1925, that I last saw her alive on July 15, 1925, and that death occurred, on the date stated above, at 11.40 Am.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach.

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of ——

Was there an autopsy? - No -

What test confirmed diagnosis? Clinical

(Signed) M. Spillinger, M. D.

7-15 19 25 (Address) 682 Washington Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL July 18 1925

20 UNDERTAKER Joseph B. Cook — ADDRESS 1003 N. Balto

FROM A very important See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 00389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 00389

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1230 W. Cross ST., 21-3 WARD)

2-FULL NAME Phillip Smith

(a) RESIDENCE NO. 1230 W. Cross ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Smith

6 DATE OF BIRTH (month, day, and year) May 11, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	72	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Driver 023

(b) General nature of industry, business, or establishment in which employed (or employer) Fleishman's

(c) Name of employer Yeast Co.

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Phillip Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mildred Conrodt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Elizabeth Smith (Address) 1230 W. Cross Street

15 Filed JUL 16 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15 1925

17 I HEREBY CERTIFY, That I attended deceased from July 12, 1925, to July 15, 1925, that I last saw him alive on July 15, 1925 and that death occurred, on the date stated above, at 11.40 P.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ....yrs. ....mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? a

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Maley Haag, M. D.

7-16, 25 (Address) 729 Washington Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	July 18 1925
20 UNDERTAKER	ADDRESS
Joseph B. Cook	1003 N. Bolton St

FROM B very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 00390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

162

E 00390

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital. ST., 15-7 (WARD)

2-FULL NAME Baby Mullan.

(a) RESIDENCE No. 3375 Waltherin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 12th 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER W.G. Read Mullan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary L. Mullen.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington D.C.

14 Informant W.E. Sisson

(Address) Johns Hopkins Hospital.

15 JUL 16 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16 1925

17

I HEREBY CERTIFY, That I attended deceased from July 12th, 1925, to July 16th, 1925.

that I last saw h[illegible] alive on July 16th, 1925.

and that death occurred, on the date stated above, at 4 00 A. m.

The CAUSE OF DEATH* was as follows:

Hemorrhagic disease of the new-born

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W.E. Sisson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Cathedral Cem — DATE OF BURIAL 7/17/25

20 UNDERTAKER Geo Evans & Son — ADDRESS 1818 W Mt Royal Ave

TION is very important. See instructions on back of certificates.

Cor.—1-12-25—M&T—100 Bks.

E 00391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1925 E 00391

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 226 Carlton St ST., 18-1 WARD)

2-FULL NAME Arnold Wheeler

(a) RESIDENCE No. 226 Carlton St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widr

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1855 or 55

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
70 or 75	—		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Worn out
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) North Ken

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Sadie Williams
(Address) 903 Byrd St

15 JUL 16 1925 ROBERT R. KRAUTER Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (~~Inquest, autopsy~~ or inquiry.) thereon and from the evidence obtained by said ..... ~~Onquest, au-~~ ~~topsy or~~ inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Natural Causes Form old age —

(duration) ..... yrs. — mos. ..... ds.

CONTRIBUTORY (Secondary) Heat —

(duration) ..... yrs. — mos. ..... ds.

(Signed) THR Emmel, M. D.
(Coroner.)

7-15, 1925 (Address) 117 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion

DATE OF BURIAL 7/17/25

20 UNDERTAKER H C Frost

ADDRESS 1406 McElderry St

Spec.—1-10-21—M&T—1500 Blks.

E 00392 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00392

CERTIFICATE OF DEATH. 146

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital. ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lossie Wall

(a) RESIDENCE NO. Garrison P.O. Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of → John Wall

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	28 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Albert Cromwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant W E Sisson

(Address) Johns Hopkins Hospital.

15 JUL 16 1925, 19.... ROBERT R. KRAUTER, Registrar. Burial Permit Filed.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1925

17

I HEREBY CERTIFY, That I attended deceased from July 7, 1925, to July 14, 1925,

that I last saw her alive on July 14, 1925

and that death occurred, on the date stated above, at 7 55 a.m.

The CAUSE OF DEATH* was as follows:

Peritonitis

(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) Pregnancy

(duration) — yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes (Laparotomy) Date of 7/10/25

Was there an autopsy? yes, partial

What test confirmed diagnosis? autopsy

(Signed) W E Sisson, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dr Leakes Gen	7/17/1925
20 UNDERTAKER Daniel Easton	ADDRESS 916 Pine

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

1827 167 Fed 00393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16-003

E 00393

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 19-1 WARD)

2-FULL NAME Leah Kyler

(a) RESIDENCE NO. 18 N. Vincent ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 15 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
		10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): #

(c) Name of employer: #

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER Bernard Kyler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER Lely Seymour

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Record
(Address) Johns Hopkins Hosp.

15 JUL 16 1925, 19.... ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 15 1925

17 I HEREBY CERTIFY, That I attended deceased from July 6, 1925, to July 15, 1925, that I last saw her alive on July 15, 1925, and that death occurred, on the date stated above, at 4:20 P m.

The CAUSE OF DEATH* was as follows:

Dysentery, type undetermined

(duration) ..... yrs. 0 mos 9 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? clinical & P.M.

(Signed) C. Howell, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

DATE OF BURIAL: 7/17/25

20 UNDERTAKER: Daniel Easton

ADDRESS 916 Park

TION is very important. See instructions on back of certificates.

E 1-1 M

Cor.—1-12-23—M&T—100 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00394

CERTIFICATE OF DEATH.

188-003 E 00394

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. ST., 17-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine White

(a) RESIDENCE No. 537 Hanover St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 6 1919

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	5	10	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Daniel White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Daniel White

(Address) 537 Hanover St.

15 JUL 17 1925 Filed ....., 192 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull of two

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) automobile accident

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dr. T. Hennessy (Coroner.) M. D.

July 15, 1925 (Address) 2102 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem

DATE OF BURIAL 7/17/1925

20 UNDERTAKER Daniel Easton

ADDRESS 516 Gay

Instructions on back of certificate.

SEE • A • LETTER

Spec.—8-24-14—M. & T.—2000 Bks.

E 00395

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00395

CERTIFICATE OF DEATH.

REGISTERED No. C 15-129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3029 W. North Ave ST.; 15 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Aaron D. Zentz

(Residence in Baltimore: No. 3029 W. North Ave St. Gift (yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Widower

6-DATE OF BIRTH, June (Month) 18th (Day), 1851 (Year)

7-AGE, 74 yrs. — mos. 27 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: not any
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, David Zentz.

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ann Eliza Harner

13-BIRTHPLACE OF MOTHER (State or Country), Penn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) V. L. Zentz.

(Address) 3029 W. North Ave

15- JUL 16 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 15 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 19th 1925, to July 14 1925, that I saw him alive on July 14th 1925, and that death occurred, on the date stated above, at 8.30 a m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis and Interstitial nephritis with enlarged heart (Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Left Hemiplegia (Duration) yrs. mos. 5 ds.

(Signed) Isaac C. Dickson M. D.

July 15, 1925 (Address) 3055 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cemetery | DATE OF BURIAL, July 17, 1925

20-UNDERTAKER Wm Routson | ADDRESS 223 N Arlington

Important: See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 00396

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Hamilton 57

E 00396

1-PLACE OF DEATH

City of BALTIMORE: (No. 4921 Augusta Ave St.) Ward 27-12

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mrs Margaret Hilbinger

(a) Residence No. 4921 Augusta ave St.,.....Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Hilbinger

6-DATE OF BIRTH (month, day and year) 3/20/1855

7-AGE. 70 yrs. 3 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer)..... None

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country). Germany

PARENTS.

10-NAME OF FATHER. John Pauzer

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Margaret Pauzer

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country). Germany

14- (Informant) Edward Simon

(Address) 4921 Augusta Ave

15- FILED JUL 17 1925 G H G Registrar.

INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 13/25

17- I HEREBY CERTIFY, That I attended deceased from Dec 4, 1924 to July 13, 1925

that I last saw h er alive on July 13, 1925

and that death occurred, on the date stated above, at 7 30 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(Duration) 5 yrs. — mos. — ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Morris B. Green M. D.

7/16, 1925 (Address) Hamilton Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer (cem) DATE OF BURIAL, 7 17, 1925

20-UNDERTAKER. George J Ruth ADDRESS 1735 Harford Ave

Spec.—1-10-21—M&T—1500 Bks.

E 00397 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00397

CERTIFICATE OF DEATH

1-PLACE OF DEATH Baltimore City Hospitals 43

CITY OF BALTIMORE: (No. Baltimore City Hosp St., 1-4 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wesley Kane

(a) RESIDENCE NO. 307 N. Robinson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1863.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Kane

11 BIRTHPLACE OF FATHER (city or town) Balt. Md.
(State or country)

12 MAIDEN NAME OF MOTHER Ella Robinson

13 BIRTHPLACE OF MOTHER (city or town) Balt. Md.
(State or country)

14 Informant Hospital Records
Baltimore City Hospitals

15 Filed JUL 17 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15 1925

17

I HEREBY CERTIFY, That I attended deceased from 6/15/25, 1925, to July 15, 1925, that I last saw him alive on July 15, 1925, and that death occurred, on the date stated above, at 2:40P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of left Tonsil & Cervical Metastasis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Lab Tests

(Signed) Wm. A. Clauge Jr, M. D.

Address Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery DATE OF BURIAL July 18 1925

20 UNDERTAKER Henry Sander Sons Inc. ADDRESS 1710 Mert St

Spec.—8-24-14—M. & T.—2000 Bks.

E 00398 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00398

8-100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1608 N Ont St

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Frank Eberhardt

(Residence in Baltimore: No. 1608 N Ont St. ..... yrs., 3 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	W	

6-DATE OF BIRTH, Apr. 10, 19[illegible] (Month) (Day) (Year)

7-AGE, ... yrs. 3 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER. Arthur Eberhardt

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Esther Smart

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arthur E. Eberhardt

(Address) 1608 N. Port St.

15- JUL 17 1925 G H G

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 16, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 11, 1925, to July 16 1925, that I saw h[illegible] alive on July 16 1925, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Pyemia Staphylococcus

(Duration) ..... yrs. ..... mos. 3 weeks

CONTRIBUTORY (Secondary) Pneumonia Lobular

(Duration) ..... yrs. 3 mos. ..... ds.

(Signed) ..... M. D.

..... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	July 17, 1925
20-UNDERTAKER	ADDRESS
Henry Lutz	N. Broadway 1203

Spec.—1-10-21—M&T—1500 Blks.

(Era Bracco)

E 00399

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00399

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 137 Moore ST., 17-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Era Bracco

(a) RESIDENCE NO. 137 Moore ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Color | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 886

7 AGE: 34. (Years | Months | Days) If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer): House

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Condelcus Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Ann Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: James Brooks

(Address): 137 Moore

Filed JUL 17 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 14th 19 25

17 I HEREBY CERTIFY, That I attended deceased from July 10th 19 25 to July 14th 19 25, that I last saw h— alive on July 13th 19 25, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follo: Pul. T. Bacill

(duration) yrs. 4 mos de.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Ellis, M. D.

(Address) 82 Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Mem	July 25

20 UNDERTAKER: Edmund D. Kenealy

ADDRESS: 1728 McCulloh

TION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Blks.

E 00400 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 00400

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2043 E Bank ST., 2 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo H. Dehardt.

(a) RESIDENCE NO. 2043 E Bank ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary Dehardt

6 DATE OF BIRTH (month, day, and year) —

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	—		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Reading Pa

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Mary Dehardt
(Address) 2043 Bank St

15 Filed JUL 17 1925 GHG Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) yrs. 1 mos. 14 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Geo E Wades, M. D.
(Coroner.)

July 16 1925 (Address) 112 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ist German Cem	July 19 1925
20 UNDERTAKER	ADDRESS
Peter Nicolaus	2060 Eastern Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00401

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1329

E 00401

1-PLACE OF DEATH

City of BALTIMORE: (No. 1644 Ruxton Ave St., 15 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Hannah Rebecca Selter

(a) Residence No. 1644 Ruxton Ave St., Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Solomon Selter

6-DATE OF BIRTH (month, day and year) 1850

7-AGE, 75 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer). None

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Russia

PARENTS.

10-NAME OF FATHER. Aaron Zelic Gold

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Russia

12-MAIDEN NAME OF MOTHER. Rachael Rubin

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Russia

14- (Informant) Louis Selter (Son)

(Address) 1644 Ruxton Ave.

15- Filed JUL 17 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 16 1925

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 1922 to July 16 1925 that I last saw h.r alive on July 15, 1925 and that death occurred, on the date stated above, at 7:30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chr. Endocarditis + Myocarditis + Nephritis (Duration) yr mos ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No,

What test confirmed diagnosis? Current clinical

(Signed) Dan'l Strauss M. D.

7/16, 1925 (Address) 120 W. Lee St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Hebrew Benevolent Rest	July 17, 1925
20-UNDERTAKER.	**ADDRESS**
Jack Levin	1439 E Baltimore

instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00402

CERTIFICATE OF DEATH.

9-129

E 00402

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 671 Bartlett Ave. WARD 9-4

2-FULL NAME Mary F. Wess

(a) RESIDENCE No. 64 Bartlett Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a ~~If married, widowed, or divorced~~ HUSBAND of ~~late~~ (or) WIFE of Julius Wess

6 DATE OF BIRTH (month, day, and year) Uncertain

7 AGE: Years: about 56 years; Months: —; Days: —; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Matron 086

(b) General nature of industry, business, or establishment in which employed (or employer): Police Station

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: Patrick J Burns

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Margaret O'Rourke

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Miss Coletta Wess

(Address) 64 Bartlett ave

Filed JUL 17 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15 1925

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1925, to July 15, 1925, that I last saw h alive on July 15, 1925 and that death occurred, on the date stated above, at 11:45 Am.

The CAUSE OF DEATH* was as follows:

Chronic Bright's Disease

(duration) yrs. 1 mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W Clyde Burns, M. D.

, 19 (Address) 2017 E 32

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	July 18 25
20 UNDERTAKER	ADDRESS
Henry Hosck & Son	1301 E Eager

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00403

CERTIFICATE OF DEATH.

46 E 00403

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 818 N. Caroline ST. 10-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Blakeney

(a) RESIDENCE NO. 818 N. Caroline ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred about 50 yrs. mos. ds. How long in U. S., if of foreign birth? life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of Thomas G. Blakeney

6 DATE OF BIRTH (month, day, and year) 20th June

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about	50	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Washington D.C. (State or country)

PARENTS

10 NAME OF FATHER Patrick Byrne

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Mary Roche

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Mr Thomas G. Blakeney (Address) 818 N Caroline St

15 Filed JUL 17 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16 1925

17 I HEREBY CERTIFY, That I attended deceased from 7/15 1925 to 7/16 1925.

that I last saw h[illegible] alive on 7/15 1925

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Unknown (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....

.....(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Dr Bernard Wolff, M. D.

7/16. 1925 (Address) 914 E Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL July 18 1925

20 UNDERTAKER Henry Hoch Son — ADDRESS 1301 E Eager St

CAUSE OF DEATH is very important. See instructions on back of certificates. If this is properly classified, so that it may be used for statistical purposes, and for the protection of the family, exact statement of occupa-

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00404

CERTIFICATE OF DEATH.

122-002

E 00404

7-3 Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 723 North Glover St. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Gertrude Eileen Mitchell

(a) Residence No. 723 N. Grover st. St., ... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. 11 mos. 2 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White.	Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Mr. James J. Mitchell

6-DATE OF BIRTH (month, day and year) Aug 19 1882.

7-AGE.	If LESS than 1 day,
42 yrs. 11 mos. 2 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Botetourt County Va.

PARENTS.

10-NAME OF FATHER, William Falls.

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Mary Falls.

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Va.

14- (Informant) James Mitchell

(Address) 723 North Glover Street

15-

Filed JUL 17 1925 G.F.K. Registrar.

Instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 17 25.

17- I HEREBY CERTIFY, That I attended deceased from July 1 1925 to July 17 1925 that I last saw h.. alive on July 15 1925 and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Hepatic Cirhosis

.....(Duration).....yrs. 8 mos.....ds.

CONTRIBUTORY (Secondary) Myocarditis

.....(Duration).....yrs. 2 mos.....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis?.....

(Signed) E. H. Donald Jr. M. D.

, 19 (Address) 1500 St Paul St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt. Carmel.	July 20, 1925
20-UNDERTAKER. Mr. August Parek	ADDRESS 2406 Eastland Ave.

Spec. 6-9-19—H. P. Co.—1000 Bks.

E 00405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 9 E 00405

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1400 W. Lexington ST.) 19-1 WARD)

2-FULL NAME Jno Mary L. Harwood

(a) RESIDENCE. NO. 1400 W. Lexington ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	W	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92	4 Mo		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Talbot Co

PARENTS

10 NAME OF FATHER Joshua Edgar

11 BIRTHPLACE OF FATHER (city or town) (State or country) Talbot Co.

12 MAIDEN NAME OF MOTHER Mary Phillips

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Talbot Co

14 Informant Ella J. Jones
(Address) 1400 W. Lexington St

15 Filed . 19
JUL 17 1925
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16 1925

17 I HEREBY CERTIFY, That I attended deceased from July 15 1925 to July 16 1925
that I last saw h alive on July 15 1925,
and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) Jas L. Hooper, M. D.

7-17-1925 (Address) 862 W. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet	July 18 1925
20 UNDERTAKER	ADDRESS
George J. Smith	1532 Hollins

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 00406

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00406

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... ST., 14-2 WARD)

REGISTERED NO. 100-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Essey Fields

(a) RESIDENCE No. 339 Prestmann ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N.C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Irene ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Baltimore City Hospital Records (Address)

15 JUL 17 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15 1925

17 I HEREBY CERTIFY, That I attended deceased from July 11, 1925, to July 15, 1925, that I last saw him alive on July 15, 1925, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Right hemiplegia (cerebral thrombosis)

(duration) yrs. ..... mos 12 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes.

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller, M. D.

7/16 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Int Auburn Cem

DATE OF BURIAL 7-18 1925

20 UNDERTAKER George T. A. Gibson

ADDRESS 1735 Druid Hill Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-24-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00407

CERTIFICATE OF DEATH.

129

E 00407

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 512 Chapel Gate Lane St. 28-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mary Elizabeth Sommerwerck

(a) Residence No. 512 Chapel Gate Lane St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 8 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-~~Single~~, Married, ~~Widowed, or Divorced~~ (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Rudolph Sommerwerck

6-DATE OF BIRTH (month, day and year) Oct 29th, 1858

7-AGE. 66 yrs. 8 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housework

(b) General nature of industry, business, or establishment in which employed (or employer). Home

(c) Name of employer.....

037

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. John Dimling

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Anna C. Weimar

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14-
(Informant) Rudolph Sommerwerck
(Address) 512 Chapel Gate Lane

15-
Filed JUL 17 1925 GKG Registrar.

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 15th, 1925

I HEREBY CERTIFY, That I attended deceased from May ....., 1925 to July 15 1925
that I last saw h.. alive on July 15 1925
and that death occurred, on the date stated above, at 9.10 P. m.
The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis
(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death? ~~Home~~

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm F Forker M. D.
7/16/25 (Address) 3405 Garrison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL.
Lorraine Park Cemetery	July 18th, 1925
20-UNDERTAKER,	ADDRESS
Fenton L Roe	1723 N Lafayette Ave

Spec.—1-10-21—M&T—1500 Bks.

(Melissa Welty)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00408

CERTIFICATE OF DEATH.

45 E 00408

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3811 Kate Ave ST., 15-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Melissa Welty

(a) RESIDENCE NO. 3811 Kate Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 86 yrs. 6 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married,~~ Widowed, ~~or Divorced,~~ (write the word)
Female	White	Widdowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Eichelberger Welty

6 DATE OF BIRTH (month, day, and year) Jan 14th, 1839

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER John L. Aler

11 BIRTHPLACE OF FATHER (city or town) Balto. Co.
(State or country) Md

12 MAIDEN NAME OF MOTHER Eliza Abrams

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md

14 Informant Mrs Martha E. Barry
(Address) 2835 W. North Ave

15 Filed JUL 17 1925 GHG Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 1925

17 I HEREBY CERTIFY, That I attended deceased from June 9, 1925, to July 17, 1925, that I last saw h[illegible] alive on July 16, 1925, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Duodenum

(duration) yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) yrs. 1 mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Xray Physical Examination

(Signed) G W Billups, M. D.

, 19 (Address) 2224 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	July 20 1925
20 UNDERTAKER Certain & Love	ADDRESS 1723 W. Lafayette Ave

CAUSE OF DEATH must be filled in plainly, so that it may be understood by physicians in all parts of the country. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00409 — 16 — E 00409

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1829 Auburn ST., 9-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Thomas Flemming.

(a) RESIDENCE NO. 1829 Auburn ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 16, 25

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER George Thomas Flemming

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Violet Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Clara Brown

(Address) 1831 Auburn Ave

15 Filed JUL 17 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16 1925

17 I HEREBY CERTIFY, That I attended deceased from July 16, 1925, to July 16, 1925, that I last saw h[illegible]ive on July 16, 1925, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Atelectasis

(duration) yrs. mos 1hr 45 ds.

CONTRIBUTORY (Secondary) Breech presentation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Mm

(Signed) Thos Fa Stevens, M. D.

7/17/25 (Address) 2878 Hartford Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	7/17 1925
20 UNDERTAKER George J Ruth	ADDRESS 1738 Hartford Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21—MAT—1500 Blks.

E 00410 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00410

CERTIFICATE OF DEATH. Dwelling + Maternity

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Vincent's Infant's ST., 14 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

REGISTERED NO.

2-FULL NAME Joseph Goldbeck

(a) RESIDENCE No. St. Vincent's Infant's ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 2/28/25

7 AGE: Years — Months 4 — Days 19 — If LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Goldbeck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Viola Wittington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant John Goldbeck

(Address) 1202 Montford Ave

Filed JUL 17 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 28, 1925, to July 17, 1925,

that I last saw him alive on July 17, 1925,

and that death occurred, on the date stated above, at 4.45 a m.

The CAUSE OF DEATH* was as follows:

Congenital Debility (Prematurity)

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas R. Goldsborough, M. D.

, 19 (Address) 2923 St Paul St,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL 7/17/25 19

20 UNDERTAKER George J. Burke

ADDRESS 1735 Harford

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00411

CERTIFICATE OF DEATH.

118-001 ✓

23-2

REGISTERED NO. E 00411

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General ST. Hospital RD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Kraft

(a) RESIDENCE NO. 1311 Patapsco St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie E.Kraft

6 DATE OF BIRTH (month, day, and year) June 28 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	0	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Frederick Kraft

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Edna Kraft

(Address) 1311 Patapsco St.

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16 1925

17

I HEREBY CERTIFY, That I attended deceased from July 15, 1925, to July 16, 1925, that I last saw him alive on July 16, 1925 and that death occurred, on the date stated above, at 4.10 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary edema

(duration) yrs. mos. 1/2 hr.

CONTRIBUTORY (Secondary) Strangulated hernia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? yes Date of July 15, 1925

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. F. Dawson, M. D.

7/17 19 (Address) L. E. Randall St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	July 20 1925
20 UNDERTAKER John F. Denny	ADDRESS 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00412

CERTIFICATE OF DEATH.

31 ✓

E 00412

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2573 Frederick A ST.: 20-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William T. Hill

(a) RESIDENCE. No. 2573 Frederick A. ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Hill

6 DATE OF BIRTH (month, day, and year) Feb 1 - 1899.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist (Sec Machine)

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER John Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country) York Pa.

12 MAIDEN NAME OF MOTHER Marg. Schroth.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Alice Hill

(Address) 2573 Fred. a

15 Filed 19

JUL 17 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/15/25 19

17

I HEREBY CERTIFY, That I attended deceased from March 21, 1924, to July 15th, 1925, that I last saw h-- alive on July 15th, 1925, and that death occurred, on the date stated above, at 5.45 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 20 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John H Huff, M. D.

19 (Address) 1443 W. Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	July 18 1925
20 UNDERTAKER	ADDRESS
George I. Schwab.	2101 Frederick Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 00413

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00413

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

City of BALTIMORE: (No. 2617 Foster Ave 1-2 St. Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Barbara Oszakiewska

(a) Residence No. 2617 Foster Ave St. Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed or Divorced, (Write the word) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec. 25, 1864

7-AGE. 60 yrs. 7 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housework

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town). (State or Country), Poland

PARENTS.

10-NAME OF FATHER, John Odrowski

11-BIRTHPLACE OF FATHER (city or town). (State or Country), Poland

12-MAIDEN NAME OF MOTHER, ?

13-BIRTHPLACE OF MOTHER (city or town). (State or Country), Poland

14- (Informant) Mary Golembeski

(Address) 2617 Foster Ave

15-

Filed..... 192.....

JUL 17 1925

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 15, 1925

17- I HEREBY CERTIFY, That I attended deceased from June 15, 1925 to July 15, 1925, that I last saw h[illegible] alive on July 15, 1925, and that death occurred, on the date stated above, at 5:00 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? C. S. & S.

(Signed) John J. Kruger M. D.

7/16, 1925 (Address) 2627 Eastern Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Rosary

DATE OF BURIAL, 7/18, 1925

20-UNDERTAKER. Wm Gallowski

ADDRESS 1107 Eastern Ave

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is Very Important. See instructions on back of certificates.

E 00414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

182

E 00414

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Foot of Leadenhall St. St., 23 - 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Isiaac Boardley.(C)

(Residence in Baltimore: No. 176 W. Hamburg St. St.; 17 yrs., ---------- mos., ---------- ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male.	Colored	Single.

6-DATE OF BIRTH, ... Do not know. ..... 1.....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
17 yrs. ---------- mos. ---------- ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER, Do not know.

11-BIRTHPLACE OF FATHER, (State or Country). Do not know.

12-MAIDEN NAME OF MOTHER, Do not know.

13-BIRTHPLACE OF MOTHER, (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Ranson.(C)

(Address) 176 W. Hamburg St.

15-

Filed ..... 192.. ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

JUL 17 1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July 5, 1925. ..... 192.....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... inquiry .....
(Inquest, autopsy or Inquiry.)
thereon and from the evidence obtained by said ..... inquiry ..... (Inquest, autopsy or Inquiry.) find that said deceased came to ..... his ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidentally drowned while in swimming.

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

.....(Duration).....yrs.....mos.....ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner.)

July 14, 1925 (Address) 1017 E. Charles St.

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY.	....., 19....
20-UNDERTAKER,	ADDRESS

COMMISSIONER of Health, JUL 16 1925

is very important. See instructions on back of certificate.

E 00415

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00415

CERTIFICATE OF DEATH.

22 2 90

1-PLACE OF DEATH — Registered No. C.....

City of BALTIMORE: (No. 114 W. Perry St. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jasper Singletary.

(Residence in Baltimore: No. 114 W. Perry St. St.; yrs. 10 mos. ---- ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widow or Widower, or Divorced, (Write the word.)
Male.	Colored	Widower.

6-DATE OF BIRTH. Do not know. ..... 1..... (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
80 yrs. ---- mos. ---- ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer.
(h) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). South Carolina.

PARENTS.

10-NAME OF FATHER, Do not know.

11-BIRTHPLACE OF FATHER, (State or Country). Do not know.

12-MAIDEN NAME OF MOTHER, Do not know.

13-BIRTHPLACE OF MOTHER, (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) David Singletary.(nephew)

(Address) 114 W. Perry St.

15- JUL 17 1925 ROBERT R. KRAUTER, Registrar.
Rachel Parrott Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 15, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart and Kidneys.

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....(Duration).....yrs.....mos.....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

July, 16, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY.	....., 19....
20-UNDERTAKER,	ADDRESS
Commissioner Health.	JUL 16 1925

is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00416

CERTIFICATE OF DEATH.

66 E 00416

1-PLACE OF DEATH

City of BALTIMORE: (No. Balt City Hospital St., 17-3 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME... Viola Carter

(Residence in Baltimore: No. 510 Bradley St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	Black	

6-DATE OF BIRTH,

..... (Month) (Day) 1..... (Year)

7-AGE,

24 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:

(a) Trade, profession, or particular kind of work..... Domestic

(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER, (State or Country).

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER, (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

JUL 17 1925 192.... ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

THE MORGUE.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 29 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jurors (Inquest, autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowned

in Catherine

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jno. M. Lemmon M. D. (Coroner.)

June 29 192 5 (Address) Fort Chas.

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents)

At place of death ..... yrs. mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

510 Bradley St

Former or usual residence ( ) ( )

19-PLACE OF BURIAL OR REMOVAL, PUBLIC CEMETERY. DATE OF BURIAL, ... 19....

20-UNDERTAKER, Commissioner Health. ADDRESS JUL 16 1925

Reg. No. 5 Woodlawn

is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00417

CERTIFICATE OF DEATH.

E 00417

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals (c.H.) Ward) 3-2

Registered No. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Gore

(a) Residence No. 24 S. Bond st. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Colored	Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6-DATE OF BIRTH (month, day and year) 1866

7-AGE,	If LESS than 1 day,
59 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Sailor

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9-BIRTHPLACE (city or town). Harrisburg
(State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, Wm. Gore

11-BIRTHPLACE OF FATHER (city or town). (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town). (State or Country), Virginia

14- (Informant) Hospital Records

(Address) Baltimore City Hospitals

15- Filed JUL 17 1925 ROBERT R. KRAUTER, Registrar.

Asst. Deputy Clerk.

THE HOPKINS

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 7, 1925

17- I HEREBY CERTIFY, That I attended deceased from July 6, 1925 to July 7, 1925

that I last saw him alive on July 7, 1925

and that death occurred, on the date stated above, at 11.15a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Myocardial degeneration with decompensation

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal broncho-pneumonia (Duration) Unknown yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. O. McLane Jr, M. D.

7-7-, 1925 (Address) Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL, ... 19....
20-UNDERTAKER,	ADDRESS

PUBLIC CEMETERY

Commissioner of Health.

JUL 16 1925

instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00418 CERTIFICATE OF DEATH. 31 E 00418

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals (T.B. 22-1 St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Egbert Lawrence

(a) Residence No. 618 W. Lee st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? Unknown mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, colored

5-Single, Married, Widowed, or Divorced, (Write the word.) single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1901

7-AGE. 24 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Seaman 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Jamaica

PARENTS.

10-NAME OF FATHER, Richard Lawrence

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Margaret Lawrence

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Hospital Records

(Address) Baltimore City Hospitals

15- JUL 17 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 4, 1925

17- I HEREBY CERTIFY, That I attended deceased from June 19, 1925 to July 4, 1925

that I last saw him alive on July 4, 1925

and that death occurred, on the date stated above, at 4.10 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. O. McLane Jr. M. D.

7-4-, 1925 (Address) Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. PUBLIC CEMETERY. DATE OF BURIAL. , 19

20-UNDERTAKER. ADDRESS

Commissioner Health. JUL 16 1925

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00419

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00419

CERTIFICATE OF DEATH.

22-31

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals (T.B. Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Fred Kidd

(a) Residence No. 811 Hanover st. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? Unknown yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed or Divorced, (Write the word.)
Male	colored	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1901

7-AGE. 24 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer

(b) General nature of industry, business, or establishment in which employed (or employer). Unknown

(c) Name of employer. Unknown

040

9-BIRTHPLACE (city or town) (State or Country). Jamaica

PARENTS.

10-NAME OF FATHER. John Kidd

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Jamaica

12-MAIDEN NAME OF MOTHER. Henrietta Blackford

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Jamaica

14- (Informant) Hospital Records

(Address) Balto. city Hosp.

15- JUL 17 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

FILE NUMBER.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 3, 1925

17- I HEREBY CERTIFY, That I attended deceased from June 1, 19 25 to July 3, 19 25

that I last saw him alive on July 3, 19 25

and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. O. McLane M. D.

7-3- 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, 19....
BLK CEMETERY.	
20-UNDERTAKER, Commissioner Health.	ADDRESS JUL 16 1925

For the Board of Health

Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00420

CERTIFICATE OF DEATH.

15-31

E 00420

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals (C.B. St. ..... Ward 13) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eugene Tawney

(a) Residence No. 1411 W. Mount st. St., ... Ward .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Colored	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1901

7-AGE.	If LESS than 1 day,
24 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Jim Tawney

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Caroline ?

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) Hospital Records

(Address) .....

15- Filed ..... 192.. ROBERT R. KRAUTER, Burial Permit Clerk.

JUL 17 1925

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 9, 1925

17- I HEREBY CERTIFY, That I attended deceased from January 13, 1925 to July 9, 1925

that I last saw him alive on July 9, 1925

and that death occurred, on the date stated above, at 3.15 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) W. O. McLane M. D.

7-10-1925 (Address) Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, ..., 19....
PUBLIC CEMETERY.	
20-UNDERTAKER, Commissioner Health,	ADDRESS JUL 16 1925

Spec.—1-10-21—M&T—1500 Bks.

Comeger.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00421

38

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hospital ST., 18-2 WARD)

REGISTERED No. E 00421

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Comegers.

(a) RESIDENCE No. 23 S. Poppleton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Dy yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of /

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Saml Comeger.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Thompson.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant University Hospital.

(Address)

JUL 17 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1925

17

I HEREBY CERTIFY, That I attended deceased from May 9, 1925, to July 13, 1925.

that I last saw him alive on July 13, 1925

and that death occurred, on the date stated above, at 9 30 P m.

The CAUSE OF DEATH* was as follows:

Fuchi Carditis, Cardiac hypertrophy & dilation, pleural & pericardial effusion, General anasarca.

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Laboratory

(Signed) J. J. Connor, M. D.

19 (Address) Univ Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lowe Cemetery

DATE OF BURIAL June 7 1925

20 UNDERTAKER Mrs. Walter R. Williams

ADDRESS 322 E. Schroeder

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00422

CERTIFICATE OF DEATH.

90 E 00422

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 Mumaew ST., 17-2 WARD)

2-FULL NAME Harry Roas —

(a) RESIDENCE NO. 513 Mumaew ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 5 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter Public

(b) General nature of industry, business, or establishment in which employed (or employer) Dining room

(c) Name of employer Waiter 070

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Harry Roas -

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont Know

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Lucy Emory Friend

(Address) 513 Mumaew

15 Filed JUL 17 1925 ROBERT K. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16 1925

17 I HEREBY CERTIFY, That I attended deceased from July 1 — 1925 to July 16 1925

that I last saw him alive on June 15 — 1925

and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

about (duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Kidney Colic

about (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Balto

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical —

(Signed) Samuel A Bain M. D.

. 19 (Address) 937 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL July 18, 1925

20 UNDERTAKER John H. Toadvine ADDRESS 1027 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00423

CERTIFICATE OF DEATH.

117 E 00423

1-PLACE OF DEATH General Hospital

CITY OF BALTIMORE: (No. Usual Baltimore ST., 14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Blanche Jones

(a) RESIDENCE NO. 1931 Druid Hill ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	WIDOWED

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 4-1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dress-maker

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Wallace Hoye

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia ?

12 MAIDEN NAME OF MOTHER Mary Norfolk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) [illegible]

14 Informant Walter Hoye

(Address) 1931 Druid Hill Ave

15 Filed JULY 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16 1925

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1925, to July 16, 1925, that I last saw h. alive on July 16, 1925, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Empyema of left thorax

Chronic nephritis

?

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral embolism

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? Yes Date of 7-16-25

Was there an autopsy? No

What test confirmed diagnosis?

(Sig.) Herbert Wolferth M. D.

(Address) 1211 Baltimore Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	July 18 1925

20 UNDERTAKER Virginia E. Brooks ADDRESS 1463 N Carey St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21—MAT—1000 Blks.

18242

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00424

CERTIFICATE OF DEATH. 37-001 E 00424

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hosp. (WARD) 16-6

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Johnson

(a) RESIDENCE No. 1100 N Fremont St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) December

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	4	6	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Melvin Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Helen Abrams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) J. H. H.

15 Filed ..... 19.... ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16 1925

17

I HEREBY CERTIFY, That I attended deceased from July 10 - , 1925 - to July 16 , 1925 - that I last saw her alive on July 16 , 1925 and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) Tuberculous Meningitis

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? None

(Signed) Wm. J. Scott M. D.

7-17 1925 Address Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	July 20 1925

20 UNDERTAKER Virginia G. Brooks ADDRESS 1463 N. Carey

IMPORTANT—Physicians should be stated EXACTLY. Abbreviations should not be used. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 00425 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00425

CERTIFICATE OF DEATH. 31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 595 Baker ST., 14-1 WARD)

2-FULL NAME Richard Johnson

(a) RESIDENCE NO. 595 Baker ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mayze Johnson

6 DATE OF BIRTH (month, day, and year) Apr 2 1893

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
32	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Richard Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Washington D.C.

12 MAIDEN NAME OF MOTHER: Sarah Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Sarah Johnson

(Address): 595 Baker St

15 Filed JUL 17 1925, 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15 1925

17 I HEREBY CERTIFY, That I attended deceased from May 17, 1925, to July 15, 1925, that I last saw him alive on July 14, 1925 and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Sputum test

(Signed) William Frey M. D.

7/15, 1925 (Address) 1928 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: July 18th 1925

20 UNDERTAKER: A. Jones

ADDRESS: 111 S. Eden St

Spec- 12-23-21 E.B.R.S.—400 Bks.

E 00426

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00426

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1440 Battery ave St., 24-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Henry J. Mayle

(a) Residence No. 1440 Battery ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 3 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary B. Mayle

6-DATE OF BIRTH (month, day and year) Apr. 25-1867

7-AGE. 58 yrs. 3 mos. 20 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Machinists Helper

(b) General nature of Industry, business, or establishment in which employed (or employer) B. & O. R. R.

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Henry Mayle.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Kate Meisel

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), German

14- (Informant) Mary B. Mayle

(Address) 1440 Battery

15- JUL 17 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 15, 1925

17- I HEREBY CERTIFY, That I attended deceased from May 20, 19 25 to July 15 19 25

that I last saw h alive on July 15 19 25

and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows: Acute Cardiac dilatation

(Duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No (Date of)

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. Kaufman M. D.

7/16, 19 (Address) 1 E Randall

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park	7/18 19 25
20-UNDERTAKER.	**ADDRESS**
L. Frew McCully	130 E. Fort

In plain terms, so that it may be properly classified.

instructions on back of certificates.

E 00427

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

2327 E 00427

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 1307 Clarkson St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leopold L. Schwarz.

(Residence in Baltimore: No. 1307 Clarkson St. St.; yrs. 66 mos. 8 ds. 1)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed or Divorced, (Write the word.)
Male.	White.	Widower.

6-DATE OF BIRTH. November 14, 1858. (Month) (Day) 1 (Year)

7-AGE,	If LESS than 1 day,
66 yrs. 8 mos. 1 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoe fitter.
(b) General nature of industry, business, or establishment in which employed (or employer): O

9-BIRTHPLACE, (State or Country): Baltimore, Md.

PARENTS.

10-NAME OF FATHER, George Schwarz.

11-BIRTHPLACE OF FATHER, (State or Country), Germany.

12-MAIDEN NAME OF MOTHER, Annie M. Rice.

13-BIRTHPLACE OF MOTHER, (State or Country). Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis L. Schwarz. (son)

(Address) 3013 Alameda Ave.

15- JUL 17 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 15, 1925. (Month) (Day) 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

July 16, 1925. (Address) 1017 N. Charles St.

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross Cem	July 18th 1925

20-UNDERTAKER. E. Schlosnagle Sons ADDRESS 1054 Hanover St

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 00428

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00428

CERTIFICATE OF DEATH.

9-129

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 1731 Hope St. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Theresa McNally .....

(Residence in Baltimore: No. 1731 Hope St .....St.; yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (write which word.)
female	white	Married

6-DATE OF BIRTH, ... Nov 15-161 ....., 1.....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
.....yrs. 63 mos. 7 ds. 0	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Adolph Goodlip

11-BIRTHPLACE OF FATHER, (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Bernard McNally (Husband)

(Address)..... 1731 Hope St

JUL 17 1925 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July 15-25 ....., 192.....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... inquiry .....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure (Probably Myocardial)

.....
(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Prob. Nephritis "Chronic hives"
(Duration).....yrs.....mos.....ds.

(Signed) J. S. H. Cain M. D.
(Coroner.)

7-17-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, 7 | 18 | 19 25

20-UNDERTAKER, George J. Ruth — ADDRESS 1735 Hartford Av

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

E 00429

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00429

CERTIFICATE OF DEATH.

27

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 Barclay ST.; 12-6 WARD.

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Henry Playhart, III.

(Residence in Baltimore: No. 1718 Barclay St.; yrs., mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White	Single

6-DATE OF BIRTH, July (Month) 5 (Day), 1925 (Year)

7-AGE.	If LESS than 1 day,
....yrs....mos. 12 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Wm. H. Playhart, Jr.

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md.

12-MAIDEN NAME OF MOTHER Emma Marie Kurtz

13-BIRTHPLACE OF MOTHER (State or Country), Balto, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. H. Playhart, Jr.

(Address) 1718 Barclay St.

15. JUL 17 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 17th (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5, 1925, to July 17 1925, that I saw him alive on July 17 1925, and that death occurred, on the date stated above, at 10.20 a. m.

The CAUSE OF DEATH* was as follows:

1. Meningococcus
Meningitis

(Duration) ....yrs. ....mos. 2/12 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ....yrs. ....mos. ....ds.

(Signed) Hugh Forsythe M. D.

July 17, 1925 (Address) 414 E. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount DATE OF BURIAL, July 18, 1925

20-UNDERTAKER Ger. H. Little ADDRESS 2708 Edmondson

important. See instructions on back of certificate.

U.S.A.

E 00430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16 171 E 00430

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Hughlett.

(Residence in Baltimore: No. 609 Allendale St. St.; yrs. 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Male.	White.	Married.

6-DATE OF BIRTH. September 5, 1874. 1.....
(Month) (Day) (Year)

7-AGE. 50 yrs. 10 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Merchant Tailor
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Dorchester Co. Md.

PARENTS.

10-NAME OF FATHER. Richard Hughlett.

11-BIRTHPLACE OF FATHER, (State or Country). Talbot Co. Md.

12-MAIDEN NAME OF MOTHER. Catherine Corey.

13-BIRTHPLACE OF MOTHER, (State or Country). Caroline Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sancye S. Hughlett. (wife)

(Address) 609 Allendale St.

15- Filed JUL 17 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. July 16, 1925. 192.....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Incised wound. Throat cut with a pocket knife, suicide.

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

.....(Duration).....yrs.....mos.....ds.

(Signed) Otto M. Rempfhardt (Coroner) M. D.

July 17, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? 113 W. Fayette St. July 16, 1925

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Loudon Park DATE OF BURIAL. July 20 1925

20-UNDERTAKER. Geo. A. Lillie ADDRESS 1128 Edmondson Ave

DEATH CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—160 Bks.

E 00431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1925 E 00431

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp ST., 11-1 WARD)

2-FULL NAME Albert Brown

(a) RESIDENCE No. 1111 Baltimore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	Colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 3, 1913

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
12		12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Wm. Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Annie Zatt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Wm. Brown
(Address) 1111 Baltimore St.

Filed JUL 17 1925 ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage due to gun shot wound in heart

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Homicide.

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy (Coroner.) M. D.

July 16 1925 (Address) 280 Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	July 18th 1925
20 UNDERTAKER A. Jones	ADDRESS 111 S. Gilmor St

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

00432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44E 00432

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Raymond and Dukeland Sts. ST., 16-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Schlendorf

(a) RESIDENCE NO. 600 Lindhurst Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline E Schlendorf

6 DATE OF BIRTH (month, day, and year) Mar 22. 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	3	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Restaurateur

(b) General nature of industry, business, or establishment in which employed (or employer) 044

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Conrad Schlendorf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Robert Volkmer

(Address) 3940 Edmondson Ave

15 JUL 17 1925 ROBERT R. KRAUTER, Registrar Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16 / 1925

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1925 to July 16, 1925, that I last saw him alive on July 16, 1925, and that death occurred, on the date stated above, at 5-9 m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

Chronic myocarditis

Carcinoma of stomach

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute uremia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Jas Hurst Wilkerson, M. D.

19 (Address) West Balto Gen. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL July 18 1925

20 UNDERTAKER Harry H Witzke — ADDRESS 1531 W Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00433 E 00433

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 119 N. Potomac ST., 6-3 (WARD)

2-FULL NAME Catherine Sewell

(a) RESIDENCE No. 119 N. Potomac ST., 6 WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H. B. Sewell

6 DATE OF BIRTH (month, day, and year) Jan 2-1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer) 03

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Wm. Brosgrave

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Whalen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) City

14 Informant Wm. H. B. Sewell

(Address) 119 N. Potomac St

15 JUL 17 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1925

17

I HEREBY CERTIFY, That I attended deceased from July 13, 1924, to July 14, 1925,

that I last saw h[illegible] alive on July 14, 1925,

and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Philip Wm. Brosgrave, M. D.

, 19 (Address) 2042 E. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	7/18/1925
20 UNDERTAKER J. J. Moran	ADDRESS 3900 Baltimore St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00434
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

5-161-002

E 00434
Registered No. C.....

City of BALTIMORE: (No. Hopkins Hospital St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geraldine Mezick

(Residence in Baltimore: No. 5 N Exeter St St.; yrs. 8/12 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced (Write the word.)
female	white	single

6-DATE OF BIRTH, June 28/25, 1..... (Month) (Day) (Year)

7-AGE, ...yrs. ...mos. 17 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of Indnstry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Harvey Kinnon Mezick

11-BIRTHPLACE OF FATHER, (State or Country), Cordova, Md

12-MAIDEN NAME OF MOTHER, Anna Mezick

13-BIRTHPLACE OF MOTHER, (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hopkins Hospital

(Address) Exeter Stone

15- JUL 17 1925 ROBERT R. KRAUTER Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 15-25, 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage-natural cause

(Autopsy at hospital)

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) J. S. Ward M. D.

7-17-25 192.... (Address) 508 E. North Ave (Coroner)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Baltimore County	7/18/ 19 25
20-UNDERTAKER, J. A. Moran	ADDRESS 3000 E. Baltimore St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00435

CERTIFICATE OF DEATH.

57 E 00435

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 217 Club Road ST., 27-6 WARD)

2-FULL NAME George Adam Hax

(a) RESIDENCE NO. 217 Club Road ST., WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 8 mos. 22 ds. How long in U. S., if of foreign birth? 69 yrs. 8 mos. 22 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta W Hax

6 DATE OF BIRTH (month, day, and year) Oct-23-1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grain Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Grain

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John B Hax

11 BIRTHPLACE OF FATHER (city or town) ------- (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothea Bauer

13 BIRTHPLACE OF MOTHER (city or town) ------- (State or country) Germany

14 Informant Mrs. Augusta W Hax (wife)
(Address) 217 Club Road

15 Filed JUL 16 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15 1925

17 I HEREBY CERTIFY, That I attended deceased from July —, 1924, to July 15, 1925, that I last saw him alive on July 15, 1925, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

arterio Sclerosis
Angina Pectoris

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Gall stones Diabetes.

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Blood Pressure + occult albumen

(Signed) Harvey G Beach, M. D.

, 19 (Address) 20 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: July-18-25

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS: 108 W. NORTH AVE

MATION should be carefully supplied. AGE should be stated EXACTLY. PHYSI... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00436

CERTIFICATE OF DEATH.

E 00436

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 N Calvert Street ST. 12-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen Shriver Warner

(a) RESIDENCE NO. 1818 N Calvert Street ST., WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 74 yrs. 7 mos. 12 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John R Warner

6 DATE OF BIRTH (month, day, and year) Jan-4-1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	7	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Hanover
(State or country) Penna

PARENTS

10 NAME OF FATHER Jacob Grove

11 BIRTHPLACE OF FATHER (city or town) Hanover
(State or country) Penna

12 MAIDEN NAME OF MOTHER Louisa Shriver

13 BIRTHPLACE OF MOTHER (city or town) Hanover
(State or country) Penna

14 Informant Mr. Henry W Warner (son)
(Address) New York City

15 Filed FEB 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15 1925

17 I HEREBY CERTIFY, That I attended deceased from July 6, 1925, to July 15, 1925, that I last saw her alive on July 15, 1925, and that death occurred, on the date stated above, at 11:45 P m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(duration) Unknown yrs. mos. da.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) Unknown yrs. mos. da.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) W R Ingram M. D.

, 19 (Address) 2439 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	July-18-25
20 UNDERTAKER	ADDRESS
STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)	108 W. NORTH AVE.

IMPORTANT—Should be carefully supplied. Any item may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 00437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 00437

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Cross Country Boulevard ST., 27-4 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Floyd Elmer

(a) RESIDENCE NO. Cross Country Boulevard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 79 yrs. 10 mos. 3 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie B Elmer

6 DATE OF BIRTH (month, day, and year) Sept-13-1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired from

(b) General nature of industry, business, or establishment in which employed (or employer) Vinegar Business

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pittsburg Penn.

PARENTS

10 NAME OF FATHER Lewis Elmer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Goshean N.Y.

12 MAIDEN NAME OF MOTHER Mary Wilkenham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pittsburg Penn.

14 Informant Mrs. Mollie B Elmer (wife)

(Address) Cross Country Boulevard

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July-16th 1925

17 I HEREBY CERTIFY, That I attended deceased from July 7, 1925 to July 16, 1925, that I last saw h alive on July 15-, 1925, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Chronic Gastritis

(duration) 8 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Dilation Heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jenna C. Clark M. D.

July 7. 1925 (Address) Latrobe Apts, Clear Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL July-18-25

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor)

ADDRESS 106 W. NORTH AVE.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 00438

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00438

CERTIFICATE OF DEATH.

5-1 12

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Edward T. Malone

(Residence in Baltimore: No. 100 N. Front St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	single ?

6-DATE OF BIRTH. Nov. 10-1872 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
52 yrs. 8 mos. 4 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... unknown
(b) General nature of industry, business, or establishment in which employed (or employer).....

887

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, John Malone

11-BIRTHPLACE OF FATHER, (State or Country). Ireland

12-MAIDEN NAME OF MOTHER, Catherine O'Brien

13-BIRTHPLACE OF MOTHER, (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Ruth

(Address) 1735 Harford Ave

15- Date JUL 18 1925 G H G Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 14-25 (Month) (Day), 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Nephritis

.....

.....

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

.....(Duration).....yrs.....mos.....ds.

(Signed) J. H. Cole M. D.
(Coroner.)

7-18-25 192.... (Address) 508 E. orth Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, National Cemetery DATE OF BURIAL, 7/18 1925

20-UNDERTAKER, George F Ruth ADDRESS 1735 H...

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00439

CERTIFICATE OF DEATH.

48 E 00439

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital WARD) 12

2-FULL NAME George H. Pachlman.

(a) RESIDENCE NO. 2224 E. Monument St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of Mrs. Pachlman

~~(or) WIFE of~~

6 DATE OF BIRTH (month, day, and year) Jan 13-1893

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
32	6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman Ess Business

(b) General nature of industry, business, or establishment in which employed (or employer) 45

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Nicolas Pachlman

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto Co.

12 MAIDEN NAME OF MOTHER Catherine Hess

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto Co

14 Informant Mother
(Address)

15 Filed JUL 18 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16 1925

17

I HEREBY CERTIFY, That I attended deceased from June 15 1925, to July 16 1925,

that I last saw h.. alive on July 16 1925,

and that death occurred, on the date stated above, at 5:10 a.m.

The CAUSE OF DEATH* was as follows:

Malignant Sarcoma of Stem.

Sarcomatosis (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal pneumonia. (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? Yes Date of Apr 22/25

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Evidence Pathological Examination after death.

(Signed) [illegible], M. D.

, 19 (Address) Maryland Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery DATE OF BURIAL July 19 1925

20 UNDERTAKER John Ellrich ADDRESS 2008 Eutaw

BURIAL PERMIT SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00440

CERTIFICATE OF DEATH. 6-1 41

E 00440

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. III N: Dallas St ST., 1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Smith

(a) RESIDENCE NO. III N Dallas St ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. II mos. I2. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Smith

6 DATE OF BIRTH (month, day, and year) 8/5/I852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	II	I2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Dont know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Lillie Kelso

(Address) III N: Dallas St

15 JUL 16 19[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/I7/1925 19

17

I HEREBY CERTIFY, That I attended deceased from June, 1925, to July 17, 1925, that I last saw her alive on July 17, 1925, and that death occurred, on the date stated above, at I.45 Pm m.

The CAUSE OF DEATH* was as follows:

Septicemia

Hospital Pneumonia

(duration) yrs. 3 mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Heart Leg

(duration) several yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? By symptoms

(Signed) Howard C. Bikow, M. D.

, 19 (Address) 3706 Liberty Heights Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	July 20, 1925
20 UNDERTAKER John Reesick	ADDRESS [illegible] Ave

CAUSE OF DEATH in plain terms, so that it may be understood by the people. TION is very important. See instructions on back of certificates.

E 00441 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00441

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. C 21470

City of BALTIMORE: (No. 927 Washington Blvd St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Dessie M. Metzger

(Residence in Baltimore: No. 927 Washington Blvd St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Nov. 12th 1907
(Month) (Day) (Year)

7-AGE, 17 yrs. 6 mos. 16 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Presser on Mens Clothing
(b) General nature of industry, business, or establishment in which employed (or employer). Mfg

9-BIRTHPLACE, (State or Country). Balto, Md

PARENTS.

10-NAME OF FATHER. Philip H. Metzger

11-BIRTHPLACE OF FATHER, (State or Country). Balto

12-MAIDEN NAME OF MOTHER. Annie Seitz

13-BIRTHPLACE OF MOTHER, (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Philip H. Metzger

(Address) 927 Washington Blvd

15- Filed JUL 18 1925 [signature] Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 16th 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage from Stomach

6 mos

(Duration) yrs. ds.

CONTRIBUTORY (Secondary) Shot Self in Head

(Duration) yrs. mos. ds.

(Signed) [signature] M. D.
(Coroner.)

July 17 1925 (Address) Courthouse, Balto

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, July 20 1925

20-UNDERTAKER F. A. Krauss — ADDRESS 703 Hanover

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 00442

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00442

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. South Baltimore General Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill ont No. 18.)

2-FULL NAME Leonard L. Barnes.

(Residence in Baltimore: No. 720 Stockholm St. St.; 12 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male.	White.	(Jane) Married.

6-DATE OF BIRTH, April 13, 1894. 1.....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
31 yrs. 3 mos. 2 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Electric lineman.
(b) General natnre of indnstry, business, or establishment in which employed (or employer): 029

9-BIRTHPLACE, (State or Country), Carroll Co. Md.

PARENTS.

10-NAME OF FATHER, Josiah Barnes.

11-BIRTHPLACE OF FATHER, (State or Country), Carroll Co. Md.

12-MAIDEN NAME OF MOTHER, Sarah Olker.

13-BIRTHPLACE OF MOTHER, (State or Country). Pennsylvania.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George W. Barnes. (brother)

(Address) 306 E. Fort Ave.

15-

Filed ..... 192.....

JUL 18 1925

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 15, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy & inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage & shock.

Shot gun wound of right arm.

Homicide.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Otto M. Leonhardt M. D.

July 17, 1925 (Address) 18[illegible] E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Lake Shore C. C. Co. Md. July 15, 1925.

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park	July 18 1925

20-UNDERTAKER. ADDRESS

E. J. Fanning 1460 Battery av

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00443

CERTIFICATE OF DEATH.

113 E 00443

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2122 Ramsey St. ST., 20-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kenneth Eugene Baker

(a) RESIDENCE No. 2122 Ramsey St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 27, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

PARENTS

10 NAME OF FATHER Eugene Baker

11 BIRTHPLACE OF FATHER (city or town) West Virginia
(State or country)

12 MAIDEN NAME OF MOTHER Louise Riorder

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, Md
(State or country)

14 Informant Eugene Baker
(Address) 2122 Ramsey St

15 Filed JUL 18 1925 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 19 25

17

I HEREBY CERTIFY, That I attended deceased from July 5 19 25 to July 17 19 25,

that I last saw him alive on July 17 19 25,

and that death occurred, on the date stated above, at 12/5 P m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Acidosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edward V. Kendelahan M. D.

19 (Address) 24 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: July 20 1925

20 UNDERTAKER: Josiah Syfer — ADDRESS: 1600 W. North Ave

E 00444

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-001

E 00444

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 223 N Wright St. WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Thrayer

(Residence in Baltimore: No. 223 N. Wright St. St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: M

4-COLOR OR RACE: W

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Infant

6-DATE OF BIRTH: July 18, 1925 (Month) (Day) (Year)

7-AGE: ... yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Frederick Thrayer

11-BIRTHPLACE OF FATHER (State or country): London - Eng.

12-MAIDEN NAME OF MOTHER: Josephine Brogle

13-BIRTHPLACE OF MOTHER (State or country): Atlanta - Ga

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fredrick Thrayer

(Address) 223 N Wright St

15. J H G

REGISTRAR

JUL 18 1925

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July 18, 1925 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 18, 1925, to July 18 1925, that I saw h[illegible] alive on July 18, 1925, and that death occurred, on the date stated above, at 6 [illegible] m.

The CAUSE OF DEATH* was as follows:

Premature infant b. July 18 lived 6 hours

(Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Fredrick Thrayer M. D.

July 18, 1925 (Address) 704 N. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: July 18 1925

20-UNDERTAKER: Martin Fahey & Son — ADDRESS: 1737 North ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 00445 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00445

CERTIFICATE OF DEATH.

49v

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1719 E Lanvale ST., 8-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma L Williams

(a) RESIDENCE No. 1719 E Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word): Married

5a If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of: Samuel J Williams

6 DATE OF BIRTH (month, day, and year): Dec 24 - 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Buffalo N Y.

PARENTS

10 NAME OF FATHER: Dont / Know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Emiley Boemer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Samuel J Williams

(Address) 1719 E Lanvale st

15 Filed JUL 16 1925 19 H. A. Lee Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 16 1925

17 I HEREBY CERTIFY, That I attended deceased from July-1- 1925 to July-16 1925, that I last saw her alive on July-16 1925, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Uremia - Chronic nephritis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) E. Gill Hall, M. D.

7-16 1925 (Address) 1631 E. North Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	July 18 1925
20 UNDERTAKER: Robt F Turner Inc	ADDRESS: 1242 N Broadway

CAUSE OF DEATH is very important. See instructions on back of certificates. Exact statement of OCCUPATION may be properly classified. PHYSICIANS should take

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00446

CERTIFICATE OF DEATH.

161-2 00446

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital. ST., 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Skinner

(a) RESIDENCE No. 909 W. Franklin ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 13, 1925

7 AGE — Years — Months — Days: One — If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER James Skinner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Blanche Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant W E Sisson

(Address) Johns Hopkins Hospital.

15 Filed JUL 18 1925 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1925

17 I HEREBY CERTIFY, That I attended deceased from 7-12, 1925, to 7-13, 1925

that I last saw him alive on 7-13, 1925

and that death occurred, on the date stated above, at 1 30 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy.

(Signed) W E Sisson, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — DATE OF BURIAL: JUL 18 1925

20 UNDERTAKER — ADDRESS

JUL 18 1925

613

INSTRUCTIONS: THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00447

E 00447

CERTIFICATE OF DEATH.

5-1 100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] ST., BALTIMORE CITY HOSPITALS WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edith Pleasants

(a) RESIDENCE NO. 835 Forrest ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	Unknown

9a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1904?

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
21?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Unknown
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Baltimore City Hospitals Records
(Address)

15 Filed JUL 18 1925, 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1925

17

I HEREBY CERTIFY, That I attended deceased from July 11, 1925, to July 13, 1925.

that I last saw her alive on July 13, 1925

and that death occurred, on the date stated above, at 9:05 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Alcoholism

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller, M. D.

7/14 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY.

DATE OF BURIAL JUL 18 1925

20 UNDERTAKER

ADDRESS

Commissioner Health.

JUL 18 1925

THE MORGUE.

Per. Wm. E. WOODALL.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

254

Spec.—1-10-21—M&T—1500 Blks.

E 00448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 00448

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Raynor and Dukeland Aves. ST., 15-13 WARD.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lottie Mattox

(a) RESIDENCE NO. 1626 N. Vincent St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
10 wks.	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Unknown - Illegitimate child

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Mary Miller

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant

(Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1925

17 I HEREBY CERTIFY, That I attended deceased from July 13, 1925, to July 13, 1925, that I last saw her alive on July 13, 1925, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Acute ileo-colitis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Jos. Herbert Welkerson, M. D.

(Address) 1626 N. Bolton Ave. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY.

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health.

ADDRESS

JUL 13 1925

JUL 15 1925

THE MORGUE

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00449

CERTIFICATE OF DEATH.

Terrace 33

E 00449

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 2109 Chelsea St., 15-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. William H. Watson

(a) Residence No. 2109 Chelsea Terrace St., Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or WIFE of) Louisa G. Watson

6-DATE OF BIRTH (month, day and year) Dec. 10, 1848

7-AGE. 76 yrs. 7 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Clerk War Dept.

(b) General nature of industry, business, or establishment in which employed (or employer)..... Retired

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER Theophilus B. Watson

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Md.

12-MAIDEN NAME OF MOTHER Louisa Lorraine

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Md.

14-(Informant) Louisa G. Watson

(Address) 2109 Chelsea Ter.

15-

Filed..... 192.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 17, 1925

17- I HEREBY CERTIFY, That I attended deceased from June 1, 1925 to July 17, 1925 that I last saw him alive on July 14 1925 and that death occurred, on the date stated above, at 1230 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of intestine. ulcers in ileum

(Duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Secondary Anemia

(Duration) yrs. ? mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical + autopsy

(Signed) Walter Hulbert M. D.

July 17, 1925 (Address) 2220 Harrison Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Lorraine	July 20, 1925
20-UNDERTAKER. Zerkler & Zerkler	ADDRESS 1739 Eager st

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00450 E 00450

CERTIFICATE OF DEATH.

5-31

1-PLACE OF DEATH Registered No.....

City of BALTIMORE: (No..... St., Baltimore City Hospitals (T.B. ....Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Delia Harris

(a) Residence No. 1234 Edwards st. St., ...Ward....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, Colored

5-Single, Married, Widow Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6-DATE OF BIRTH (month, day and year) 1893

7-AGE. 32 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Georgia

PARENTS.

10-NAME OF FATHER, Elijah Hills

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Georgia

12-MAIDEN NAME OF MOTHER, Minnie Session

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Georgia

14- (Informant) Hospital Records

(Address)

15- Filed JUL 19 1925 ROBERT B. KRAUTER Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 17, 1925

17- I HEREBY CERTIFY, That I attended deceased from April 9, 1925 to July 17, 1925

that I last saw her alive on July 17, 1925

and that death occurred, on the date stated above, at 10.15a m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. O. McLaren M. D.

7-17-. 1925 (Address) Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Asbury Cemetery — DATE OF BURIAL, July 21 1925

20-UNDERTAKER, Edward Bryan — ADDRESS 1631 Orleans st

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 llks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00451

CERTIFICATE OF DEATH.

90 E 00451

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto. Gen. Hosp. St., 12-3 WARD.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George E. Smith

(a) RESIDENCE NO. 2309 N. Charles St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 29 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	1	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Purchasing Agent.
(b) General nature of Industry, business, or establishment in which employed (or employer) Elmer Leaf Wholesale Corp.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) U. S.

PARENTS

10 NAME OF FATHER Thos. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) U. S.

12 MAIDEN NAME OF MOTHER Lydia Sutton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U. S.

14 Informant Mrs. Elizabeth Hensel
(Address) 220 S. Eden St.

15 Filed JUL 19 1925 ROBERT R. KRAMER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17, 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(duration) 1 yrs. mos. ds

CONTRIBUTORY (Secondary) no history

(duration) yrs. 3 mos. ds

(Signed) J. T. Hennessy M. D.
(Coroner.)

July 18, 192 5 (Address) 250 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Merchantville, N.J. DATE OF BURIAL July 18 192 5

20 UNDERTAKER Geo. W. Lilley & Co. ADDRESS 2700 Edmondson

Spec.—5-19-13—M. & T.—500 Bks.

E 00452

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10-001

E 00452

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2205 Bryant Ave St. 13-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Baby Sond

(Residence in Baltimore: No. 2205 Bryant Ave. St.)

yrs. 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Mar 15, 1925
(Month) (Day) (Year)

7-AGE, ...yrs. 4 mos. 3 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Bernard Sond

11-BIRTHPLACE OF FATHER (State or Country), Maryland-USA

12-MAIDEN NAME OF MOTHER Yetta Shabinsky

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bernard Sond

(Address) 2205 Bryant ave

15-

Filed ....., 191.. ROBERT R. KRAUTER Registrar.

JUL 19 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 18, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 14 1925, to July 18, 1925, that I saw her alive on July 18, 1925, and that death occurred, on the date stated above, at 4P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Isaac M. Wachs M. D.

July 18, 1925 (Address) 2357 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale — DATE OF BURIAL, July 19, 1925

20-UNDERTAKER S. Ferman Bro — ADDRESS 127 E Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—MAT—1500 Mbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 00453 — 29 E 00453

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2124 Ellamy ST., 14-1 WARD)

2-FULL NAME Alfred A. Price

(a) RESIDENCE NO. 2124 Ellamy ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Price

6 DATE OF BIRTH (month, day, and year) 8 6 05

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Farmer

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Balt. Co. Md

PARENTS

10 NAME OF FATHER Robt Price

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co. Md

12 MAIDEN NAME OF MOTHER Mary Howard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant Annie Price
(Address) 2124 Ellamy St

15 Filed JUL 15 1925 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) July 17th 1925

17 I HEREBY CERTIFY, That I attended deceased from July 9th, 1925, to July 17th, 1925, that I last saw him alive on July 16th, 1925, and that death occurred, on the date stated above, at 9 A.m.

The CAUSE OF DEATH* was as follows:

Anemia

(duration) ... yrs. ... mos. 8 da.

CONTRIBUTORY (Secondary) Cardio Nephritis

(duration) ... yrs. 6 mos. ... da.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Cole, M. D.

7/16, 1925 (Address) 22 E Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Lukes Cemetery Riderstown Md

DATE OF BURIAL July 19 1925

20 UNDERTAKER Mrs Chas H. Dennis
per T. C. Nelson

ADDRESS 1303 Presstman St

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00454

CERTIFICATE OF DEATH.

13 E 00454

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 31 S. Hanover ST., 1-4 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas. Yichter

(a) RESIDENCE NO. 31 S Hanover ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 17-1920

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	5	6	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Frank C. Yichter

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Emma Krainer

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14
Informant Emma Stausburg
(Address) 31 S. Hanover St.

15
Filed JUL 13 1925 ROBERT R. KRAUTER,
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

(Signed) H. C. Reed, M. D.
(Coroner.)

July 18, 1925 (Address) 1143 Mass Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL July 19 1925

20 UNDERTAKER Lilly & Zeller — ADDRESS 405 S Wolfe St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 00455

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 00455

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 2924 Cedar Ave ST., 13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma L. Shaeffer

(a) RESIDENCE NO. 2924 Cedar Ave ST., 13 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles F. Shaeffer

6 DATE OF BIRTH (month, day, and year): Sept. 3rd 1866

7 AGE: Years 58 | Months 10 | Days 14 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): 31

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pennsylvania

PARENTS

10 NAME OF FATHER: Aaron Henry

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: Mary Boone

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pennsylvania

14 Informant: Charles F. Shaeffer

(Address): 2924 Cedar Ave.

15 Filed JUL 19 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 17 1925

17 I HEREBY CERTIFY, That I attended deceased from March 10th 1925 to July 17th 1925.

that I last saw h[er] alive on July 17th 1925,

and that death occurred, on the date stated above, at 3.10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Arthritis Deformans

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Carcinoma of Uterus

(duration) 1 yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. A. Fair, M. D.

7/18, 1925 (Address) 12 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Carrollton Md. DATE OF BURIAL: July 20 1925

20 UNDERTAKER: Horace H. Burgee ADDRESS: 363 Hall's Rd.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 00456

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00456

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2704 Hilldale Rd ST., 15-39 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leonard Cheslock

(a) RESIDENCE No. 2704 Hilldale Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	S.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 28 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		6	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Philip Cheslock

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Rose Shilkret

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N New York

14 Informant Philip Cheslock

(Address) 2704 Hilldale Ave

15 Filed JUL 19 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19 1925

17 I HEREBY CERTIFY, That I attended deceased from July 14, 1925, to July 19, 1925, that I last saw him alive on July 18, 1925 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Myocardial failure

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

Whooping Cough (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Routine

(Signed) Herman J. Dorf, M. D.

19 (Address) 3730 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rock Rd — DATE OF BURIAL July 19 1925

20 UNDERTAKER Jack Levis 1439 E Balto — ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 00457

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00457

CERTIFICATE OF DEATH.

46

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2004 Swallwood ST., 12th WARD)

2-FULL NAME anna Rosenberg Shapiro

(a) RESIDENCE No. 2004 Swallwood ST., 12th WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? 40 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widowed

5a If married, widowed, or divorced (or) WIFE of widowed Moisey Selig Shapiro

6 DATE OF BIRTH (month, day, and year) August 22, 1840

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
55	84	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Jacob Rosenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Minda Blumm

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Paul Shapiro

(Address) 2431 Ballard ave

15 JUL 19 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19 1925

17

I HEREBY CERTIFY, That I attended deceased from April 26, 1925 to July 19, 1925, that I last saw her alive on July 18, 1925, and that death occurred, on the date stated above, at 3.25 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of cervix with general metastases

(duration) — yrs. 7 mos — ds.

CONTRIBUTORY (Secondary) Myocarditis.

(duration) — yrs. — mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of Jan 30-25

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) Irving Levy, M. D.

, 19 (Address) 2412 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Herrun	July 19 1925
20 UNDERTAKER	ADDRESS
Jack Lewis	1437 Eutaw

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 00458 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00458

CERTIFICATE OF DEATH.

6-90

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 2119 Orleans Street St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elias Scherr

(Residence in Baltimore: No. 2119 Orleans St., 40 St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

6-DATE OF BIRTH: ..... 1..... (Month) (Day) (Year)

7-AGE: 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): 0

9-BIRTHPLACE, (State or Country): Russia

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER, (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mollie Scherr (Wife)

(Address) 2119 Orleans St.,

15-

Filed JUL 19 1925 192 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 18-25 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocarditis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. S. Wales M. D. (Coroner)

7-18-25 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Hebrew Rest DATE OF BURIAL, July 19 19 25

20-UNDERTAKER, Jack Levin ADDRESS 1439 E Balt

Spec.—8-24-14—M. & T.—2000 Blks.

E 00459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-001

E 00459

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 Gay ST.; 17-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecil Dulton

(Residence in Baltimore: No. 622 Lsorge St. St.; 10 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, M

4-COLOR OR RACE, C

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, July (Month) 7 (Day), 1874 (Year)

7-AGE, 51 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): D40

9-BIRTHPLACE, (State or Country), Howard Co. Md

PARENTS.

10-NAME OF FATHER, John Dutton

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Sarah (?) Dutton

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Dutton

(Address) 785 Bulbery st

15- JUL 19 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 18 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6/26 1925, to 7.18 1925, that I saw him alive on 7.17 1925, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Typhoid fever

(Duration) yrs. mos. 25 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 3 ds.

(Signed) N. P. Stuart M. D.

, 191... (Address) 825 N. Fremont

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem

DATE OF BURIAL, 7/20..., 1925

20-UNDERTAKER Jas. L. Skinner

ADDRESS 1625 E. Mad st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00460

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH Woman's Hospital - 27-7 Registered No. E 00460

City of BALTIMORE: (No. John + Lafayette Sts. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Snyder -

(a) Residence No. 705 Holly Road St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds 11 Hrs. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) July 17, 1925

7-AGE, ...—....yrs....—....mos....—....ds.

If LESS than 1 day, 11 hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ....none....

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer ....

9-BIRTHPLACE (city or town) (State or Country), Baltimore, Md. Maryland

PARENTS.

10-NAME OF FATHER, John P. Snyder

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Pa. -

12-MAIDEN NAME OF MOTHER, Lillian Foster

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) Lillian Snyder - (mother)

(Address) 705 Holly Road -

15. JUL 19 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 18, 1925

17- I HEREBY CERTIFY, That I attended deceased from ....July 17....., 19.25., to ....July 18....., 19.25., that I last saw h.i.v. alive on ....July 18th....., 19.25., and that death occurred, on the date stated above, at 8.45 a.m.

The CAUSE OF DEATH* was as follows:

....Prematurity -

....

....

....(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) ....none....

....(Duration)....yrs....mos....ds.

18-Where was disease contracted If not at place of death? -

Did an operation precede death? no Date of —

Was there an autopsy? No. -

What test confirmed diagnosis? Clinical - Phy. Exam.

(Signed) J. Clegg Warfield, Jr., M. D.

, 19 (Address) Woman's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Baltimor Cemetery — DATE OF BURIAL, 7/20, 1925

20-UNDERTAKER, William Cook — ADDRESS 502 E North Ave.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00461

CERTIFICATE OF DEATH.

129

E 00461

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 634 St. Ann Ave. ST., 9-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles E. Scott.

(a) RESIDENCE No. 634 St. Ann Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Scott.

6 DATE OF BIRTH (month, day, and year) Nov 20-1849

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinest

(b) General nature of industry, business, or establishment in which employed (or employer) R.R.

(c) Name of employer Penn R. R.

9 BIRTHPLACE (city or town) (State or country) Falls Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Nellie Scott. (Address) 634 St Ann ave.

15 Filed JUL 19 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 1925

17

I HEREBY CERTIFY, That I attended deceased from July 15th, 1925, to July 18th, 1925.

that I last saw h alive on July 17th, 1925

and that death occurred, on the date stated above, at 5-20 A. m.

The CAUSE OF DEATH was as follows:

Anaemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Geo Ungemach M. D.

(Address) 401 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL July 20 1925

20 UNDERTAKER Newcomb — ADDRESS 502 E North.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00462

CERTIFICATE OF DEATH.

1574-001

Registered No. E 00462

1-PLACE OF DEATH

City of BALTIMORE: (No. 3701 Maine Ave St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Alexander

(Residence in Baltimore: No. 3301 Maine Ave St; yrs., 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	married

6-DATE OF BIRTH. May 4 1850, 1.....
(Month) (Day) (Year)

7-AGE. 75 yrs. 2 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Scotland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country), Scotland

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Alexander

(Address) Linthicum Ht's Md

15- July 19 1925

ROBERT R. KRAUTER, Registrar.

Burial Permit Issued JUL 19 1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 18-25, 192.....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy (probable)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) Jos A Carr M. D.
(Coroner.)

7-19-25 (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loraine Cemetery — DATE OF BURIAL: July 20 1925

20-UNDERTAKER: Wm Cook — ADDRESS: 502 E North

E 00463

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00463

CERTIFICATE OF DEATH.

8-490

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1241 N. Bond St ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie E. McElroy

(Residence in Baltimore: No. 1241 N. Bond St ..... St.; 62 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	white	Single

6-DATE OF BIRTH, ... Dec 6-1862 ....., 1.....
(Month) (Day) (Year)

7-AGE, 62 yrs. 7 mos. 11 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At home .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Matthew McElroy

11-BIRTHPLACE OF FATHER, (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary Hunter

13-BIRTHPLACE OF MOTHER, (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Robt. T. McElroy .....

(Address) ..... 1241 N. Bond .....

15-

Filed ..... 192.....

ROBERT R. KRAUTER,
Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July 17-25 ....., 192.....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquiry .....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said .....
(Inquest, autopsy or inquiry.) find that said deceased came to ..... her ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probable Myocardial Insufficiency

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

.....(Duration).....yrs.....mos.....ds.

(Signed) ..... M. D.
(Coroner)

7-18-25 192....(Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore Cemetery	July 20, 1925
20-UNDERTAKER, William Cook	ADDRESS 502 E North

Spec.—1-10-21—M&T—1500 Bks.

E 00464

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00464

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Balto. Genial Hospital

CITY OF BALTIMORE: (No. Rayner Ave & Dukeland ST., 16 3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harvey Herbert Bosley

(a) RESIDENCE NO. Freeland Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? —— yrs. —— mos. —— ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, widowed, or divorced (or) ~~WIFE of~~ Carrie Bosley.

6 DATE OF BIRTH (month, day, and year) 1870.

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
52.	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer) none.

(c) Name of employer none.

9 BIRTHPLACE (city or town) (State or country) Baltimore County Maryland.

PARENTS

10 NAME OF FATHER Joseph Bosley.

11 BIRTHPLACE OF FATHER (city or town) Balto. Co. (State or country) Maryland.

12 MAIDEN NAME OF MOTHER unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unk

14 Informant Carrie Bosley.

(Address) Freeland Md.

15 JUL 19 1925 ROBERT R. KRAUSER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 1925

17 I HEREBY CERTIFY, That I attended deceased from July 16. 1925, to July 18 1925, that I last saw him alive on July 18 1925, and that death occurred, on the date stated above, at 9:20 P m.

The CAUSE OF DEATH* was as follows:

Malignancy of the Liver.

x (duration) x yrs. x mos. x ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

x (duration) x yrs. One mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of July 16 1925

Was there an autopsy? Yes

What test confirmed diagnosis? Yes

(Signed) Jas. Hubert Wilkerson M. D.

, 19 (Address) West Balto. Genial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Grove Cem

DATE OF BURIAL July 19 1925

20 UNDERTAKER E. LeRoy Steffle

ADDRESS Reisterstown

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MADE IN U.S.A.

Spec.—1-10-21—M&T—1500 Blks.

E 00465 HEALTH DEPARTMENT—CITY OF BALTIMORE 179 E 00465

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 Retreat St ST., 13-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A Sacks.

(a) RESIDENCE No. 1519 Retreat St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Sacks.

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61.	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm Mannon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Coyle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Henry Sacks (Address) 1519 Retreat St

15 Filed JUL 19 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 1925

17

I HEREBY CERTIFY, That I attended deceased from July 14, 1925, to July 17, 1925, that I last saw h[illegible] alive on July 17, 1925, and that death occurred, on the date stated above, at 9.50 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 4 yrs. x mos. x ds.

CONTRIBUTORY (Secondary) Uremia

(duration) x yrs. x mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms + Urine Ex.

(Signed) Ford Talbot M. D.

7/8, 1925 (Address) 1330 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mer Cathedral — DATE OF BURIAL: July 20 1925

20 UNDERTAKER: Lew Cook — ADDRESS: 1028 Howard

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

KODAK

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00466

E 00466

CERTIFICATE OF DEATH.

REGISTERED NO. 37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 S Ann St ST., W WARD)

2-FULL NAME Anna Kopanski

(a) RESIDENCE NO. 514 S Ann St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Kopanski

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) Poland
(State or country)

PARENTS

10 NAME OF FATHER Thomas Lehmanski

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Markjewicz

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant John Kopanski
(Address) 514 S Ann Street

15 Filed ....., 19.... ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 1925

17 I HEREBY CERTIFY, That I attended deceased from June 27, 1925, to July 17, 1925, that I last saw him alive on July 16, 1925, and that death occurred, on the date stated above, at 3:00 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical Signs

(Signed) Daniel F Fisher, M. D.

, 1925 (Address) 3325 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	July 20 1925

20 UNDERTAKER John M Weber ADDRESS 1803 Bank St

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00467

CERTIFICATE OF DEATH.

E 00467

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1547 Woodyear St. ST., 15-13 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Bowen

(a) RESIDENCE No. 1547 Woodyear St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Bowen

6 DATE OF BIRTH (month, day, and year) Aug 4 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	11	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer 037

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Chas Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah J Creek

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Wm Bowen
(Address) 1547 Woodyear

15 JUL 20 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Puerperal Septicemia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Childbirth Husband

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D. (Coroner.)

July 18, 1925 (Address) 25 Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Cathedral Cem	7-20 1925
20 UNDERTAKER George T. A. Gibson	ADDRESS 1736 Druid Hill Ave

Spec.—1-12-23—M&T—500 Bks.

E 00468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 E 00468

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 S. Hanover Street ST., 23-1 WARD)

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Mason Smith Jr.

(a) RESIDENCE No. 922 S. Hanover Street ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 3 1925

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
———	5	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER William M. Smith

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Washington

12 MAIDEN NAME OF MOTHER Elizabeth Craig

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mrs. William M. Smith
(Address) 922 S. Hanover St.

15 Filed JUL 20 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July, 18th 1925

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1925, to July 18, 1925, that I last saw h[illegible] alive on July 18, 19..... and that death occurred, on the date stated above, at 5.40 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Abscess

(duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary) Epilepsy

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Edw Smith, M. D.

7/19/25 (Address) 517 Court

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Park Cem.	July 20 1925
20 UNDERTAKER Joseph B. Cook	ADDRESS 1003 N. Calvert St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00469

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00469

CERTIFICATE OF DEATH.

23 100 -001

1-PLACE OF DEATH

City of BALTIMORE: (No. 1116 Leadenhall St., 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James M. Dereuix

(a) Residence No. 1116 Leadenhall St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Lifetime mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Dec. 3. 1924

7-AGE, ...yrs. 7 mos. 15 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, James Dereuix

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Pittsburg Penna.

12-MAIDEN NAME OF MOTHER, Dunphrey

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Maryland

14- (Informant) James Dereuix

(Address) 1116 Leadenhall

15- Filed JUL 20 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 17 25

17- I HEREBY CERTIFY, That I attended deceased from July 9 1925 to July 17 1925

that I last saw him alive on July 17 1925

and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) 1 yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Enteritis

(Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. D.

7/18 1925 (Address) 682 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill DATE OF BURIAL, July 20 1925

UNDERTAKER George L. Schwabe ADDRESS Balto. Md.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 00470

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 00470

CERTIFICATE OF DEATH.

188-103

1-PLACE OF DEATH

City of BALTIMORE: (No. Pennington Ave. Curtis Bay 18-1 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Bury.

(Residence in Baltimore: No. 229 N. Poppleton St. St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Male.	White.	Married

6-DATE OF BIRTH, November 4, 1877 (Month) (Day) 1 (Year)

7-AGE.				If LESS than 1 day,
47 yrs.	8 mos.	18 ds.		hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Joseph Bury.

11-BIRTHPLACE OF FATHER, (State or Country). Germany.

12-MAIDEN NAME OF MOTHER, Catherine Ruhland.

13-BIRTHPLACE OF MOTHER, (State or Country). Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nettie Bury. (wife)

(Address) 229 N. Poppleton St.

15. JUL 20 1925 ROBERT R. KRAUTER Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 17, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy & inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull, Accidentally run into telephone pole, while riding in automobile

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Otto Reinhardt M. D. (Coroner)

July 20, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Olivet	July 24, 1925.

20-UNDERTAKER, William Cook ADDRESS 512 E North Ave

Spec.—1-10-21—M&T—1500 Blks.

00471

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 00471
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto Genl. Hospt. ST., 9-4 WARD 13)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Arthur Harrison.

(a) RESIDENCE No. 601 Bartlett ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 18 1925

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER John W. Harrison.

11 BIRTHPLACE OF FATHER (city or town) Oxford.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) City
(State or country)

14 Informant John W. Harrison
(Address) 601 Bartlett St.

15 JUL 20 1925 ROBERT R. KRAUTER, Burial Permit (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1925

17 I HEREBY CERTIFY, That I attended deceased from 7-16, 1925, to 7-20, 1925.

that I last saw h... alive on 7-20, 1925

and that death occurred, on the date stated above, at 3.42 A. m.

The CAUSE OF DEATH* was as follows:

Mal Nutrition.
Enteritis.

(duration) — yrs. 3 mos — ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home.

Did an operation precede death? No Date of No.

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) James R. Nelson, M. D.

, 19 (Address) South Balto Genl Hospt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Ridge	July 22, 1925
20 UNDERTAKER William Cook	ADDRESS 502 E. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00472

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 00472

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 111 Welcome St., 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. William Henry Austin

(a) Residence No. 111 Welcome St. Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6-DATE OF BIRTH (month, day and year) Sept-20, 1924

7-AGE, —yrs. 9 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town). Baltimore
(State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Louis Austin

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Lucy Wilkerson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Amelia Co. Virginia

14-

(Informant).....Lucy Austin

(Address).....111 W. Lemmon St.

15-

FILED JUL 20 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July-19-1925

17- I HEREBY CERTIFY, That I attended deceased from July-10, 1925 to July 19, 1925

that I last saw h— alive on July-18, 1925

and that death occurred, on the date stated above, at 1:20 p.m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) —yrs. —mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Dan'l Francklin M. D.

7/19, 1925 (Address) 122 W. Lee St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt. Zion A. | DATE OF BURIAL, July 20, 1925

20-UNDERTAKER, S. W. Brown's Son | ADDRESS 1016 W. Monroe St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 00473

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 00473

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 860 Druid Hill Ave ST., 18-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Lewis

(a) RESIDENCE NO. 860 Druid Hill Ave ST., ... WARD .....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 9 mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		9		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City

PARENTS

10 NAME OF FATHER Lester Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Anna Feldman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Chas Feldman
(Address) 860 Druid Hill Ave

15 JUL 20 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (~~Inquest, autopsy or~~ inquiry.) thereon and from the evidence obtained by said ..... (~~Inquest, autopsy or inquiry.~~) find that said deceased came to ~~her~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Don't Know

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) W H Grumph M. D.
(Coroner)

7-19-1925 (Address) 1137 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Md. Auburn Cem DATE OF BURIAL July 25

20 UNDERTAKER Samuel B Brantley ADDRESS 1911 Bolton St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00474

CERTIFICATE OF DEATH.

13-4 23

E 00474

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3644 Roland Ave ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nicholas George Homand

(a) RESIDENCE No. 3644 Roland Ave ST., WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 10 mos. 29 ds. How long in U. S., if of foreign birth? 10 yrs. 10 mos. 29 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): August-20-1914

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	10	10	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School boy

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER Leo H. Homand

11 BIRTHPLACE OF FATHER (city or town) Willington (State or country) New Zealand

12 MAIDEN NAME OF MOTHER Minnie Repp

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Mr Leo H. Homand (Father)
(Address) 3644 Roland Ave

15 Filed JUL 20 1925, 19 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 1925

17 I HEREBY CERTIFY, That I attended deceased from July 15 1925, to July 18 1925, that I last saw h alive on July 18 1925, and that death occurred, on the date stated above, at 1-50 P. m.

The CAUSE OF DEATH* was as follows:

Encephalitis Lethargica

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) 1 yrs. mos. 1/4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. S. Marr, M. D.

7.19.1925 (Address) 516 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: GreenMount Cemetery — DATE OF BURIAL: July-20-25

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS: 108 W. NORTH AVE.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO... mation should be carefully supplied. AGE should be stated EXACTLY. PHY... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

E 00475 HEALTH DEPARTMENT—CITY OF BALTIMORE 90 E 00475

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Annadale Apts. F 3. (Lake Shore Apts. Cor B are) St., Ward 15 6 Registered No. C.....

2-FULL NAME Tillie Nordlinger

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. Annadale Apts. F 3. St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. July (Month) 10 (Day) 1865 (Year)

7-AGE. 60 yrs. 0 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Isaac D. Nordlinger

11-BIRTHPLACE OF FATHER. (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Nannette Eising

13-BIRTHPLACE OF MOTHER. (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Clara Pacholder

(Address) Annadale Apts. F 3.

15- JUL 20 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. July (Month) 18 (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema of Heart

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner.)

July 19 1925 (Address) 1532 Rolandvue

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Har Sinai Cemetery	July 20, 1925

20-UNDERTAKER. David Sondheim ADDRESS 115-20 W. Mt. Royal Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 00476

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

117

E 00476

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. St. Joseph's Hosp. ST., 10-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Wright

(a) RESIDENCE NO. 1038 N. Eden St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 19, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of Industry, business, or establishment in which employed (or employer) 869

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Oliver J. Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Ellen Riley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant Ella Wright

(Address) 1038 N. Eden St.

Filed JUL 20 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 1925

17

I HEREBY CERTIFY, That I attended deceased from June 9, 1925, to July 17, 1925, that I last saw her alive on July 17, 1925, and that death occurred, on the date stated above, at 9 20 P. m.

The CAUSE OF DEATH* was as follows:

Uterine fibroids and chronic appendicitis

(duration) One yrs. mos ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 22 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Yes Date of June 10, 1925

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) G. B. Gilbert, M. D.

July 17, 1925 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	July 21 1925
UNDERTAKER	ADDRESS
Chas. P. Crane & Son	1844 W. Mt. Royal Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00477

E 00477

CERTIFICATE OF DEATH.

REGISTERED NO. 74001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 4-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chris Worry

(a) RESIDENCE No. 107 N Pine st ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Chinese	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laundry
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) China
(State or country)

PARENTS

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Chris Worry
(Address) 114 Park Ave

15 Filed ..... 192.. Registrar

FEB 20 1925 ROBERT R. KRAUTER
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said ....
~~(Inquest, autopsy or inquiry.)~~ find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) .... yrs. .... mos. 2 ds.

CONTRIBUTORY (Secondary) Don't Know
(duration) .... yrs. .... mos. .... ds.

(Signed) W R Gerwig M. D.
(Coroner.)
7/20, 1925 (Address) 117 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto Cem.	July 20 1925

20 UNDERTAKER	ADDRESS
J. O. Mitchell	201 W Fayette

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—MAT—1500 Nks.

E 00478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 00478

1-PLACE OF DEATH Colonial Hospital 28-1 57

CITY OF BALTIMORE: (No. 1122 N. Mount St. ST., (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Fannie Hunt

(a) RESIDENCE NO. 5020 Reistertown Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Hunt

6 DATE OF BIRTH (month, day, and year) Nov. 4, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Clarke Co. West Virginia

PARENTS

10 NAME OF FATHER James F. Robey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Anna Elizabeth Robey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baker W Va. Calhoun County

14 Informant John W. Hunt

(Address) 5020 Reistertown Rd

Filed JUL 20 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 1925

17

I HEREBY CERTIFY, That I attended deceased from July 14, 1925 to July 18, 1925,

that I last saw h[illegible] alive on July 18, 1925,

and that death occurred, on the date stated above, at 11 55 A.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) Unknown yrs. 4 mos. ds. In Hospital

CONTRIBUTORY (Secondary) Edema of Lungs

(duration) yrs. 5 mos. 4 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood Sugar, Urinalysis, Examination

(Signed) C. S. Lloyd M. D.

. 19 (Address) 2232 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL 7/21 1925

20 UNDERTAKER Martin Fahey Jr. Son — ADDRESS 1027 W. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 00479

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00479

CERTIFICATE OF DEATH.

7-129

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1003 N. Durham ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Annal Anderson

(a) RESIDENCE NO. 1003 N Durham ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced (or) WIFE of Robert A. Anderson

6 DATE OF BIRTH (month, day, and year) July 5, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Cato Day

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER ? Jefferson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Cato Anderson (Son) (Address) 2435 McCulloh st

15 Filed JUL 20 1925, 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 1925

17 I HEREBY CERTIFY, That I attended deceased from April 28, 1925, to July 17, 1925, that I last saw h.e alive on July 7, 1925 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Cholecystitis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. J. Upshur, M. D.

7/18, 1925 (Address) 1412 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	July 20 1925
20 UNDERTAKER	ADDRESS
Mrs R. A. Elliott	Highland

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00480

E 00480

CERTIFICATE OF DEATH.

6-31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 N Mallard ST., 6-1 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elmer W. White

(a) RESIDENCE No. 422 N. Mallard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Widowed

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of ~~wife~~ (or) ~~WIFE~~ of Beatrice White

6 DATE OF BIRTH (month, day, and year) Feb. ? 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) 023

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Chas White.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Francis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mrs. Lorraine Cole (aunt) (Address) 22 N Pendleton St

15 JUL 20 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 1925

17 I HEREBY CERTIFY, That I attended deceased from July 6, 1925, to July 18, 1925, that I last saw him alive on July 17, 1925, and that death occurred, on the date stated above, at 5-20 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Phthisical)

(duration) 2 wks yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. J. Young, M. D.

7/18 1925 (Address) 1724 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion — DATE OF BURIAL July 22 1925

20 UNDERTAKER Mrs R. A. Elliott — ADDRESS 1725 E Monument ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00481

CERTIFICATE OF DEATH.

E 00481

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 Hutchins av ST., 27-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachel Parker

(a) RESIDENCE NO. 423 Hutchins av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin Parker

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) md

PARENTS

10 NAME OF FATHER Edward Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Percy Parker

(Address) 423 Hutchins av

15 Filed JUL 20 1925 19 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19 1925

17

I HEREBY CERTIFY, That I attended deceased from June 1 1925, to July 19 1925, that I last saw h alive on July 18 1925, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

Immediate

(duration) 1+ yrs. mos ds.

CONTRIBUTORY (Secondary) Toxaemia

(duration) yrs. 1+ mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Nothing Unusual

(Signed) S W Brady, M. D.

7/20 1925 (Address) 801 Shundee

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pleasant Rest	July 22 1925

20 UNDERTAKER	ADDRESS
Mrs R.G. Elliott	1225 Ashland av.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

1898 86 E 00482

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 E 00482

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST. 24-1 WARD

2-FULL NAME Mildred Goldsmith

(a) RESIDENCE NO. 1004 Williams St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 12-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto, Md
(State or country)

PARENTS

10 NAME OF FATHER Jesse Goldsmith

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Hannie Diggs

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14

Informant Records
(Address) J. H. H.

15

Filed ..... 19 .....

ROBERT R. KRAUTER,
Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19 1925

17

I HEREBY CERTIFY, That I attended deceased from July 12, 1925 to July 19, 1925.

that I last saw her alive on July 19, 1925

and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Diarrhoea (Not dysentery)

(duration) yrs. mos. 13 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? None

(Signed) Geo Scott, M. D.

7-19, 1925 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL JULY 20, 25

20 UNDERTAKER John F Denny

ADDRESS 715 Light St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00483

CERTIFICATE OF DEATH.

24-001

24 E 00483

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 735 E. 21 st ST., 9-4 WARD)

2-FULL NAME Beatrice Mc Guire

(a) RESIDENCE NO. 735 E. 21 st ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Luke P. Mc Guire

6 DATE OF BIRTH (month, day, and year) Nov. 20, 1869

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
55	7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John O'Connor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann O'Conna

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mr. Mc Guire

(Address) 735 E. 21st St

15 JUL 20 1925 Burial Permit Issued ROBERT N. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 1925

17

I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....,

that I last saw h... alive on ....., 19 25,

and that death occurred, on the date stated above, at 5:20 a m.

The CAUSE OF DEATH* was as follows:

Cholecystitis complicated by Pneumonia in Left Lung

death in this hospital

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ....., M. D.

....., 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem.

DATE OF BURIAL July 21 19 25

20 UNDERTAKER Margaret G. Flynn

ADDRESS 1422 Light St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00484

CERTIFICATE OF DEATH.

13 E 00484

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2112 Fleet ST., 1-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wladyslaw Goneckj

(a) RESIDENCE NO. 2112 Fleet ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 29-1924

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	6	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work /

(b) General nature of industry, business, or establishment in which employed (or employer) /

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore.
(State or country)

PARENTS

10 NAME OF FATHER Michal Goneckj

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Helen Hepner

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Helen Goneckj
(Address) 2112 Fleet

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/17 1925

17

I HEREBY CERTIFY, That I attended deceased from July 8. 1925, to July 17. 1925, that I last saw him alive on July 17. 1925, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Enteris - Colitis

(duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam.

(Signed) A T Pres, M. D.

July 19 1925 (Address) 24 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rogary — DATE OF BURIAL 7/20 1925

20 UNDERTAKER William Galloway — ADDRESS Nat Eastern

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00485 CERTIFICATE OF DEATH. 113 E 00485

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2126 Division St., 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Magdalin Wady

(a) RESIDENCE NO. 2126 Division St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 5, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Harold Hill

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Rebecca Wady

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Rebecca Wady
(Address) 2124 Division ~~JOHNS~~

15 Filed JUL 20 1925 ROBERT R. NEWMAN, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry, thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardio Endocarditis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) no other history

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D.
(Coroner.)

July 17, 1925 (Address) 2502 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL

DATE OF BURIAL JUL 20 1925

Commissioner of Health,

DISTRICT

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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

18 2874 00486

CERTIFICATE OF DEATH.

118-002 E 00486

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins Hosp ST., 7-1 WARD)

2-FULL NAME Walter Camphor

(a) RESIDENCE NO. Easton Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
53	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Evan Camphor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Emma Roche

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant .....
(Address) .....

15 Filed. JUL 20 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19 1925

17 I HEREBY CERTIFY, That I attended deceased from July 16 1925 to July 19 1925, that I last saw him alive on July 19 1925, and that death occurred, on the date stated above, at 7 40 P. m.

The CAUSE OF DEATH was as follows:

Intestinal obstruction
(Old post operative adhesions)

..... (duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? yes.

What test confirmed diagnosis? .....

(Signed) W. W. Finney, M. D.

19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Easton Md — DATE OF BURIAL 7/20/1925

20 UNDERTAKER Daniel Easton — ADDRESS Easton Md

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M.A.T.—1500 Blks.

E 00487

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00487

CERTIFICATE OF DEATH.

5-213

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 N Central Ave St.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Anderson

(a) RESIDENCE No. 605 N Central Ave St., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	C	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 17, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Geo N. Anderson

11 BIRTHPLACE OF FATHER (city or town) Ga.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Thompson Wife

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant Geo N. Anderson (Father)
(Address) 605 N Central Ave

15 Filed JUL 20 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19 1925

17 I HEREBY CERTIFY, That I attended deceased from July 17, 1925, to July 19, 1925, that I last saw him alive on July 19, 1925, and that death occurred, on the date stated above, at 10:30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Colitis + Diarrhea

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Young M. D.

1925 (Address) 1429 E Monument

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem.

DATE OF BURIAL 7/20, 1925

20 UNDERTAKER Byron & Wright

ADDRESS 1218 McElderry St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-14-21—M&T—1500 Blks.

182 E 00488

HEALTH DEPARTMENT—CITY OF BALTIMORE E 00488

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Johns Hopkins Hospital — REGISTERED NO. 7-1 — 49

CITY OF BALTIMORE: (NO. ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest Blue

(a) RESIDENCE NO. Union Springs Alabama WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie F Blue.

6 DATE OF BIRTH (month, day, and year) Oct 31 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer) 042

(c) Name of employer

9 BIRTHPLACE (city or town) Union Springs
(State or country) Alabama

PARENTS

10 NAME OF FATHER Patrick Blue

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) North Carolina

12 MAIDEN NAME OF MOTHER Sarah Boyd

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Georgia

14 Informant Record
(Address) Johns Hopkins Hosp.

15 Robert F. Harrison, Registrar
JUL 20 1925 , 19 .....
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19 1925

17 I HEREBY CERTIFY That I attended deceased from June 19, 1925, to July 19, 1925, that I last saw him alive on July 19, 1925 and that death occurred, on the date stated above, at 9 45 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Penis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Alabama

Did an operation precede death? Yes Date of July 13, 1925

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Eugene C. Shark, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Union Springs Ala	July 20 1925

20 UNDERTAKER John O. Mitchell — ADDRESS 120 W Forsyth

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 00489

HEALTH DEPARTMENT--CITY OF BALTIMORE

E 00489

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 1419 N. Bond St.; WARD) 8-37

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Robert Martin

(Residence in Baltimore: No. 1419 N. Bond St.; 72 yrs. 4 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: May 14, 1853 (Month) (Day) (Year)

7-AGE: 72 yrs. 4 mos. 6 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): 015

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: James Martin.

11-BIRTHPLACE OF FATHER (State or country): Balto Md.

12-MAIDEN NAME OF MOTHER: Sarah Plowman.

13-BIRTHPLACE OF MOTHER (State or country): Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jas R. Martin.

(Address) 1408 W. Franklin St.

15.

Filed ..... 191 .....

Robert P. Harrison, Registrar

Burial Permit Clerk.

JUL 20 1925

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: July 18, 1925 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 6, 1925 to July 18, 1925 that I saw h[illegible] alive on July 18, 1925 and that death occurred, on the date stated above, at 7.10 P m.

The CAUSE OF DEATH* was as follows:

Sclerosis

Primary,

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Cerebral Thrombosis.

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) C. H. Schultz M. D.

July 19, 1925 (Address) 1107 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Lorraine Cem — DATE OF BURIAL: July 21st 1925

20-UNDERTAKER: Geo Schulling & Sons — ADDRESS: 1124 E Monument St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00490

E 00490

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 2702 Tivoly Ave ST., 9-23 WARD)

2-FULL NAME Mary Myrtle Miller
2702 Tivoly Ave

(a) RESIDENCE NO. 2702 Tivoly Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. 8 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry D. Miller 1893

6 DATE OF BIRTH (month, day, and year) Nov 5, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Duties

(b) General nature of industry, business, or establishment in which employed (or employer) 37

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Charles A. Sefton

11 BIRTHPLACE OF FATHER (city or town) Harford Co. Md
(State or country)

12 MAIDEN NAME OF MOTHER Margaret E. Kennedy

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Harry G. Miller
(Address) 2702 Tivoly Ave

Registrar Robert P. Harrison

JUL 20 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19th 1925

17 I HEREBY CERTIFY, That I attended deceased from June 20 1925 to July 19 1925, that I last saw h[illegible] alive on July 19 1925, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Sputum

(Signed) Samuel Cone M. D.

July 19 1925 (Address) 2710 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem DATE OF BURIAL July 22 1925

20 UNDERTAKER Mr. Mrs. John H. Peasel & Son ADDRESS 80 W. Fayette St.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00491

CERTIFICATE OF DEATH.

11-002 E 00491

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 E. 30 st ST., 9-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary. H. McDermott.

(a) RESIDENCE NO. 612 E 30 st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick J. McDermott

6 DATE OF BIRTH (month, day, and year) March 2 1865

7 AGE	Years	Months	Days	If LESS than 1 day ...hrs. or ...min.
	60	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Kent County Md.

PARENTS

10 NAME OF FATHER Samuel Crawford.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kent County. Md.

12 MAIDEN NAME OF MOTHER Mary. Crawford.

13 BIRTHPLACE OF MOTHER (city or town) Kent Co. (State or country)

14 Informant Patrick J. McDermott (Address) 612. E. 30 st.

15 Robert P. Harrison, Registrar

Burial Permit Clerk.

L 20 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19 1925

17 I HEREBY CERTIFY, That I attended deceased from April 15th, 1925, to July 17th, 1925, that I last saw h.w alive on July 18th, 1925, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Aortic dilatation & heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Post influenzal myocarditis

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Henry McCross, M. D.

, 19 (Address) 218 N. 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	July 21 1925
UNDERTAKER	ADDRESS
Geo. J. Ruth	1735 Harford Ave.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00492

CERTIFICATE OF DEATH.

E 00492

1-PLACE OF DEATH Home of Incurables

CITY OF BALTIMORE: (No. Guilford ave 2[illegible] ST., 16-1 WARD)

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia Stup

(a) RESIDENCE NO. 1610 Ellwood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
About	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Invalid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER David Stup

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Susan Bast

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs John Hoffman

(Address) 2805 Edmondson

15 Filed JUL 20 1925 Robert P. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19 1925

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1923, to July 18, 1925, that I last saw her alive on July 18, 1925, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis-

over 5 (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Gastro-Enter-itis (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory Tests

(Signed) W. T. Bishop, M. D.

7/19 1925 (Address) Latrobe Apartments

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Frederick DATE OF BURIAL Mt Olivet 1925

20 UNDERTAKER W. Cook ADDRESS 502 E Fayette

Burial Permit Issued

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS' sho[illegible] state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 00493

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 00493

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 117 W 22 St ST., 12-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances P Dodd

(a) RESIDENCE NO. 117 W 22 St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia K Dodd

6 DATE OF BIRTH (month, day, and year) October 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Jersey

PARENTS

10 NAME OF FATHER Henry Dodd

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Jersey

12 MAIDEN NAME OF MOTHER Rachel Pierce

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Jersey

14 Informant William M Mitchell

(Address) 117 West 22 St

15 Filed ....., 19.... Robert P. Harrison

Registrar

L 20 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19 1925

17

I HEREBY CERTIFY, That I attended deceased from Mar 1, 1925, to July 19, 1925;

that I last saw him alive on July 19th, 1925;

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Asthenia

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C B Britton, M. D.

(Address) 3316 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL July 22 1925

20 UNDERTAKER Wendell Diffel & Son

ADDRESS 378 Mmr

BURIAL PERMIT & CERTIFICATE. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00494

CERTIFICATE OF DEATH.

E 00494

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1711 Windsor Mill Road ST., 45-57 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Lizzie F. Caswell

(a) RESIDENCE No. 1711 Windsor Mill Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? 74 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	Wht	Married

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Wm A. Caswell

6 DATE OF BIRTH (month, day, and year) Aug. 2nd 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	11	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home wife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

PARENTS

10 NAME OF FATHER Jacob Brandenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co Md.

12 MAIDEN NAME OF MOTHER Martha Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Co Md

14 Informant Wm A. Caswell

(Address) 1711 Windsor Mill Road

15 [illegible] Robert P. Harrison, Registrar

JUL 20 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1925

17 I HEREBY CERTIFY, That I attended deceased from July 21st 1925 to July 20th 1925, that I last saw her alive on July 20th 1925, and that death occurred, on the date stated above, at 12.55 P. m.

The CAUSE OF DEATH* was as follows:

Kidney Blood & Failing Heart

Following La Grippe, Paralysis

Left Hemiplegia, Freq 7/26.

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) As above

(duration) yrs. 5½ mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Trade

(Signed) [illegible] M. D.

7/20, 1925 (Address) 1605 N. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem.	July 22 1925
20 UNDERTAKER Harry W. Ehlen	ADDRESS 1944 W. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY matter should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

E 00495 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00495

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1115 S. Sharp St. St. 23 Ward 14-00

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Jones.(C)

(Residence in Baltimore: No. 1115 S. Sharp St. St.; 37 yrs. 11 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Female.	Colored	Married.

6-DATE OF BIRTH. August 11, 1887. (Month) (Day) (Year)

7-AGE. 37 yrs. 11 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Francis Newman.(C)

11-BIRTHPLACE OF FATHER, (State or Country), Washington D.C.

12-MAIDEN NAME OF MOTHER, Alice Makel.(C)

13-BIRTHPLACE OF MOTHER, (State or Country). Calvert Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Jones.(C) husband.

(Address) 1115 S. Sharp St.

15- JUL 21 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 18, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Otto H. Fernhardt M. D. (Coroner.)

July 20, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, 7/21/1925.

20-UNDERTAKER, Daniel Easton ADDRESS 916 Penna ave

IMPORTANT: Physicians and others are requested to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 00496 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00496

CERTIFICATE OF DEATH.

3rd

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Green ST., 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Nichols

(a) RESIDENCE NO. 914 Sarah Ann ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	Colored.	single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 21/908

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER James Nicholas

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Clara Bell

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Clara Nicholas

(Address) 914 Sarah ann st

15 Filed JUL 21 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18. 1925.

17

I HEREBY CERTIFY, That I attended deceased from April 11, 1925, to July 18, 1925;

that I last saw him alive on July 18, 1925;

and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Tubercular Spondylitis.

(duration) 1 yrs. 2 mos. 18 ds.

CONTRIBUTORY (Secondary) Asthenia.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No, Date of

Was there an autopsy? No.

What test confirmed diagnosis? X Ray

(Signed) M Edwards M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem

DATE OF BURIAL 7/21/1925

20 UNDERTAKER Daniel Easton

ADDRESS 916 Gay ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00497

E 00497

CERTIFICATE OF DEATH.

6-2 129 Y

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1932 E Fayette ST., 6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James T Amos

(a) RESIDENCE No. 1932 E Fayette ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Louisa A

6 DATE OF BIRTH (month, day, and year) May 2 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	83	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Commissioner

(b) General nature of industry, business, or establishment in which employed (or employer) Business Office

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Hartford Co, Md

PARENTS

10 NAME OF FATHER James T Amos

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Maude E. Goldsborough (Address) 1932 E. Fayette St.

15 Filed JUL 21 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19 1925

17 I HEREBY CERTIFY, That I attended deceased from July 16, 1925, to July 19, 1925, that I last saw him alive on July 19, 1925, and that death occurred, on the date stated above at 11 A m.

The CAUSE OF DEATH* was as follows:

De Cardiac Dilatation

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Myocarditis Chronic

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W J Baughman, M. D.

7/2, 1925 (Address) 210 Aisquith

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood — DATE OF BURIAL July 22, 1925

UNDERTAKER William Cook — ADDRESS 502 E Monument

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

00498

HEALTH DEPARTMENT—CITY OF BALTIMORE

00498

CERTIFICATE OF DEATH

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Sq. Hospital St. ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter M. Lewis

(Residence in Baltimore: No. 1233 N. Bond St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

6-DATE OF BIRTH Feb 5th 1869 (Month) (Day) (Year)

7-AGE 36 yrs. 5 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Electrician
(b) General nature of industry, business, or establishment in which employed (or employer): Jos. Dreisch & Co

9-BIRTHPLACE, (State or Country): Balto. Md

PARENTS.

10-NAME OF FATHER: Henry Lewis

11-BIRTHPLACE OF FATHER, (State or Country): Md

12-MAIDEN NAME OF MOTHER: Mary C. Harker

13-BIRTHPLACE OF MOTHER, (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary C. Lewis

(Address) 1235 N. Bond St

JUL 21 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 19th 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy
Shock
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Auto Accident
(Duration) yrs. mos. ds.

(Signed) Thos. B. Foran M. D.
Coroner
July 21st 1925 (Address) Curtis Bay, Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) Whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Greenmount Cem	7/21/25 19

20-UNDERTAKER.	ADDRESS
Wm Cook	502 E. Fath Av

Duplicate of information should be carefully supplied. All questions should be answered EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 00499 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 00499

CERTIFICATE OF DEATH. 88

1-PLACE OF DEATH Franklin Sq. Hospital 4-1 REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W. Conway

(a) RESIDENCE No. 662 W. Lexington ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lena Conway

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter 963

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mr Rogers

9 BIRTHPLACE (city or town) (State or country) Wash. D.C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Lena Conway
(Address) 662 W. Lexington St

15 Filed JUL 21 1925, 19.. ROBERT R. KRAUTER, Registrar
Burial Permit (Clerk)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19 19 25

17

I HEREBY CERTIFY, That I attended deceased from July 10, 19 25, to July 19, 19 25.

that I last saw h. alive on July 19, 19 25.

and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Int Acute Endocarditis.

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical - Labs

(Signed) [illegible] M. D.

, 19 (Address) 520 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Hampden.	7/22/25
20 UNDERTAKER Wm Cook	ADDRESS 502 E Pratt Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 00500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4-1 128 E 00500

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 N Paca ST., 4 WARD)

2-FULL NAME Ford Richards

(a) RESIDENCE No 113½ Paca ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not Known

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About	46			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer. Odd
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Not Known

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address)

15 JUL 21 1925 ROBERT R. KRAUTER, Registrar

Per Municipal Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ac Alcoholism

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Ac Bright's

(Duration) yrs. mos. 2 ds.

(Signed) G C Cadle, M. D.

July 6 1925 (Coroner.) (Address) 1437 N Paca

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY.

DATE OF BURIAL 192

20 UNDERTAKER Commissioner Health.

ADDRESS JUL 20 1925

Per. Wm. H. WOODALL.

THIS INFORMATION IS VERY IMPORTANT. See instructions on back of certificate. Exact statement of OCCUPATION may be properly classified.

Form 1953 MAY 400 No.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00501 + 90 E 00501

CERTIFICATE OF DEATH.

REGISTERED NO.....

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No.) U.S. Marine Hospital St., (WARD)

2-FULL NAME Carl Johnson

(a) RESIDENCE NO. 25 South ST., New York City WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 19 ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 4 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	9	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer U.S. Antonius

9 BIRTHPLACE (city or town) (State or country) Sweden

PARENTS

10 NAME OF FATHER John Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sweden

12 MAIDEN NAME OF MOTHER Christina Carlson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sweden

14 Informant Carl Johnson. (Address) 25 Thos

15 Filed ..... 19 ..... ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 1925

17 I HEREBY CERTIFY, that I attended deceased from May 29, 1925, to July 18, 1925, that I last saw him alive on July 18, 1925, and that death occurred, on the date stated above, at 1.25 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency valvular heart disease

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Endocarditis acute

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. E. Foster, M. D.

7/18/25, 19 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery — DATE OF BURIAL 7/21, 1925

20 UNDERTAKER Lee & Simmons Bro — ADDRESS 112 E Balto St

CAUSE OF DEATH in plain words, so that it may be properly classified. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Blks.

00502

HEALTH DEPARTMENT—CITY OF BALTIMORE

74 001

CERTIFICATE OF DEATH.

E 00502

REGISTERED NO.

1-PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 14-1 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Johnson

(a) RESIDENCE NO. 602 Argyle ST ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
m	colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Rebecca Johnson
(Address) 1330 Argyle Ave

15 Filed JUL 23 1925 ROBERT R. KRAUTER, Registrar
Chief Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-21-25 19

17

I HEREBY CERTIFY, That I attended deceased from 7-19-25, 19..., to 7-21-25, 19...,
that I last saw h... alive on 7-19-25, 19...,
and that death occurred, on the date stated above, at 4 P M.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY
(Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. B. Butler, M. D.

, 19 (Address) 4453 N. Carlin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	July 24 25
20 UNDERTAKER	ADDRESS
Samuel McCausland	1 E Eddy

mation should be carefully supplied. Any information that it may be properly classified. EXPLANATIONS
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Cor.—1-12-25—M&T—100 Blks.

00503

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90E 00503

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 Linden Ave St., 11-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Powell

(a) RESIDENCE NO. 714 Linden Ave ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Amos Powell

6 DATE OF BIRTH (month, day, and year) About 1875 Guess

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) Alabama
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

14 Informant Samuel Powell
(Address) 523 N. Carrollton Ave

15 Filed ..... 192 ..... ROBERT R. KRAUTER, Registrar

JUL 21 1925 Burial Permit Clerk.

CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificate. TION is very important.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Auto Accident

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy M.D.
(Coroner.)

July 20, 1925 (Address) 202 Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Auburn Cem	July 21 1925

20 UNDERTAKER Samuel P. Hensley ADDRESS 1118 E. Eager

Spec.—1-10-21—MAT—1500 Blks.

E 00504

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00504

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard and Green ST., 4 WARD)

2-FULL NAME Baby Female Youngblood

(a) RESIDENCE NO. Glen Burnie Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed, or Divorced,~~ (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7/19/25

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
				20 min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) Baltimore-
(State or country) Maryland

PARENTS

10 NAME OF FATHER James Youngblood

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna Myerowitch

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant James Youngblood
(Address) Glen Burnie

15 Filed ....., 19..... ROBERT R. KRAUTER, Registrar

JUL 21 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19th 1925

17 I HEREBY CERTIFY, That I attended deceased from July 19, 1925, to July 19, 1925, that I last saw him alive on July 19, 1925, and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Antenatal

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? ~~Autopsy~~ Phys. Exam.

(Signed) Frederick A. Snyder M.D.

July 19 1925 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem	July 23 1925
20 UNDERTAKER	ADDRESS
John M Weber	803 Bond

NOTE—Information should be carefully supplied. Answers must be plain that it may be properly classified. EXACT terms, so that CAUSE OF DEATH in plain terms, so that tions on back of certificates. See instructions TION is very important.

Spec.—1-10-21—MAT—1800 Blks.

00505

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1478 00505

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No.) Lombard and Green ST., 4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stella Youngbar

(a) RESIDENCE NO. Glen Burnie Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 hours yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Youngbar

6 DATE OF BIRTH (month, day, and year) 5/18/98

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER William Myerowitch

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Poland

12 MAIDEN NAME OF MOTHER Josephine Radwski

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country) Poland

14 Informant James Youngbar (Address) Glen Burnie

15 Filed JUL 21 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/20 1925

17 I HEREBY CERTIFY, That I attended deceased from July 19, 1925, to July 20, 1925.

that I last saw h.. alive on July 20, 1925,

and that death occurred, on the date stated above, at 3 45 A m.

The CAUSE OF DEATH* was as follows: Acute Cardiac Dilatation Following many Eclamptic Convulsions

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Eclampsia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? (Private residence or tenement or hotel or boarding house or institution)

Did an operation precede death? Yes Date of July 19, 1925

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Frederick A. Snyder, M. D.

19 July 20 1925 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus	July 23 1925
20 UNDERTAKER	ADDRESS
John H. Weber	1803 Bank St

Note—Information should be carefully supplied. Accuracy in CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

Avon Palmer.

E 00506

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00506

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 N Bradd ST. WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Avon Palmer

(a) RESIDENCE NO. 1711 N Bradd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) September 22 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Balt, Md

PARENTS

10 NAME OF FATHER Sam Palmer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt, Md

12 MAIDEN NAME OF MOTHER Ida Gill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt, Md

14 Informant Mrs. C. Sylvester (Address) 1311 Hanover St

15 Filed JUL 21 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20th 1925

17 I HEREBY CERTIFY, That I attended deceased from July 18 1925 to July 20 1925

that I last saw h alive on July 20 1925

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) 1 yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Measles

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. L. Elliott, M. D.

19 (Address) 72 Pennsylvania

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	July 22 1925
20 UNDERTAKER Mrs. E. G. Elliott	ADDRESS 745 Ashland Ave

N. B. All items should be carefully supplied. Accurate information should be properly classified. CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificates. TION is very important.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

-001

00507

CERTIFICATE OF DEATH.

E 00507

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 646 Aull St ST.: 9-12-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Mathews

(a) RESIDENCE. No. 646 Aull ST., WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Mathews

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blk Smith

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Prince George Co Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Elizabeth Mathews (Address) 646 Aull St

15 Filed JUL 21 1925, 19... ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19 1925

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to July 19, 1925, that I last saw h.. alive on July 19, 1925, and that death occurred, on the date stated above, at 6.15 p. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis Liver & General paralysis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W Clyde Timms, M. D.

July 20, 1925 (Address) 2017 E 32

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Zion Cemetery Govans	July 21 1925

20 UNDERTAKER Mrs R. A. Elliott ADDRESS 1725 Ashland Ave

mation should be carefully supplied. Spaces CAUSE OF DEATH in plain terms, so that i TION is very important. See instructions on

that it may be properly classified. ons on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 00508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00508

CERTIFICATE OF DEATH.

162

REGISTERED No. 76-6

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3523 Gough ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary DeFacino

(a) RESIDENCE No. 3523 Gough, ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. 5 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 16 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			5 days	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore City
(State or country)

PARENTS

10 NAME OF FATHER Samuel DeFacino

11 BIRTHPLACE OF FATHER (city or town) Italy
(State or country)

12 MAIDEN NAME OF MOTHER Anna DeProspero

13 BIRTHPLACE OF MOTHER (city or town) Italy
(State or country)

14 Informant Samuel
(Address) 3523 Gough St

15 JUL 21 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1925

17

I HEREBY CERTIFY, That I attended deceased from July 19, 1925, to July 21, 1925.

that I last saw her alive on July 20, 1925,

and that death occurred, on the date stated above, at 1.05 A m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis of Lungs

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Asphyxia Neonatorum

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Nancy L. Kirkendale, M. D.

(Address) 1038 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cem.	July 24 1925
20 UNDERTAKER	ADDRESS
Lilly & Zile	403 S. Wolfe St.

N. B. ... mation should be carefully supplied. ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00509 E 00509

CERTIFICATE OF DEATH.

REGISTERED NO. 57

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 16-1 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Elizabeth Quinn

(a) RESIDENCE NO. 1361 Longwood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of widowed

6 DATE OF BIRTH (month, day, and year) Nov 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Co Kilfinnell Ireland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant University Hospital (Address)

15 Robert F. Harrison, Registrar

7 21 1925 Burial Permit Issd.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1925

17 I HEREBY CERTIFY, That I attended deceased from June 29, 1925, to 7-21, 1925, that I last saw her alive on 7-21, 1925 and that death occurred, on the date stated above, at 12 00 M P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 20 yrs. mos ds.

CONTRIBUTORY (Secondary) Gangrene of foot

(duration) — yrs. — mos. 25 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of 7-11-25

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M Edwards M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Washington D.C.	7/21 1925
20 UNDERTAKER James F. Ryan Wash D.C.	ADDRESS —

N. B.—WRITE PLAINLY. AGE should be carefully supplied. Exact statement of deceased's age in years, months and days at last birthday is very important. Information should be carefully supplied. AGE should be properly classified. Exact statement of deceased's age in years, months and days at last birthday may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important. See instructions on back of certificates.

E 00510 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00510

CERTIFICATE OF DEATH.

1-PLACE OF DEATH City of BALTIMORE: (No.) 131 So. Hilton St., (Ward) 20-2 Registered No. C 74

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Henry Green

(Residence in Baltimore: No. 131 So. Hilton St.; yrs., 65 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Col'd

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-DATE OF BIRTH: July (Month) 4th (Day) 1860 (Year)

7-AGE: 65 yrs. — mos. 16 ds. If LESS than 1 day, ...hrs. or....min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ice Dealer
(b) General nature of indnstry, business, or establishment in which employed (or employer): 145

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Henry Green

11-BIRTHPLACE OF FATHER, (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Jane Hawkins

13-BIRTHPLACE OF MOTHER, (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hester C. Green

(Address) 131 So. Hilton St

15- Filed JUL 21 1925 Robert P. Harrison, Registrar.

Burial Permit Gibt.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 20th (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) at once yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Louis B. Horton M. D.

July 20 1925 (Address) Curtis Bay, (Phone) Balto Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Star. Cem. DATE OF BURIAL: July 23 1925

20-UNDERTAKER: John H. Fradin ADDRESS 1127 Hanover

A.B.—Every item of information should be answered; if none, state that it may be properly classified. Erase words not necessary to state CAUSE OF DEATH in plain terms, so that physician's certificate is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 00511

1-PLACE OF DEATH

City of BALTIMORE: (No. 128 Grace's St. 4-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Felix

(a) Residence No. 128 Grace's St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1889

7-AGE, 36 yrs. — mos. — ds. If LESS than 1 day, hrs. or min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer) 074

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), South America

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Mary Felix

(Address) 128 Grace St

15- Filed 192 Robert P. Harrison, Registrar.

~~JUL 21 1925~~ Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 7/19/25

17- I HEREBY CERTIFY, That I attended deceased from 6/8, 1925 to 7/19, 1925 that I last saw him alive on 7/18, 1925 and that death occurred, on the date stated above, at 9a.m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(Duration) yrs. 3 mos. ? ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

7/19, 1925 (Signed) Dan'l Frankenberg, M. D. (Address) 122 W Lee St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL, July 22, 1925

20-UNDERTAKER, John H. Trader

ADDRESS 102 Druid Hill Ave

should be carefully supplied. ASE should be properly classified. Exact statement of ... in plain terms, so that it may be properly classified. instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00512

CERTIFICATE OF DEATH.

24-129

E 00512

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 E. HAmburg ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary M. Dressel.

(a) RESIDENCE No. 119 E. Hamburg ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Dressel.

6 DATE OF BIRTH (month, day, and year) June 22, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	54		29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER John Hubschman.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Dont know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Henry Dressel.

(Address) 119 E. Hamburg St.

15 JUL 21 1925 Robert P. Harrison, .19 Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1925

17 I HEREBY CERTIFY, That I attended deceased from July 17, 1925, to July 20, 1925.

that I last saw h[illegible] alive on July 20, 1925.

and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary lesion of heart

Cardiac

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bright's disease

Cancer of Rectum (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Don't know

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. Hamm, M. D.

, 19 (Address) 1215 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loby Crosby Memorial Co. | DATE OF BURIAL July 24 1925

20 UNDERTAKER A. Howard Evans | ADDRESS 38 E Fort Ave

Name should be carefully supplied. AGE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statements of TION is very important. See instructions on back of certificates.

Form. 1021 MAY 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00513

CERTIFICATE OF DEATH.

31 E 00513

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1635 Hilton ST., 16-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raymond A. Bailey

(a) RESIDENCE No. 1635 Hilton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mercedes Baker

6 DATE OF BIRTH (month, day, and year) March 9 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	4	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Accountant 09

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Standard Oil Co

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Frank D Bailey

11 BIRTHPLACE OF FATHER (city or town) Ohio (State or country)

12 MAIDEN NAME OF MOTHER Lillie Baker

13 BIRTHPLACE OF MOTHER (city or town) England (State or country)

14 Informant Mercedes Bailey (Address) 1635 Hilton St.

15 Filed ..... 19.. Registrar

JUL 21 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1925

17 I HEREBY CERTIFY, That I attended deceased from June, 1924, to July 21, 1925, that I last saw him alive on July 19, 1925, and that death occurred, on the date stated above, at 7:20 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

Several years (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Laryngeal complication

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Henry M. Bayley, M. D.

. 19 (Address) 2805 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem.

DATE OF BURIAL July 23 1925

20 UNDERTAKER Harry W. Ehlen

ADDRESS 1944 W. North Ave

GEN. B.—WRITE plainly. Age should be carefully supplied. Any information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec.—1-10 21—M&T—1500 Blks.

00514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 00514

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1318 N. Caroline ST., 9-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geneva C. Williams

(a) RESIDENCE No. 1318 N. Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry A. Williams

6 DATE OF BIRTH (month, day, and year) ? 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Aa Co Md.

PARENTS

10 NAME OF FATHER Geo H. Crawl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Aa Co Md

12 MAIDEN NAME OF MOTHER Annie B Rue

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Henry A Williams (Address) 1318 N. Caroline St

15 Filed JUL 21 1925 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1925

17

I HEREBY CERTIFY, That I attended deceased from March 18, 1925, to July 21, 1925,

that I last saw her alive on July 18, 1925,

and that death occurred, on the date stated above, at 11:5 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Starvation and malignant

(duration) yrs. / mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? X Ray

(Signed) C W Locker M. D.

, 19 (Address) 31 E. Read Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem DATE OF BURIAL July 23 1925

20 UNDERTAKER John O. Mitchell ADDRESS 1701 W Fayette

B.—WHERE [illegible] may be properly classified. All information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 00515

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00515

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 710 Gunston ST., 16-7 WARD

2-FULL NAME Mrs Jennie Washington Cole

(a) RESIDENCE No. 1644 Harlem Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO. 117

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE Col.

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Cole

6 DATE OF BIRTH (month, day, and year) Feby 22 1860

7 AGE Years 65 Months 4 Days 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H W

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Aquinca Iowa

PARENTS

10 NAME OF FATHER Robt Grosvenor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Kenny

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Jennie W Cole

(Address) 1644 Harlem Ave

15 Robert P. Harrison, Registrar

JUL 21 1925

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19 1925

17 I HEREBY CERTIFY, That I attended deceased from July 17 1925 to July 19 1925

that I last saw h alive on July 19 1925 7 30 p m.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Acute pneumonia & Influenza

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Senile Dementia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) W S Thompson, M. D.

, 19 (Address) 710 Gunston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem DATE OF BURIAL July 22 1925

20 UNDERTAKER John O. Mitchell ADDRESS 1301 W Saratoga

N. B.—WRITE PLAINLY, with ... AGE should be carefully supplied. Exact statement of ... mation should be carefully supplied. ... CAUSE OF DEATH in plain terms, so that it may be properly classified. ... TION is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—1800 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00516

CERTIFICATE OF DEATH.

90 E 00516

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2807 Mosher ST. 16-D WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie M. Whalen

(a) RESIDENCE NO. 2807 Mosher ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James R Whalen

6 DATE OF BIRTH (month, day, and year) June 2nd 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	✓	✓	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Savage

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Anna Whaley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Mary M Schneider

(Address) 2807 Mosher St.

15 Filed ....., 19.... Robert E. Harrison, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1925

17 I HEREBY CERTIFY, That I attended deceased from June 8, 1925, to July 20, 1925.

that I last saw her alive on July 19, 1925

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH was as follows:

General Arteriosclerosis

(duration) ✓ yrs. ✓ mos ✓ ds.

CONTRIBUTORY (Secondary) Myocarditis & Oedema of Lungs (duration) ✓ yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Phys. Examination

(Signed) John J. Hafford M. D.

7/21, 1925 (Address) 1219 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 7-22 1925

20 UNDERTAKER Henry C Branning Son

ADDRESS 517 N Schroeder St

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Rls.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00517 E 00517

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Hope Retreat ST., 15-8 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stephen Healy

(a) RESIDENCE NO. 1635 Moreland Av ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Feb. 18, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Junior Inspector

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Patrick Healy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Welch.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mt. Hope Retreat
(Address)

15 [illegible] 1925 [illegible] Registrar

Burial Permit Given.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1925

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1925, to July 20, 1925, that I last saw him alive on July 20, 1925, and that death occurred, on the date stated above, at 11.40 P m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous nephritis
and arterio sclerosis
Unknown (duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Senile Dementia.
Unknown (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical - Chemical

(Signed) Wellington P. Lee, M. D.

19 (Address) Wyliss av. Rosedale Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	July 23, 1925
20 UNDERTAKER Richard F. Curley	ADDRESS 164 N. Wyliss St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Abbreviations must not be used. OCCUPATION should be stated even if deceased was not employed at time of death. INFORMATION is very important. See instructions on back of certificates.

E 00518

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00518

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Found floating in the water at the

City of BALTIMORE: (No. Foot of Andre St. St., 5-1 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George B. Carter Jr.

(Residence in Baltimore: No. 434 N. Gay St. St.; 4 yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Male.	White.	Single.

6-DATE OF BIRTH, August 27, 1914. (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
10 yrs. 10 mos. 21 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Chicago, Ill.

PARENTS.

10-NAME OF FATHER, George B. Carter Sr.

11-BIRTHPLACE OF FATHER, (State or Country). Cincinnati, O.

12-MAIDEN NAME OF MOTHER, Grace Purkiser.

13-BIRTHPLACE OF MOTHER, (State or Country). Nevill, O.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grace Carter. (mother)

(Address) 434 N. Gay St.

15- JUL 22 1925 ROBERT R. KRAUTER

Filed ..... 19..... Registrar.

Burial Permit Issued.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Missing July 18, 1925
Found floating July 20, 1925. (Month) (Day) (Year), 192.....

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.

Accidental fall from a wharf.

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....(Duration).....yrs.....mos.....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

July 21, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Wood Lawn Cemetery	JULY 22, 1925
20-UNDERTAKER.	ADDRESS.
John F. Denny	715 Light St

state CAUSE OF DEATH in plain terms, so that it is very important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00519

CERTIFICATE OF DEATH.

38

E 00519

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 826 W Franklin ST., 18-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benj Chas Mason

(a) RESIDENCE NO. 826 W Franklin ST., ... WARD .....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 11 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 7/1917

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
8 —	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Chas B. Mason

11 BIRTHPLACE OF FATHER (city or town) Calvert Co (State or country) md

12 MAIDEN NAME OF MOTHER Ida V. Gray

13 BIRTHPLACE OF MOTHER (city or town) Calvert Co (State or country) Md

14 Informant Chas B. Mason
(Address) 826 W. Franklin St

15 JUL 22 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1925

17 I HEREBY CERTIFY, That I attended deceased from June 30, 1925, to July 20, 1925.

that I last saw him alive on July 20, 1925,

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Probable Intracranial tumor
Lunatic Origin

(duration) yrs 3 mos 20 ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia (duration) — yrs. — mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Gustav Goldmann M. D.

, 19 (Address) 856 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem

DATE OF BURIAL 7/22/1925

20 UNDERTAKER Daniel Easton

ADDRESS 916 Eutaw Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Size—12-23-21—E.B.P.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00520

00520

CERTIFICATE OF DEATH.

7-3161-001

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 2439 E. MONUMENT STREET St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. RAYMOND DWYER

(a) Residence No. 2439 E. MONUMENT STREET St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	white	

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) July 13-25

7-AGE.	If LESS than 1 day,
.....yrs. .....mos. 8 .....ds.	....hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) Baltimore Md
(State or Country).

PARENTS.

10-NAME OF FATHER, WILLIAM

11-BIRTHPLACE OF FATHER (city or town) Baltimore
(State or Country).

12-MAIDEN NAME OF MOTHER, Anna Barr

13-BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or Country).

14- (Informant) William Dwyer
(Address) 2439 E. Monument Street

15- Filed JUL 22 1925 19.. ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 21. 25

17- I HEREBY CERTIFY, That I attended deceased from July 13 19 25 to July 21 19 25
that I last saw him alive on July 21 19 25
and that death occurred, on the date stated above, at 8.30 m.
The CAUSE OF DEATH* was as follows:

Tomatum Brd

.....(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY .....
(Secondary)

.....(Duration) .....yrs. .....mos. .....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? .....Date of.....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) William J. Dwyer M. D.

July 21 1925 (Address) 501 Hillen Bld

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Mt Carmel Cem	July 22 19 25
20-UNDERTAKER,	**ADDRESS**
Geo M. Trail & Son	811 N Wolfe

In plain terms, so that it may be properly classified, instructions on back of certificates.

Spec—12-25-21—E.B.R.S.—400 Pks.

00521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 00521

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 214 S. Ann St., 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... John C. Fister

(a) Residence No... 214 S. Ann St. St., Ward...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Fister

6-DATE OF BIRTH (month, day and year) May 23. 1881

7-AGE. 44 yrs. 1 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Steel Boss 0/4

(b) General nature of industry, business, or establishment in which employed (or employer)... Diggs Grain Merchant

(c) Name of employer...

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md.

PARENTS:

10-NAME OF FATHER, Nicholas Fister

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Katherine Fister

(Address) 214 S. Ann Sts

15- JUL 22 1925 ROBERT R. KRAUTER, Burial Permit Registrar.

in plain terms, so that it may be properly classified. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 19 1925

17- I HEREBY CERTIFY, That I attended deceased from March 10, 1925 to July 19, 1925

that I last saw h[illegible] alive on July 19 1925

and that death occurred, on the date stated above, at 2.20 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) yrs. 4 mos. 10 ds.

CONTRIBUTORY (Secondary) Asthenia + Heart failure

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs + symptoms

(Signed) Harry D. Rutledge M. D.

7/19, 1925 (Address) 1623 E Fairmount

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, 1st Evangelical Lem. DATE OF BURIAL, July 22 1925

20-UNDERTAKER, Henry Sander Sons Inc. ADDRESS 1710 Fleet St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 00522

CERTIFICATE OF DEATH.

E 00522

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1236 Hull ST., 24-3 WARD)

2-FULL NAME — Charles H. Rebstock

(a) RESIDENCE NO. 1236 Hull ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 2/11/19-1911

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	13			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer None

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER — Harry Rebstock

11 BIRTHPLACE OF FATHER (city or town) Balto Md.
(State or country)

12 MAIDEN NAME OF MOTHER — Emma Benke

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant Mother
(Address)

15 JUL 22 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1925

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to July 21, 1925, that I last saw h alive on July 20, 1925, and that death occurred, on the date stated above, at 5.50A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Acute Bright's Disease

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C Imbriale, M. D.

7/24, 1925 (Address) 1299 William St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill.	July 23 1925
20 UNDERTAKER	ADDRESS
Chas. L. Stevens.	1501 E Fort Ave

mation should be carefully supplied, so that it may be properly classified.
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00523

CERTIFICATE OF DEATH.

100 001

1-4

E 00523

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., WARD)

2-FULL NAME Evelyn Thelma Albert

(a) RESIDENCE NO. 4135 Robinson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Girl	White	child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of child

6 DATE OF BIRTH (month, day, and year) Sept. 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer) child

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Barney Albert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Christine Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Univ. Hosp. Records (Address)

15 Filed JUL 22 1925 ROBERT R. KRAUTEN Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-19 1925

17 I HEREBY CERTIFY, That I attended deceased from July 8, 1925, to July 19, 1925, that I last saw her alive on July 19, 1925, and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of none

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) M. Edwards, M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem	7/22/1925
20 UNDERTAKER J. A. Doran	ADDRESS 3000 E. Balto St.

mation should be carefully written in plain terms, so that it may be properly classified.
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Dizwizw

Cor.—1-12-25—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00524

CERTIFICATE OF DEATH.

24-001

E 00524

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bay View ST., 24-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jos Dizwiza or Dizwiza

(a) RESIDENCE NO. 1524 Dakota Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? 40 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hermine Hasse

6 DATE OF BIRTH (month, day, and year) June 13, 1865

7 AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
	60	1	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Shipyard work
(c) Name of employer Balto dry Dock Ship Co

9 BIRTHPLACE (city or town) ..... Germany
(State or country)

PARENTS

10 NAME OF FATHER Joseph Dizwiza

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant Mrs Brown
(Address) 1534 Latrobe Park Barrack

15 Filed ..... 192 ROBERT R. KRAUTER Registrar

JUL 22 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Carcinoma

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... , M. D.
(Coroner.)

192 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross, Cem.	July 23 1925
20 UNDERTAKER Charles L. Stearns	ADDRESS 1501 E Fort Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 00525 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00525

CERTIFICATE OF DEATH.

24-001

1-PLACE OF DEATH Baltimore City Hospital 7-2 REGISTERED NO.

CITY OF BALTIMORE: (No.) Bay View Asylum ST., (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Hanzlik.

(a) RESIDENCE NO. 1923 East Eager. ST., WARD

(Usual place of abode)

Length of residence in city or town where [illegible] yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fred Hanzlik

6 DATE OF BIRTH (month, day, and year) ~~64~~ 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69 years			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particulsr kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Hospital Records Address Baltimore City Hospitals

15 Filed JUL 22 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1925

17 I HEREBY CERTIFY, That I attended deceased from July 14, 1925, to July 20, 1925, that I last saw h[illegible] alive on July 20, 1925, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Subacute Subarachnoiditis - from an old Cerebral hemorrhage due to atherosclerosis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of July 19-25

Was there an autopsy? No.

What test confirmed diagnosis? Lab + Clinical Data.

(Signed) Fred Hanzlik Jr, M. D.

(Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill — DATE OF BURIAL July 23 1925

20 UNDERTAKER Frank E Woodland — ADDRESS 1906 Gilmor

mation should be carefully supplied, so that it may be properly classified.
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00526 — CERTIFICATE OF DEATH. — 162 E 00526

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 N Washington ST., 7-2 WARD)

2-FULL NAME Frank J. Kocourek

(a) RESIDENCE NO. 925 N. Washington ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Wht	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of — Infant

6 DATE OF BIRTH (month, day, and year) July 21/25

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Frank J Kocourek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Marie Jazenska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Frank J Kocourek
(Address) 925 N. Washington St

15 Filed JUL 22 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1925

17 I HEREBY CERTIFY, That I attended deceased from July 21 1925 to July 22 1925,
that I last saw him alive on July 22 1925,
and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Acholaesio

2
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jno. [illegible] Rowan M.D.
(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Oakhill — DATE OF BURIAL July 22 1925

20 UNDERTAKER Fred Goodson — ADDRESS 1706 Eastland Ave

CAUSE OF DEATH in plain terms, so that it may be understood. Information should be given on back of certificates. See instructions on back of certificates. CAUSE OF DEATH is very important.

Spec.—1-10-21—M&T—1500 Bks.

E 00527

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00527

CERTIFICATE OF DEATH.

161-001

17-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 744 N Franklin ST., WARD)

2-FULL NAME Baby Carroll

(a) RESIDENCE NO. 744 N Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

✓

6 DATE OF BIRTH (month, day, and year) July 19, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, 9 hrs. or ..... min.
				2

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Elmer Carroll

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Ruth Jones

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Ruth Carroll
(Address) 744 N Franklin St

15 JUL 22 1925 19 ROBERT R. KRAUTER Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19. 1925

17 I HEREBY CERTIFY, That I attended deceased from July 19. 1925. to July 19. 1925.

that I last saw her alive on July 19. 1925.

and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

(duration) yrs. mos 1/2 ds.

CONTRIBUTORY (Secondary) Asphyxia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Le Roy Ellis, M. D.

7/21, 1925 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johns Hopkins Cemetery Lab.

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00528 ✓ E 00528

E 00528

CERTIFICATE OF DEATH.

8-2 31

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Wolfe ST., 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine La Barre

(a) RESIDENCE NO. 1615 Wolfe. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) ~~HUSBAND~~ WIFE of Wm H. LaBarre

6 DATE OF BIRTH (month, day, and year) Sept 9-1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) 137

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Eckstorm

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Yuskus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Wm H La Barre

(Address) 1615 N. Wolfe - Stwt

15 Filed JUL 22 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb-1- 1925 to July 21- 1925,

that I last saw her alive on July 20 1925,

and that death occurred, on the date stated above, at 6.20 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

3

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? X-Ray & Sputum Examination

(Signed) E. Gill Hall, M. D.

7/21 1925 (Address) 1631 E North av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westlawn Cemetery — DATE OF BURIAL July 23 1925

20 UNDERTAKER Wm Cook — ADDRESS 502 E North Av.

CAUSE OF DEATH in plain terms, so that it may be properly classified. INFORMATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E005-29

HEALTH DEPARTMENT—CITY OF BALTIMORE

E005-29

67900 E

CERTIFICATE OF DEATH.

113

16-4

67900 E

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Roland Jones (Roland Crosby Jones)

(a) RESIDENCE NO. 906 Appleton ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	White	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 26 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	—	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Edward Jones

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Emma Peggott

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Edward H. Jones

(Address) 906 Appleton Street

15 JUL 22 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/21 1925

17 I HEREBY CERTIFY, That I attended deceased from 7/11, 1925, to 7/21, 1925,

that I last saw him alive on 7/21, 1925,

and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Intestinal Indigestion

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Acute Meningitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) A. C. Bishop, M. D.

19 25 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL July 22 1925

20 UNDERTAKER Joseph B Cook — ADDRESS 1003 W Balto St

information indicated on reverse side. Please read carefully the instructions on reverse side. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

Spec—12-23-21—E.B.R.S.—400 Eks.

E 00530 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00530

CERTIFICATE OF DEATH.

3/ ✓

1-PLACE OF DEATH

City of BALTIMORE: (No. ..... St., 23-1 Ward) Baltimore City Hospitals (T.B.)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Johnson

(a) Residence No. 1226 S. Sharpe st. St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Johnson

6-DATE OF BIRTH (month, day and year) 1905

7-AGE. 20 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town) ..... (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thomas Mayo

11-BIRTHPLACE OF FATHER (city or town) ..... (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER, Jannie McNeil

13-BIRTHPLACE OF MOTHER (city or town) ..... (State or Country), North Carolina

14- (Informant) Hospital Records

(Address) ROBERT P. KRAUTER

15- JUL 22 1925 Burial Permit Clerk ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 19, 1925

17- I HEREBY CERTIFY, That I attended deceased from July 13 ..... 19 25 to July 19 ..... 19 25

that I last saw h.er alive on July 19 ..... 19 25

and that death occurred, on the date stated above, at 7.45 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. O. McLane Jr M. D.

7-20-1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, July 23 1925

20-UNDERTAKER, Edward Bryan — ADDRESS 1631 Orleans st

in plain terms, to that it may be easily read. See instructions on back of certificates.

E 00531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6-1 14-001 E 00531

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 232 N. Bond St ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Brickhouse

(Residence in Baltimore: No. 232 N. Bond St ..... St.; yrs. 30 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write this word.)
male	col	widower

6-DATE OF BIRTH. ..... 1869 ..... (Month) ..... (Day) ..... 1..... (Year)

7-AGE. ..... 56 ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Brick yard

9-BIRTHPLACE, (State or Country). Va

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER, (State or Country). "

12-MAIDEN NAME OF MOTHER. "

13-BIRTHPLACE OF MOTHER, (State or Country). "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Bryan

(Address) 1631 Orleans St

15- Filed JUL 22 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July 19-25 ..... (Month) (Day) (Year), 192....

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) undetermined

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Hall M. D.
(Coroner)

7-21-25 192.... (Address) 508 E. North Av

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
adBury Cemetery	July 22, 1925
20-UNDERTAKER.	ADDRESS 1631
Edward Bryan	arleans St

state CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. Do not give mode of dying, such as "Collapse," "Shock," "Heart failure," etc., without stating the cause of same. Do not record occupation of any one but the deceased. Do not fail to answer every question. If there is no person in attendance, the Coroner must be notified. The certificate must be signed by the person who makes the statement. See instructions on back of certificate. This information is very important.

Spec—12-23-21—E.R.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00532

CERTIFICATE OF DEATH.

18-1 31

E 00532

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.....Charles Souder.....

(a) Residence No. 927 Bennett Place St., ... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed or Divorced, (Write the word.)
Male	White	Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6-DATE OF BIRTH (month, day and year) 1865

7-AGE. 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Baltimore Co.

PARENTS.

10-NAME OF FATHER, Charles S Souder

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Balto. Co.

12-MAIDEN NAME OF MOTHER, Helen Barth

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Balto. Co.

14-

(Informant)..... Hospital Records

(Address)..... Balto. City Hospitals

15-

Filed JUL 22 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

In plain terms, so that it may be properly coded. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 20, 1925

17- I HEREBY CERTIFY, That I attended deceased from July 9 1925, 19..... to July 20, 19 25

that I last saw him alive on July 20, 1925

and that death occurred, on the date stated above, at 6:10 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous Enteritis

(Duration) Unknown yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) V. O. McFarlane Jr. M. D.

, 19 (Address) Balto City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION, OR REMOVAL. Loudon Park DATE OF BURIAL. July 22 1925

20-UNDERTAKER. Alfred S. Little ADDRESS 2 Edmondson Ave

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00533

CERTIFICATE OF DEATH.

13

E 00533

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1315 Gilmor St., 16-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas H. Gray

(a) RESIDENCE No 1315 Gilmor ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 28/25

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		1	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) City
(State or country)

PARENTS

10 NAME OF FATHER Harrison Gray.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Easton.

12 MAIDEN NAME OF MOTHER Mary Brown

13 BIRTHPLACE OF MOTHER (city or town) City
(State or country)

14 Informant Harrison Gray
(Address) 1315 Gilmor St.

JUL 22 1925

ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said jury (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ileo-colitis

(duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) J. J. Hennessy M. D.
(Coroner.)

July 24, 1925 (Address) 2702 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL July 23 1925
UNDERTAKER Garrett & Wright	ADDRESS 1064 Cary

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 00534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-00 00534

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Forest Ave ST.: Hilsdale WARD) 28-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Weaver

(a) RESIDENCE. NO. Forest Ave ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 hours ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 21-25

7 AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. or ..... min.
			4 hours	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Hilsdale Balto Md

PARENTS

10 NAME OF FATHER Thomas Weaver

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ruth Stonesifer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Thos Weaver

(Address) Hilsdale

JUL 22 1925 ROBERT R. KRAMER, Registrar

Bureau of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1925

17 I HEREBY CERTIFY, That I attended deceased from July 21st, 1925, to July 22, 1925, that I last saw h alive on July 21st, 1925, and that death occurred, on the date stated above, at 2a m.

The CAUSE OF DEATH* was as follows:

Premature Birth

6½ months

4 hours

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) C. C. Lemmon, M. D.

(Address) 4109 Liberty Heights

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loraine Cem	July 22 1925
20 UNDERTAKER Capt B. Cook	ADDRESS 1003 N. Balto St

CAUSE OF DEATH in plain terms, so that it may be understood. Do not use abbreviations or technical terms. Be sure to answer all questions. Every question must be answered. If unknown, say so. Do not leave any blanks. Write plainly with pen and ink. Use no lead pencil. Do not write across the face of this certificate. Do not fold. Do not roll. Do not write in margins. Do not write on back of certificates. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

F8 3862 / 00535 — 16-803 / E 00535 — REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST., 6-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Miller

(a) RESIDENCE NO. 203 N. Wolfe St. ST., 6 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 24 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None (2)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Jacob Miller

11 BIRTHPLACE OF FATHER (city or town) D. C.
(State or country)

12 MAIDEN NAME OF MOTHER Anna Lohry

13 BIRTHPLACE OF MOTHER (city or town) Indiana
(State or country)

14 Informant R. Gaugler
(Address) H. H.

Filed JUL 22 1925 ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 - 1925

17 I HEREBY CERTIFY, That I attended deceased from July 17 - 1925 to July 20 - 1925.

that I last saw her alive on July 20 - 1925

and that death occurred, on the date stated above, at 1:15 P. m.

The CAUSE OF DEATH* was as follows:

Dysentery - Type undetermined

(duration) yrs. mos. 4 ds.a

CONTRIBUTORY (Secondary) Acute Otitis Media

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) C. J. Scott M. D.

7-20 1925 (Address) John Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. — DATE OF BURIAL July 22 1925

20 UNDERTAKER Lilly & Zeile — ADDRESS 403 S. Wolfe St

mation should be given in plain terms, so that it may be properly entered in the Registry of Deaths. Physicians are requested to state CAUSE OF DEATH

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00536 E 00536

CERTIFICATE OF DEATH.

X 24-001

1-PLACE OF DEATH West Balt. gen. Hospital REGISTERED NO. 21

CITY OF BALTIMORE: (No. Rayner & Dukeland St. 16 WARD 3)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Amelia Ruby.

(a) RESIDENCE NO. Glenbourne rd. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph C. Ruby

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) — 037

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. md (State or country)

PARENTS

10 NAME OF FATHER Henry Pickett

11 BIRTHPLACE OF FATHER (city or town) (State or country) maryland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) maryland

14 Informant (Address)

15 JUL 22 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) may 20 1925

17 I HEREBY CERTIFY, That I attended deceased from may 15, 1925, to may 20, 1925, that I last saw h[illegible] alive on may 20, 1925, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. R. McConnell, M. D.

, 19 (Address) West Balt gen. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	May 23 1925
20 UNDERTAKER	ADDRESS
William G. Schaeffer	1816 Monument

CAUSE OF DEATH in plain terms, so that it may be understood. See back of certificates. TION is very important. See instructions on back of

E 00537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

188-003

E 00537

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. St Joseph Hospital St., 10-2 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel Mary Fitzpatrick

(Residence in Baltimore: No. 1030 Wilcox St St. 2 yrs., 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
female	white	single

6-DATE OF BIRTH, February 21/22 1.....
(Month) (Day) (Year)

7-AGE, 3 yrs. 5 mos. 0 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Joseph B. Fitzpatrick

11-BIRTHPLACE OF FATHER, (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER, Nellie I. Porter

13-BIRTHPLACE OF MOTHER, (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Jos. B. Fitzpatrick

(Address) 1030 Wilcox St

15. JUL 22 1925 ROBERT P. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 21-25, 192.....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull (Occiputal region)
(Autopsy at hospital)
Struck by autotruck)

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) J. H. Baer M. D.
(Coroner.)

7/22/25 192.... (Address) 508 E North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, July 23.... 1925

20-UNDERTAKER, Henry Hoeck's Sons — ADDRESS 1301 E Eager St

state CAUSE OF DEATH in this certificate. It is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

Dr Nicholson

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00538 1925

CERTIFICATE OF DEATH.

2230 Eutaw Place

E 00538

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2726 Belair Av ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Prince Brown

(a) RESIDENCE No. 2726 Belair Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Brown

6 DATE OF BIRTH (month, day, and year): June 20-1856

7 AGE: 69 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bel Air Harford County Md

PARENTS

10 NAME OF FATHER: Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bel Air Harford County Md.

12 MAIDEN NAME OF MOTHER: Price

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bel Air Harford County Md

14 Informant: F. P. Brown

(Address) 2726 Belair Av

15 JUL 22 1925 ROBERT R. KRAMER Registrar

Chief Permit Clerk.

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 20th 1925

17

I HEREBY CERTIFY, That I attended deceased from July 15th, 1925, to July 20, 1925.

that I last saw h in alive on July 20, 1925.

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

Hypertension

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary): Broncho-pneumonia

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical + Lab.

(Signed) R. A. Nicholson, M. D.

, 19 (Address) 2230 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pattersonwood Cemetery — DATE OF BURIAL: July 25 1925

20 UNDERTAKER: F. B. Wagner — ADDRESS: 1850 W. Pratt St

Spec.—1-10-21—M&T—1500 Blks.

84 Embalming 1901 Eutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 00539 — 1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2645 Frederick Ave ST., 20 WARD) — 4

E 00539 — REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick J. Emerick

(a) RESIDENCE NO. 2645 Frederick Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 9 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male — 4 COLOR OR RACE: White — 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 14th 1925

7 AGE: Years 0 — Months 9 — Days 1 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Wm J. Emerick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Emma Warfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Emma Emerick (Address) 2645 Frederick Ave

15 JUL 22 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1925

17 I HEREBY CERTIFY, That I attended deceased from 7/17, 1925, to 7/20, 1925, that I last saw alive on 7/20, 1925, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows: Cholera-Enteritis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phy. diagnosis

(Signed) E. Bruenhaupt, M. D.

(Address) 1901 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: July 22 25

20 UNDERTAKER: F. B. Shepherd — ADDRESS: 1850 N. Balto St

INSTRUCTIONS: Fill out all items of this certificate. CAUSE OF DEATH in plain terms, so that it may be understood by the public. See back of certificates. TION is very important. See instructions on back of

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24-001 E 00540 REGISTERED NO.

00540

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 130 S. Calverton road ST., 20-4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christian Foos

(a) RESIDENCE NO. 130 S. Calverton road ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred Life 75 yrs. mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christina Foos

6 DATE OF BIRTH (month, day, and year) June 21 - 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	75	0	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Baltimore. Md.

PARENTS
10 NAME OF FATHER Wm. Foos
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Elizabeth Whm
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Christyna Foos
(Address) 130 S. Calverton road

15 Filed JUL 22 1925 19.... ROBERT R. KRAUTER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1925, to July 20, 1925, that I last saw him alive on July 19, 1925, and that death occurred, on the date stated above, at 3.30 A m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemmorrhage

Suddenly Abt. 30 min.

CONTRIBUTORY (Secondary) Arterio sclerosis & Myocarditis Abt. 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No What test confirmed diagnosis? Physical Examination

(Signed) Henry Eichhorn M. D.
(Address) 120 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL July 22 1925

20 UNDERTAKER F. B. Thespert ADDRESS 850 N. Bethel St

CAUSE OF DEATH in plain terms. So that CERTIFICATE OF DEATH in plain terms. So that TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 00541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 57

E 00541

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1715 Westwood Ave (St.) 15-13 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Krause

(a) RESIDENCE NO. 1715 Westwood Ave. (St.) WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it can be understood. Do not use abbreviations or technical terms. See instructions on back of certificates. TION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Krause

6 DATE OF BIRTH (month, day, and year) Feb 17 1851

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
74	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Policeman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Adam Krause

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mrs Ezra Pearson.

(Address) 1715 Westwood ave

15 Filed JUL 22 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-19 1925

17 I HEREBY CERTIFY, That I attended deceased from May 29 1925, to July 19th 1925, that I last saw h. alive on July 18th 1925, and that death occurred, on the date stated above, at 9.15 A m.

The CAUSE OF DEATH* was as follows:

Diabetes. Gangrene left foot—

(duration) yrs. 1 mos. 20 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) Chas. H. Burbert M. D.

July 19 1925 (Address) 1100 W Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 7-22 1925

20 UNDERTAKER Mrs Charles A J Rohde

ADDRESS 1100 W Lafayette Ave

Spec. 1-10-21 M&T 1500 lks.

E 00542 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 00542

CERTIFICATE OF DEATH.

13-6 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2004 Park Ave, ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adeline Guyton Spicer

(a) RESIDENCE NO. 2004 Park Ave., ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Simeon Spicer

6 DATE OF BIRTH (month, day, and year) Aug. 23 1840

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	84	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work No occupation

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Robert Guyton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Eliza Holland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Miss Esther Spicer (Address) 2004 Park Ave.,

15 Filed JUL 22 1925 ROBERT R. KRAUTER Registrar

CAUSE OF DEATH. In plain words, describe the disease causing death, or in deaths from violent causes, state the means of injury. This information is required in all cases whether or not a physician was in attendance. See instructions on back of certificate. ATTENTION is very important.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1925

17 I HEREBY CERTIFY, That I attended deceased from June 28, 1925 to July 20, 1925.

that I last saw her alive on July 20, 1925

and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic

Diffuse

(duration) 1 yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. H. Dowdy, M. D.

, 19 (Address) 1300 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fallston, Maryland

DATE OF BURIAL July 22, 1925

20 UNDERTAKER Chas. E. Franck for Madia

ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

E 00543

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00543

CERTIFICATE OF DEATH.

91-002

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1310 W Saratoga ST. 19-1 WARD)

2-FULL NAME Margaret O'Donovan

(a) RESIDENCE No. 1310 W. Saratoga ST., 19th WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? 75 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widowed

5a If married, widowed, or divorced (or) WIFE of John O'Donovan

6 DATE OF BIRTH (month, day, and year) aug 10th 1839

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	85	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) County Clare
(State or country) Ireland

PARENTS

10 NAME OF FATHER James O'Brien

11 BIRTHPLACE OF FATHER (city or town) County Clare
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Kerry

13 BIRTHPLACE OF MOTHER (city or town) County Limerick
(State or country) Ireland

14 Informant John H. O'Donovan
(Address) 1310 W. Saratoga St

15 7 22 1925 19 Robert F. Harrison, Registrar
Vital Statistics Clerk

CAUSE OF DEATH in plain terms, so that a non-medical person can understand it. Do not use abbreviations or initials. See instructions on back of certificates. TION is very important.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20th 1925

17

I HEREBY CERTIFY, That I attended deceased from July 20th, 1925, to July 20th, 1925, that I last saw her alive on July 20, 1925, and that death occurred, on the date stated above, at 10 25 P m.

The CAUSE OF DEATH* was as follows:

Senility – Arterio Sclerosis

(duration) ..... yrs. mos ds.

CONTRIBUTORY (Secondary) Heart-failure

(duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Reginald J. Tonns, M. D.

7-21 1925 (Address) 4142 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem — DATE OF BURIAL 7/23/25

20 UNDERTAKER Engel & Straley Sulton & Fayette — ADDRESS

Spec.—1-13-58—MAT—600 Blks.

E 00544

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00544

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 N Caroline St ST., 9-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Becker

(a) RESIDENCE No. 1622 N Caroline St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. 5 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry C: Becker

6 DATE OF BIRTH (month, day, and year) 2/29/1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	5	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Emil Wagner

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Josephine Miller

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Henry C: Becker
(Address) 1622 N Caroline St

15 Filed 7 22 1925, 19 Robert P. Harrison
Registrar

TION is very important See instructions on

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/20/1925 19

17

I HEREBY CERTIFY, That I attended deceased from Dec 15 1924, to July 20 1925, that I last saw h.. alive on July 20, 1925, and that death occurred, on the date stated above, at 9.30 P m.

THE CAUSE OF DEATH* was as follows:

Ch. Pulmonary. Tuberculosis
Ch. diabetes. mellitus
Ch. Nephritis. probably (T.B.)

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Obs. Ex. Laboratory, + X Ray

(Signed) John T. O'Hara, M. D.

7/22/1925 (Address) 904 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL July 23 1925

20 UNDERTAKER John Ullrich

ADDRESS 905 Eden

E 00545

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00545

CERTIFICATE OF DEATH.

167-001

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 87 Ken Oak Road ST.) 27-4 (WARD) REGISTERED No. C .....

2-FULL NAME E. Brent Donaldson, Jr.

(Residence in Baltimore: No. 87 Ken Oak Road, Mt. Washington St.) 40 yrs., — mos. — ds.)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 1S.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ... Oct. (Month) 16 (Day), 1865 (Year)

7-AGE, 59 yrs. 9 mos. 4 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Grocer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Retired 4 mo.

9-BIRTHPLACE, (State or Country), Baltimore Co. Md

PARENTS.

10-NAME OF FATHER, George H. Donaldson

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Mary Rhinehart

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Rosa Lee Donaldson

(Address) 87 Ken Oak Road

15-

JUL 22 1925 ..... 191.....

Registrar.

Robert F. Hartlein,
Special Deputy Registrar.

CAUSE OF DEATH in plain terms. If this is any important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July (Month) 20 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gas Poisoning
Suicide

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John J. Morrissey M. D.
(Coroner)

July 21 1925 (Address) 3632 Roland Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge — DATE OF BURIAL, July 23, 1925

20-UNDERTAKER Horace M. Burgee — ADDRESS 363 Walbrook

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00546 E 00546

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2237 E. Chase ST., 8-44 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geo. Guthrie Longstaff

(a) RESIDENCE NO. 2237 E Chase ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Longstaff

6 DATE OF BIRTH (month, day, and year) July 7 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	—	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Geo Longstaff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Annie Otto

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs E Longstaff

(Address) 2220 E Madison

15 Filed JUL 22 1925, 19 Robert P. Mattison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1925

17 I HEREBY CERTIFY, That I attended deceased from July 9, 1925, to July 20, 1925, that I last saw h alive on July 20, 1925, and that death occurred, on the date stated above, at 5.45 P m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(duration) yrs. 2 mos 7 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm J Watson, M. D.

July 20 1925 (Address) 2128 St Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Michaels Cemetery Ashley Hall & Co.	July 23 1925
20 UNDERTAKER	ADDRESS
Fredk Lassahn & Sons	Fullerton

CAUSE OF DEATH in plain terms, so that it may be understood by the laity. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—MAT—1500 Blks.

E 00547

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00547

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Inf 27-12 REGISTERED NO. 11

CITY OF BALTIMORE: (No. ..... ST., ... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gerald Kesler

(a) RESIDENCE NO. 11 W. Hamilton Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillian Marie Kesler

6 DATE OF BIRTH (month, day, and year) Feb. 23rd

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	4	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Dental Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer) Dental Lafatory
(c) Name of employer Dr. A. Lankford

9 BIRTHPLACE (city or town) (State or country) Middle Point Ohio

PARENTS

10 NAME OF FATHER Samuel J. Kesler

11 BIRTHPLACE OF FATHER (city or town) Middlepoint (State or country) Ohio

12 MAIDEN NAME OF MOTHER Olive May Fergerdin

13 BIRTHPLACE OF MOTHER (city or town) Middlepoint (State or country) Ohio

14 Informant Florence Bennett
(Address) 211 Eight mi. Takoma Park D.C.

15 Filed ..... 19 ..... Robert F. Garrison, Registrar
JUL 22 1925
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 19 25

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1925, to July 22, 1925, that I last saw h.. alive on July 22, 1925, and that death occurred, on the date stated above, at 12.40 a.m.

The CAUSE OF DEATH* was as follows:

Appendicitis Acute

(duration) ..... yrs. ..... mos 7 ds.

CONTRIBUTORY (Secondary) Generue Peritonetis

(duration) ..... yrs. ..... mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of July 15-25

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Keith C. Rice, M. D.

, 19 (Address) Church Home & Inf

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D. C. DATE OF BURIAL July 23 1925

20 UNDERTAKER Fred Gassaway Sons ADDRESS Fullerton

CAUSE OF DEATH in plain terms, ... TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00548 E 00548

CERTIFICATE OF DEATH.

15-4-90

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2703 Pusbury St. ST., ... WARD)

2-FULL NAME Mary J. Hurd

(a) RESIDENCE NO. 2703 Pusbury St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John P. Hurd

6 DATE OF BIRTH (month, day, and year) Feb. 28 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) Harford Co. (State or country) Md.

PARENTS

10 NAME OF FATHER John Cauthands

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Fay

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) John P. Hurd 2703 Pusbury st.

15 Filed ....., 19..... Registrar

Robert P. Harris

Burial Permit Clerk

22 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20th 1925

17 I HEREBY CERTIFY, That I attended deceased from May 1 ....., 19 25 to July 20 .19 25.

that I last saw h.... alive on ....., 19 ;

and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Aortic Stenosis

(duration) yrs 16 mos ..... ds.

CONTRIBUTORY (Secondary) Cardiac Asthma

(duration) .....yrs. .....mos. 1 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Albert L. Levy M. D.

, 19 (Address) 1102 E. Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem.	July 23 1925
20 UNDERTAKER Lilly & Zeiler	ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

Spec.—1-12-23—M&T—500 Blks.

E 00549

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00549

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3514 Benson ST., 13-3 WARD)

2-FULL NAME Sarah C. Stroud

(a) RESIDENCE NO. 3514 Benson ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) Sept 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) MD
(State or country)

PARENTS

10 NAME OF FATHER William C Sproul

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Bobbitz

13 BIRTHPLACE OF MOTHER (city or town) MD
(State or country)

14 Informant Nelson Sproul
(Address) .....

15 Filed JUL 22 1925, 19 ..... Robert P. Harriman, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1925

17 I HEREBY CERTIFY, That I attended deceased from July 13, 1925, to July 21, 1925, that I last saw h^ alive on July 21, 1925, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral arterial sclerosis

(duration) ..... yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) Coma

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) Geo S Lowe, M. D.

July 22, 1925 (Address) 836 North St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Cemetery Pikesville Ridge	July 24/25
20 UNDERTAKER	ADDRESS
Brenowitz & Son	3615 Edmondson ave

SEE OTHER SIDE OF THIS CERTIFICATE. See Instructions on Back. INFORMATION is very important.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 00550

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00550

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4902 Park Heights Ave. WARD 7-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgeanna Gettier

(a) RESIDENCE. No. 4902 Park Heights Ave. ST., WARD.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 30, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	7	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Oakland
(State or country) Howard County

PARENTS

10 NAME OF FATHER William F. Browning

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Howard County

12 MAIDEN NAME OF MOTHER Ellen Lawrence

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Anne Arundel

14 Informant William R. Gettier
(Address) 4902 Park Heights Ave.

15 Filed JUL 22 1925 Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1925

17 I HEREBY CERTIFY, That I attended deceased from June 30, 1925, to July 21, 1925, that I last saw h[illegible] alive on July 21, 1925, and that death occurred, on the date stated above, at 3.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 22 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John D. Bubert, M. D.

, 19 (Address) 4804 Park Heights Ave

*State the Disease Causing Death, or in deaths From Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	July 24 1925
20 UNDERTAKER	ADDRESS 153
George J. Smith	Hollins St.

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00551

E 00551

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH Aged Mens Home 19-1

CITY OF BALTIMORE: (No. 1400 W. Lexington ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert B. Granberry

(a) RESIDENCE. NO. 1400 W. Lexington ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 30 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Norfolk Va

PARENTS

10 NAME OF FATHER Richard Allen Granberry

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Harriet Huggins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Philadelphia Pa

14 Informant L. B. Fisher
(Address) 1400 W. Lexington St

15 Filed . 19 Registrar

JUL 22 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1925

17 I HEREBY CERTIFY, That I attended deceased from July 15 . 1925 . to July 21 . 1925
that I last saw him alive on July 19 . 1925
and that death occurred, on the date stated above, at 6-30 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jas L. Hooper, M. D.

7-21. 1925 (Address) 816 N. Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet Cemetery	July 23 1925
20 UNDERTAKER	ADDRESS 1532
George J. Smith	Hollins St

TION is very important. See instructions on back of certificates

Spec.—1-10-21—M&T—1500 Bks.

00552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 17 L 00552

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gilbert L. Hartge

(a) RESIDENCE NO. Eastport Maryland WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Ida M. Hartge

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Oyster Packer

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Lewis Hartge

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Jennie Ravell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Unid. Surg. Record (Address)

15 Filed JUL 23 1925 19 ROBERT R. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1925

17

I HEREBY CERTIFY, That I attended deceased from July 18, 1925, to July 22, 1925, that I last saw him alive on July 22, 1925, and that death occurred, on the date stated above, at 10:30 p m.

The CAUSE OF DEATH* was as follows:

Acute Cholecystitis

(duration) 2 weeks ds.

CONTRIBUTORY (Secondary) Gastro-Intestinal Hemorrhage (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) M Edwards, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Annapolis Md DATE OF BURIAL July 25 1925

20 UNDERTAKER Joseph B. Cook ADDRESS 1003 N. Balto St.

CAUSE OF DEATH to be given on back of certificates. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Blks.

E 00553

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00553

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., V-1 WARD)

REGISTERED NO. 134

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Walters.

(a) RESIDENCE NO. 238 N. Durham ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Isaac Walters

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records

(Address)

15 Filed JUL 23 1925 19 ROBERT R. KRAUTER Registrar

CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificates. TION is very important.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21, 1925

17

I HEREBY CERTIFY, That I attended deceased from July 18, 1925 to July 21, 1925.

that I last saw him alive on July 21, 1925

and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Urethral Stricture. Precutaneous fistula, Urinary Retention, Urinary Extravasation, and Uremia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) yrs. mos. 1½ ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of July 18, 1925

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs & Symptoms

(Signed) Dr. J. Chaumpel, M. D.

, 19 (Address) Bay View Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury	July 23 1925
20 UNDERTAKER John W Henderson	ADDRESS 1502 E. Monument

Spec.—1-10-21—M&T—1500 Bks.

Watson 2124 St Paul St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 00554 — REGISTERED NO. E 00554

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2408 Barclay ST., 12-4 WARD 90

2-FULL NAME Hannah G. Behrens

(a) RESIDENCE No. 2408 Barclay St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of John Behrens

6 DATE OF BIRTH (month, day, and year) March 27, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	3	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

PARENTS

9 BIRTHPLACE (City or town) Balto. Md.
(State or country)

10 NAME OF FATHER John J. Beard

11 BIRTHPLACE OF FATHER (city or town) Balto. Md.
(State or country)

12 MAIDEN NAME OF MOTHER Anna Smith

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Margaret Behrens
(Address) 2408 Barclay St

15 Filed JUL 23 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct, 1924, to July 23, 1925.
that I last saw her alive on July 22, 1925
and that death occurred, on the date stated above, at 2.20 p. m.

The CAUSE OF DEATH* was as follows:

Cardio-renal disease
with extreme hypertension.
(duration) 3 yrs. mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) Wm J. Watson, M. D.
July 25 1925 (Address) 2128 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL July 25 1925

20 UNDERTAKER W. H. Cook — ADDRESS 502 E Fort Ave

CAUSE OF DEATH MUST BE FILLED IN. See instructions on back of certificate. TION is very important.

Spec.—1-12-23—M&T—500 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 00555 — 26 — REGISTERED NO.

E 00555

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Bon Secours Hosp 00-5 ST. WARD)
2-FULL NAME John L. Clemens.
(a) RESIDENCE NO. Randallstown, Md. ST., (Parents home) NATIVE
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word)
5a If married, widowed, or divorced HUSBAND of or) WIFE of
6 DATE OF BIRTH (month, day, and year) 7/19/25
7 AGE — Years — Months — Days 3 — If LESS than 1 day, ... hrs. or ..... min.
8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work V
(b) General nature of industry, business, or establishment in which employed (or employer) V
(c) Name of employer V
9 BIRTHPLACE (city or town) (State or country) Bon Secours Hosp
PARENTS
10 NAME OF FATHER John L. Clemens Sr.
11 BIRTHPLACE OF FATHER (city or town) (State or country)
12 MAIDEN NAME OF MOTHER Gertrude Voegeling
13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md
14 Informant Mrs John L. Clemens
(Address) Randallstown, Md
15 JUL 23 1925 HUBERT R. KRAUTER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-22 1925
17 I HEREBY CERTIFY, That I attended deceased from 7/19, 1925, to 7/22, 1925, that I last saw him alive on 7/22, 1925, and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows: Convulsions — Exhaustion
(duration) ..... yrs. ..... mos 2 ds.
CONTRIBUTORY (Secondary) Epilepsy
(duration) ..... yrs. ..... mos. ..... ds.
18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of V
Was there an autopsy?
What test confirmed diagnosis? Clinical
(Signed) Dudley P. Bowe, M. D.
7/22/1925 (Address) 904 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL 7/23 1925
20 UNDERTAKER Wm Cook — ADDRESS 502 E Ward

TION is very important. See instructions on

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00556

CERTIFICATE OF DEATH.

114 E 00556

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 N Greene ST., 4-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geo W Seibold

(a) RESIDENCE NO. 118 N Greene st ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 86 yrs. 5 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa P Seibold

6 DATE OF BIRTH (month, day, and year) Feb 14 1839

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	5	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 1861

(b) General nature of industry, business, or establishment in which employed (or employer) Policeman

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Michael Seibold

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Trick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Winfield Scott (Address) 118 N Greene st

15 JUL 23 1925

16 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20. 1925

17

I HEREBY CERTIFY, That I attended deceased from July 17. 1925. to July 20. 1925.

that I last saw him alive on July 20. 1925

and that death occurred, on the date stated above, at 3.45 P. m.

The CAUSE OF DEATH* was as follows:

acute enteritis.

(duration) — yrs. — mos 14 ds.

CONTRIBUTORY (Secondary) Old age

— (duration) 12 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Geo. W. Simmons M. D.

July 22 1925 (Address) 3002 Harrison a

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	July 23 1925
20 UNDERTAKER	ADDRESS
W. M. Routson	2238 W Balto

CAUSE OF DEATH will not be registered without answers to all questions. See instructions on back of certificates.

Spec. 1 (6-2) - M&T - 1500 Blks.

00557

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 E 00557

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2427 E Monument ST., 1 WARD) 5-3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward L Hines Jr

(a) RESIDENCE NO. 2427 E Monument ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stella Hines

6 DATE OF BIRTH (month, day, and year) Dec 11 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 015

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Baltimore Cargo House

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Edward L Hines

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rebecca Linton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Stella Hines

(Address) 2427 E Monument St

15 Filed JUL 23 1925 19 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1925

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1925, to July 20, 1925,

that I last saw him alive on July 20, 1925,

and that death occurred, on the date stated above, at 12 00 M.

The CAUSE OF DEATH* was as follows:

Generalized Arteriosclerosis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Chas. R. Goldsborough M. D.

19 (Address) 2923 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL July 25 1925

20 UNDERTAKER Thos Co Fuller & Son — ADDRESS 2334 Jeff St

CAUSE OF DEATH to be written in plain terms, so that it can be understood. See instructions on back of certificates. TION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00558

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. C-001 E 00558

City of BALTIMORE: (No. 1417 Morrison Court Curtis Bay. 25-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michalena Wasilewski.

(Residence in Baltimore: No. 1417 Morrison Court, Curtis Bay. St.; yrs. 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female.	White.	Widow.

6-DATE OF BIRTH. Do not know. ..... 1..... (Month) (Day) (Year)

7-AGE. 43 yrs. ---- mos. ---- ds. If LESS than 1 day. ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Lithuania.

PARENTS.

10-NAME OF FATHER. Adam Bercis.

11-BIRTHPLACE OF FATHER, (State or Country). Lithuania.

12-MAIDEN NAME OF MOTHER. Anna Dirsuewitz.

13-BIRTHPLACE OF MOTHER, (State or Country). Lithuania.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ludwika Zacharwicz.(daughter)

(Address) 1417 Morrison Court Curtis Bay.

15- JUL 23 1925 ROBERT R. KRAUTER Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 21, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) (Duration) ....yrs....mos....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

July 22, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Cross C.C. DATE OF BURIAL. July 24 1925

20-UNDERTAKER. John Grabianska ADDRESS 425 S. Paca St.

is very important. See instructions on back of certificate.

Spec—12-23-21—H.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00559

CERTIFICATE OF DEATH.

8-3

E 00559

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals (T.B.) St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hattie Queen

(a) Residence No. 2011 Keyser st. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	Colored	Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6-DATE OF BIRTH (month, day and year) 1883

7-AGE.	If LESS than 1 day,
42 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Charels Tinson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Mary Gilbert

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) Hospital Records

(Address)

Filed JUL 23 1925 ROBERT R. KRAUTER, Registrar.

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 21, 1925

17- I HEREBY CERTIFY, That I attended deceased from July 11, 19 25 to July 21, 19 25

that I last saw her alive on July 21, 19 25

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. O. McFaine Jr. M. D.

7-22-, 1925 Address Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL, 1925
Ashbury Cem.	July 24
20-UNDERTAKER Wm J. G. Locks	ADDRESS 1302 Jefferson

Spec—12-23-21—B.D.R.S.—400 Blks.

E 00560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8-31 ✓ E 00560

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals (T.B.) St., 8-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. John Noe

(a) Residence No. 1727 N. Bradford st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~Unknown~~ 39 yrs. 9 mos. ds. How long in U. S., if of foreign birth? 34 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Widower

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ the late Unknown Catherine Noe

6-DATE OF BIRTH (month, day and year) 1885

7-AGE.	If LESS than 1 day.
39 yrs. 9 mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Cloth cutter

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown 080

(c) Name of employer:

9-BIRTHPLACE (city or town) Baltimore (State or Country) Maryland

PARENTS.

10-NAME OF FATHER. Charles Noe

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Mary Abel

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Maryland

14- (Informant) Hospital Records

(Address)

15- Filed 192 ROBERT R. KRAUTER, Registrar of Records, Clerk.

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 22, 1925

17- I HEREBY CERTIFY, That I attended deceased from July 20 1925 to July 22 1925 that I last saw him alive on July 22 1925 and that death occurred, on the date stated above, at 12.15A m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous meningitis

(Duration) Unknown yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? NO Date of

Was there an autopsy? YES

What test confirmed diagnosis? Autopsy

(Signed) W. O. McLane Jr. M. D.

7-22-, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Baltimore Cemetery	July 25 1925
20-UNDERTAKER.	ADDRESS
Henry Storck Son	1301 E Eager st

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00561

E 00561

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Russell Elliott

(a) RESIDENCE NO. 1017 St Paul ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr. 22, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Eugene Elliott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lillian Shorter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Eugene Elliott

(Address) 1016 E. Pratt St

15 JUL 23 1925 ROBERT N. KRAUTER Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/22 1925

17 I HEREBY CERTIFY, That I attended deceased from 6/21, 1925, to 7/22, 1925,

that I last saw h[illegible] alive on 6/22, 1925

and that death occurred, on the date stated above, at 5 35 a. m.

The CAUSE OF DEATH* was as follows:

(Marasmus)

Chronic Intestinal Indigestion

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) acute colitis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? at home acute colitis at the hospital

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings.

(Signed) W Edwards, M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Hirel Cemetery — DATE OF BURIAL 7/23 1925

20 UNDERTAKER E. J. Fanning & Son — ADDRESS 1460 Baltimore

CAUSE OF DEATH must be plainly written. See instructions on back of certificates. TION is very important.

Cor.—1-12-23—M&T—100 Bks.

Parents want city to bury this child as please and at address given for body

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 00562

1-PLACE OF DEATH E 00562

REGISTERED NO.

CITY OF BALTIMORE: (No. 65-6 Rabory st ST., 4-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mable Demuth

(a) RESIDENCE No. 658 Rabory ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) —

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			28 dys	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9 BIRTHPLACE (city or town) Bath City
(State or country)

PARENTS

10 NAME OF FATHER Josiah Smith

11 BIRTHPLACE OF FATHER (city or town) Bath
(State or country)

12 MAIDEN NAME OF MOTHER Mable Smith

13 BIRTHPLACE OF MOTHER (city or town) Bath Me
(State or country)

14 Informant Josiah Smith
(Address) 658 Rabory st

15 Filed JUL 23 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-22 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Coroner, autopsy or inquiry.) find that said deceased came to ~~her~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) yrs. 1 mos. 21 ds.

CONTRIBUTORY (Secondary) Shock & Fever

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

7-22, 1925 (Address) 117 W Saratoga st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL — DATE OF BURIAL 192

20 UNDERTAKER — ADDRESS

JUL 23 1925

TION is very important. See instructions on reverse side.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00563 — CERTIFICATE OF DEATH. — 32 — E 00563

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 30 E. Hamilton Ave ST., 7 (WARD) 11

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A Dunn

(a) RESIDENCE NO. 30 E Hamilton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) 5 6 1862

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
63	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saleslady

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Long Green (State or country) Balto Co Md

PARENTS

10 NAME OF FATHER Michael Dunn

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Mary Welsh

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Joseph Dunn (Address) 30 Hamilton Ave

15 Filed JUL 23 1925 ROBERT R. KRAUTER Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1925

17

I HEREBY CERTIFY, That I attended deceased from June 2, 1925, to July 21, 1925,

that I last saw h alive on July 20, 1925

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

T. B. meningitis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Psoas abscess from Lumbar Pott's (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? –

(Signed) Chas Dunn, M. D.

7/27 1925 (Address) 470 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem — DATE OF BURIAL 7/24 1925

20 UNDERTAKER George J Ruth — ADDRESS 1735 Harford Ave

CAUSE OF DEATH is plain terms, so that it may be understood. See instructions on back of certificates. TION is very important.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00564 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 00564

CERTIFICATE OF DEATH.

19-117

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1318 W Baltimore St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret A Soulen

(a) Residence No. 1318 W Baltimore St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: John P Soulen

6-DATE OF BIRTH (month, day and year): May 21st 1863

7-AGE: 62 yrs. 4 mos. 0 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: house work.
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9-BIRTHPLACE (city or town) (State or Country): Ireland

PARENTS.

10-NAME OF FATHER: Patrick Clark

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Ireland

14-
(Informant) Mrs. Elizabeth Burstad
(Address) 1318 W Baltimore St

15-
Filed ..... 192.....
Registrar.

23 1925

instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): July 21-1925.

17- I HEREBY CERTIFY, That I attended deceased from 7/16/25 19..... to 7/21/25 19.....
that I last saw h.. w.. alive on 7/21/25 19.....
and that death occurred, on the date stated above, at 4.30 P m.
The CAUSE OF DEATH* was as follows:

Ca. Appendicitis

(Duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) Pertonitis

(Duration) ..... yrs. ..... mos. 3 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Burnard Terry M. D.

7/21, 19 25 (Address) 901 W Lanvale

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL
New Cathedral Cem	July 24 1925
20-UNDERTAKER	ADDRESS
John F Cowan & Son Ed F G Cowan	901 Hollins St

E 00565

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00565

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2548 W. Fayette St) (Ward) 13

Registered No. C 14-001

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Christian Staff

(Residence in Baltimore: No. 2548 W. Fayette St.; yrs. 60 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Nov. 5 1843 (Month) (Day) (Year)

7-AGE. 81 yrs. 8 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer): 613

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Frank J. Staff

11-BIRTHPLACE OF FATHER, (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Staff

(Address) 2548 W. Fayette St

15- ....., 192.... Registrar.

23 1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 21st, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

at once

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Thos. B. Hoffman M. D. (Coroner.)

July 21 1925. (Address) Curtis Bay

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Natural

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Western Cemetery	July 24th 1925
20-UNDERTAKER,	ADDRESS
F.O. Wagner	1850 N. Gilmor St

Is very important. See instructions on back of Certificate.

Spec.—1-12-23—M&T—500 Blks.

E 00566 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00566

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 Alvie ST., 23-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nancy Curry

(a) RESIDENCE NO. 107 Alvie ST., 23 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edmond Curry

6 DATE OF BIRTH (month, day, and year) Unknown 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Essex Co; Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Essex Co (State or country) Va

12 MAIDEN NAME OF MOTHER Bettie Willis

13 BIRTHPLACE OF MOTHER (city or town) Essex (State or country) Co Va

14 Informant Dinah Harris

(Address) 1104 Alvie St

15 Filed JUL 24 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/21 1925

17 I HEREBY CERTIFY, That I attended deceased from 7/16, 1925, to 7/21, 1925, that I last saw her alive on 7/21, 1925, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Acute myocarditis.

Followed by Acute Dilatation

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Endocarditis Acute

(duration) yrs. mos. 2 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) W. M. Bishop, M. D.

, 19 (Address) 709 Sharp St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	July 24, 25
20 UNDERTAKER John H. Toadvine	ADDRESS 1027 Druid Hill Ave

Cor.—1-12-23—M&T—100 Bks.

E 00567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66 E 00567

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 16-7 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Preston Wright

(a) RESIDENCE No. 828 N Carey ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Va
(State or country)

PARENTS

10 NAME OF FATHER Ernest Wright

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Ella Richards

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Marie Lyon
(Address) 828 N. Carey

15 Filed JUL 24 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-21- 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (~~Inquest, autopsy or~~ inquiry.) thereon and from the evidence obtained by said ..... ~~Inquest, au-~~ ..... topsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute alcoholism

(duration) a few hours

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) W. R. Garnett, M. D.
(Coroner.)

7-23, 1925 (Address) 117 W. Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem. DATE OF BURIAL July 24 1925

20 UNDERTAKER John W. Toadvine ADDRESS 1027 Druid Hill Ave

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 00568

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00568

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 Somerset ST., 5-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Trusty

(a) RESIDENCE No. 426 Somerset ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 29 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Joseph Trusty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Sarah Boulding

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Joseph Trusty father (Address) 426 Somerset st

15 Filed JUL 24 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1925

17

I HEREBY CERTIFY, That I attended deceased from July 20, 1925, to July 22, 1925, that I last saw h[illegible] alive on July 22, 1925, and that death occurred, on the date stated above, at 11 10 P. m.

The CAUSE OF DEATH* was as follows:

Whooping Cough.

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J [illegible], M. D.

7/28 1925 (Address) 1429 E monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem — DATE OF BURIAL July 23 1925

20 UNDERTAKER Wm R A Elliott — ADDRESS 1725 Ashland Ave

CAUSE OF DEATH ... TION is very important. See instructions on back of certificates.

Cor.—1-12-25—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00569 ✓ 003 145 E 00569

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 4-1 WARD)

2-FULL NAME Florence Jackson

(a) RESIDENCE NO. 405 Orange court ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) —

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	31			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9 BIRTHPLACE (city or town) Pa.
(State or country)

PARENTS

10 NAME OF FATHER Henry Washington Sr.

11 BIRTHPLACE OF FATHER (city or town) Pa.
(State or country)

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) Va.
(State or country)

14 Informant Henry Warnby
(Address) 607 Peach alley

15 Filed JUL 24 1925, 192 ..... ROBERT F. KRAUTER Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Inquest, autopsy~~ or inquiry.) thereon and from the evidence obtained by said ~~Inquest, autopsy~~ or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ruptured Uterus Abortion

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Child birth

(duration) yrs. mos. ds.

(Signed) W K Somerville, M. D. (Coroner.)

7-24-1925 (Address) 117 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion

DATE OF BURIAL July 27 1925

20 UNDERTAKER J. L. Brownson

ADDRESS 10 Smith

CAUSE OF DEATH: Please print plainly. See instructions on back of certificate. ATTENTION is very important.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9v

E 00570 Registered No.....

1-PLACE OF DEATH

City of BALTIMORE, (No. 1104 S Sharp St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. William Thomas Williamson

(a) Residence No. 1104 S Sharp St., 23 Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, Col.

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Nov. 1 1916

7-AGE. ....yrs. 9 mos. ....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Sydney Williamson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ga.

12-MAIDEN NAME OF MOTHER, Honey B. James

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ga

14- (Informant) Sydney Williamson

(Address) 1104 S Sharp St

15- JUL 24 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 7/23/25

17- I HEREBY CERTIFY, That I attended deceased from 7/17/25, 19..., to 7/23, 19 25, that I last saw h... alive on 7/23/25, and that death occurred, on the date stated above, at 11.30 A M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Pertussis

Mouth (Duration) ....yrs. 2 mos. 13 ds.

18-Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jno Cowden, M. D.

, 19 (Address) 908 S Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Zion Ch — DATE OF BURIAL, 7/24/25

20-UNDERTAKER, Isaiah L Brown Son — ADDRESS 108 W Monty

00571

(2-23321)—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 00571

CERTIFICATE OF DEATH.

17-129

1-PLACE OF DEATH

City of BALTIMORE: (No. 621 W Biddle St., 17 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George T. Satchel

(a) Residence No. 621 W Biddle St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-~~Single~~, Married, ~~Widowed, or Divorced~~, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Bettie Satchell

6-DATE OF BIRTH (month, day and year)

7-AGE. 81 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) — pod

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, George Satchell

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Hatter Polmer

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Virginia

14- (Informant) Bettie Satchell

(Address) 621 W Biddle St

15- Filed ..... 192 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk

instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 21/25

17- I HEREBY CERTIFY, That I attended deceased from June 1 1925 to July 21, 1925

that I last saw him alive on July 20 1925

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Gen. Arteriosclerosis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis? urinalysis

(Signed) H. S. McCarty M. D.

7/22 1925 (Address) 2005 Druid Hill Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt Moriah Ct	7/24/ 1925
20-UNDERTAKER.	ADDRESS
Isaiah L Brown Son	1018 W Mondg st

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00572

CERTIFICATE OF DEATH.

106-001

E 00572

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 14-2 WARD)

2-FULL NAME Harry Weinberg.

(a) RESIDENCE NO. 2036 Linden St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? 35 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dora

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Hyman Weinberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Isidor Weinberg

(Address) 2036 Linden ave

15 Filed JUL 24 1925 ROBERT A. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-23 1925

17

I HEREBY CERTIFY, That I attended deceased from 7-14, 1925, to 7-23, 1925, that I last saw him alive on 7-23, 1925, and that death occurred, on the date stated above, at 7:25 p. m.

The CAUSE OF DEATH* was as follows:

Bowels-Pneumonia

(duration) 0 yrs. 0 mos 1 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema (duration) 0 yrs. 0 mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 7-21-25

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Victor Heiser, M. D.

7/29 1925 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern ave

DATE OF BURIAL 7/24 1925

20 UNDERTAKER Jos Grimes & Bro

ADDRESS 1127 E Balto St

CAUSE OF DEATH must be stated plainly. See instructions on back of certificates. TION is very important.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00573

CERTIFICATE OF DEATH.

E 00573

1925-63

1862

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2332 Stockton St., 15-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte Hunt

(a) Residence No. 2332 Stockton St. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Benj Hunt

6-DATE OF BIRTH (month, day and year) Dec 1862

7-AGE, 63 yrs. 11 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Calvert Co Md

PARENTS.

10-NAME OF FATHER Miano Watts

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Calvert Co

12-MAIDEN NAME OF MOTHER, Ventrow

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Calvert Co. Md

14- (Informant) Mary L. Pettis

(Address) 2332 Stockton St

15-

Filed ..... 192.....

ROBERT H. KRAUTER

Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 7/22/25

17- I HEREBY CERTIFY, That I attended deceased from 6/26 1925 to 7/22 1925

that I last saw h... alive on 7/22 1925

and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Uremia

Duration ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (Primary) Chronic Nephritis

Duration ..... yrs. 2 mos. ..... ds.

18-Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Lewis Buxton Emory, M. D.

7/23 1925 (Address) 908 Sharp St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet July 1925

20-UNDERTAKER Clarence E. Wright & Bro

ADDRESS Pennsylvania Ave

instructions on back of certificate.

Cer.—1-12-23—M&T—100 Blks.

E 00574

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00574

CERTIFICATE OF DEATH.

188-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Colonial Hospital WARD 14-1

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry G. Davis

(a) RESIDENCE NO. 401 Wilson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	colored	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) about 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Helper (coal truck)
(b) General nature of industry, business, or establishment in which employed (or employer) Yeaton Coal Co.
(c) Name of employer 040

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Joseph Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Caroline Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Calarence Davis

(Address) 160 E. Argyle Ave.

15 FILED JUL 24 1925 16 [illegible] CUBELLO A. KRAUSER, Burial Permit Clerk, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Spine and Injuries

(duration) yrs. mos. 20 hrs. ds.

CONTRIBUTORY (Secondary) Jumped off of auto truck (duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D. (Coroner.)

July 23, 1925 (Address) 280 E. Lanvale Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Thomas Cem DATE OF BURIAL July 24 1925

20 UNDERTAKER Samuel Kinsley ADDRESS [illegible]

CAUSE OF DEATH IS VERY IMPORTANT. See instructions on back of certificate.

Spec.—1-10-21—MAT—1500 Mts.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00575

CERTIFICATE OF DEATH.

3 | E 00575

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 Eutaw ST., 11-7 WARD)

2-FULL NAME Horace G. Epps

(a) RESIDENCE NO. 909 Eutaw ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 8-1919

7 AGE	Years	Months	Days	If LESS than 1 day,.....hrs. or.....min.
	5	9	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Rozlinda Epps

(Address) 909 Eutaw St.

15 JUL 24 1925 HUBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 1925, to July 22, 1925,

that I last saw him alive on July 22, 1925

and that death occurred, on the date stated above, at 1.05 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) C. E. Hall, M. D.

, 19 (Address) 926 E 23rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Victoria Va DATE OF BURIAL July 25 1925

20 UNDERTAKER Samuel T. Busey ADDRESS Bdale

CAUSE OF DEATH must be given. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Bks.

00576

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 00576

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1031 N. Mount ST., 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannah Dixon

(a) RESIDENCE NO. 1031 N. Mount ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harvey Dixon

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 37 (1888) Months Nov. Days 10) If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Calvert Co. Md

PARENTS

10 NAME OF FATHER: Henry Morsell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co Md

12 MAIDEN NAME OF MOTHER: Ida Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co Md

14 Informant: Mrs Ida Morsell

(Address) 1131 N. Mount St.

15 Filed JUL 24 1925 19 ROBERT R. KRAUTER Registrar

CAUSE OF DEATH. See instructions on back of certificates. TION is very important.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1925

17

I HEREBY CERTIFY, That I attended deceased from July 19 -, 1925, to July 22 -, 1925, that I last saw h alive on July 22 -, 1925, and that death occurred, on the date stated above, at 2-20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) about yrs. 3 mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Urine & Gen.

(Signed) Chas. L. McCarthy, M. D.

, 19 (Address) 2410 Edmondson Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wooring Station Catonsville — DATE OF BURIAL: July 25 1925

20 UNDERTAKER: Virginia A. Brooks — ADDRESS: 1463 Carey St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 00577

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 416 N. Collington Ave 6-2 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida M. Tucker

(a) Residence No. 416 N. Collington Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Frank B. Tucker

6-DATE OF BIRTH (month, day and year) Dec. 22, 1850

7-AGE, 74 yrs. 7 mos. ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Prospect (State or Country) Va

PARENTS.

10-NAME OF FATHER, Thos. Riley

11-BIRTHPLACE OF FATHER (city or town) Prince Edward (State or Country), Co. Virginia

12-MAIDEN NAME OF MOTHER, Emily Hudson

13-BIRTHPLACE OF MOTHER (city or town) Farmville (State or Country), Virginia

14-(Informant) Percy Tucker

(Address) 416 N. Collington Ave

15-Filed JUL 24 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 21/1925

17- I HEREBY CERTIFY, That I attended/deceased from July 15 19 25 July 21 19 25 that I last saw h... alive on July 21 19 25 and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Hepatic Carcinoma

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) General Metastasis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

Albert H. Levy

(Signed) M. D.

7/22/25 (Address) 1202 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
Western Cemetery	July 24 1925
20-UNDERTAKER,	ADDRESS
McGinnis-Carroll	Ridgewood Apts

INSTRUCTIONS ON BACK OF CERTIFICATE

Cor.—1-12-23—M&T—100 Blks.

E 00578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113

E 00578

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Stricker Memorial Hospital ST., (WARD) 14

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes B. Parrish

(a) RESIDENCE NO. 3947 Roland ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 Single, ~~Married~~, ~~Widowed~~, or Divorced (write the word) Div.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept. 1924 (1 year)

7 AGE Years | Months 10 | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balt
(State or country) Md

PARENTS

10 NAME OF FATHER Homan Parrish

11 BIRTHPLACE OF FATHER (city or town) Balt
(State or country) Md

12 MAIDEN NAME OF MOTHER Eliz. Darby

13 BIRTHPLACE OF MOTHER (city or town) Balt
(State or country) Md

14 Informant Eliz. Parrish
(Address) 3947 Roland

15 JUL 24 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1925

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:
Convulsions

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Bronchitis acute
(duration) yrs. mos. ds.

(Signed) John H. Morrison, M. D.
(Coroner.)
(Address) 1320 Eutaw pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Peters Cem'y

DATE OF BURIAL 7/24 1925

20 UNDERTAKER J. G. Moran

ADDRESS 3000 E Baltimore

Spec.—1-10-21—M&T—1500 Blks.

18283

E 00579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16-001

E 00579

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST., 8-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eleanor Goos

(a) RESIDENCE NO. 2617 E Preston St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 25, 1923 Baltimore

7 AGE: Years 2 | Months 2 | Days 28 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER Edward Goos

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER Margaret Dwyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Records (Address) J. H. H.

15 Filed JUL 24 1925 ROBERT R. KRAUTER Registrar

CAUSE OF DEATH in plain ... TION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23 1925

17

I HEREBY CERTIFY, That I attended deceased from July 12, 1925, to July 23, 1925, that I last saw her alive on July 23, 1925, and that death occurred, on the date stated above, at 2 45 P. m.

The CAUSE OF DEATH* was as follows:

Dysentery, Acute (Shiga)

(Duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Stool Culture

(Signed) C. J. Cook M. D.

2223 N (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery | DATE OF BURIAL July 25, 1925

20 UNDERTAKER William Cook | ADDRESS 582 E Wood

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00580 E 00580

CERTIFICATE OF DEATH.

8-9

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 1220 Chatham St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Betty Lucile Hunt

(Residence in Baltimore: No. 1220 Chatham St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	col	single

6-DATE OF BIRTH. Feb 7 1920 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
yrs. 6 mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Richard Hunt

11-BIRTHPLACE OF FATHER, (State or Country): N.C.

12-MAIDEN NAME OF MOTHER: Lillian Cook

13-BIRTHPLACE OF MOTHER, (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard Hunt

(Address) 1220 Chatham St

15- JUL 24 1925 ROBERT R. KRAUTER
Registrar.
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 21-25 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Autopsy at Hospital)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pertussis-Ricketts

(Duration) yrs. mos. ds.

(Signed) J. S. Wall M. D.
(Coroner.)

7-24 1925 (Address) 508 E Mt St

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel cemetery	July 24 1925
20-UNDERTAKER. Edward Borgan	ADDRESS 1651 Orleans st

Is very important. See instructions on back of certificate.

Stoc–12-23-21–E.B.R.S.–400 lks.

E 00581 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ E 00581

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 500 Eiselen St., 22 1 Ward) Registered No.

2-FULL NAME Odessa Gross

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 500 Eiselen St, Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 5 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	Col	—

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Dec 27, 1922

7-AGE.	If LESS than 1 day.
2 yrs. 5 mos. 26 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer:

9-BIRTHPLACE (city or town) Baltimore (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Calvert Gross

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Catherine Brown

13-BIRTHPLACE OF MOTHER (city or town) Annapolis (State or Country) Maryland.

14- (Informant) Catherine Brown

(Address) 500 Eiselen St

15- ROBERT R. KRAUTER, Registrar.

JUL 24 1925 Burial Permit Clerk.

instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July - 23-1925

17- I HEREBY CERTIFY, That I attended deceased from July - 22, 19 25 to July - 23 19 25

that I last saw her alive on July - 23, 19 25

and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

Pneumonia

(Duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Whooping Cough

(Duration) yrs. — mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr Strauber, M. D.

7/23, 1925 (Address) 420 W Lee St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Mt Olivet Cemetery	July 24 1925
20-UNDERTAKER,	ADDRESS
Wm. H. Hooper	406 W. Conway St

Spec.—1-10-21—MAT—1500 Blks.

00582

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 001 00582

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST., 15-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Ida Rogan

(a) RESIDENCE No. 2204 Westwood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Rogan

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Hospital Records
(Address)

15 JUL 24 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-24 1925

17 I HEREBY CERTIFY, That I attended deceased from 7-14, 1925, to 7-24, 1925, that I last saw h-e alive on 7-24, 1925, and that death occurred, on the date stated above, at 6:30 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs + Symptoms

(Signed) Victor Heliger, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rosedale	July 26 1925

20 UNDERTAKER Joah Levi ADDRESS 1439 E Baltimore

CAUSE OF DEATH to be filled in plainly with ink or indelibly. See instructions on back of certificates. TION is very important.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 47 E 00583

00583

(1) PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hosp St., 12-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma King (Emma D. King)

(a) Residence No. 2932 St. Paul Street St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 10 mos. (?) ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced, WIFE (or) HUSBAND of Charles King

6-DATE OF BIRTH (month, day and year) June 28th, 1872

7-AGE, 53 yrs. 0 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9-BIRTHPLACE (city or town) New York City (State or Country), New York

PARENTS.

10-NAME OF FATHER, George Daub

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Katherine Reinhardt

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Charles H. King (Son)

(Address) 20 Flatbush Ave., New York City

15- Filed JUL 24 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 23rd, 1925

17- I HEREBY CERTIFY, That I attended deceased from June 29th 1925 to July 23rd 1925, that I last saw her alive on July 21st 1925, and that death occurred, on the date stated above, at 1.00 A.m.

The CAUSE OF DEATH* was as follows:

Metastatic Carcinoma to the Brain

about 1 yrs. mos. ds. (Duration)

CONTRIBUTORY (Secondary) Bilateral Carcinoma Breast

about 2 yrs. 6 mos. ds. (Duration)

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of 5/2/24

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Raymond L. Johnston, M. D.

July 23, 1925 (Address) Union Memorial Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Montclair N J — DATE OF BURIAL, July 27, 1925

20-UNDERTAKER Lloyd L. Cook — ADDRESS 1003 W. Balto St.

instructions on back of certificate.

Stoc—12-23-21—E.B.R.S.—400 Blks.

E 00584

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00584

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. 9

City of BALTIMORE: (No. 1839 Belt st. St., 24-2 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Dorothea E. Akers

(a) Residence No. 1839 Belt st. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female.	white	

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Feb 1 - 1925

7-AGE	If LESS than 1 day,
....yrs. 5 mos. 22 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Balto (State or Country), Md

PARENTS.

10-NAME OF FATHER, Andrew W. Akers

11-BIRTHPLACE OF FATHER (city or town) Harford Co. (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Barbara Ireland

13-BIRTHPLACE OF MOTHER (city or town) Md (State or Country),

14-

(Informant) Mrs. Akers

(Address) 1839 Belt st.

15-

JUL 24 1925 ROBERT R. KRAUTER,

Burial Permit Registrar.

instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 7-23-25

17- I HEREBY CERTIFY, That I attended deceased from July 21, 1925 to July 23 1925

that I last saw h...alive on....., 19.....,

and that death occurred, on the date stated above, at 6:45 P. m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

Bronchopneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. E. Campbell M. D.

July 24, 1925 (Address) 164 E. Lanvale

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem	7/25, 1925
20-UNDERTAKER.	**ADDRESS**
J. Few McCully	130 E. Fort.

Spec.—1-10-21—M&T—1500 Nbs.

E 00585

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 00585

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital ST., 27-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Zapp

(a) RESIDENCE NO. 671 W. Lee ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 9 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Zapp

6 DATE OF BIRTH (month, day, and year) October 5 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Jacob Zapp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Anna Apple

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Jacob F. Zapp (Address) 1835 N. Fremont st

15 Filed JUL 24 1925 19 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23, 1925

17 I HEREBY CERTIFY, That I attended deceased from July 10 m, 1925, to July 23, 1925, that I last saw h m alive on July 23, 1925, and that death occurred, on the date stated above, at 2 509 m.

The CAUSE OF DEATH* was as follows: Cardiac Dilatation

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Cardio Nephritis

(duration) yrs. 10 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John G. Cannon, M. D.

, 19 (Address) Colonial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem	July 25 1925
20 UNDERTAKER E. Lehlman & Son	ADDRESS 1034 Monroe st

CAUSE OF DEATH. See instructions on back of certificate. ATTENTION is very important.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00586

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00586

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1322 W. Lexington St., 19-1 Ward) 90

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Augusta Richardson

(a) Residence No. 1322 W. Lexington St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Benjamin Richardson

6-DATE OF BIRTH (month, day and year): Jan. 22, 1864

7-AGE: 61 yrs. 6 mos. 0 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Inspector

(b) General nature of industry, business, or establishment in which employed (or employer): Labor Bureau Balto. City

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): New York City New York

PARENTS.

10-NAME OF FATHER: Warren Lyon

11-BIRTHPLACE OF FATHER (city or town) (State or Country): New York

12-MAIDEN NAME OF MOTHER: Mary Ferguson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): New York

14-(Informant): Mrs. Laura Burke

(Address): Brooklyn, New York

15-Filed 2 4 1925, 19: Robert P. Harrison, Registrar.

Burial Permit Clerk

Instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 7-23/25

17-I HEREBY CERTIFY, That I attended deceased from June 3/25, 19..., to July 23/25, 19..., that I last saw her alive on July 23/25, 19..., and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Arthritis & Rheumatism

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry B. Holt M. D.

July 27/25 (Address) 1 W. 53rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cemetery

DATE OF BURIAL: 7/25, 19 25

20-UNDERTAKER: Henry W. Myers and Son

ADDRESS: 805 N. Calvert

Spec—12-23-21—E.B.R.S.—400 Blks.

E 00587

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00587

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH Woman's Hospital — 14-2 Registered No.....

City of BALTIMORE: (No.....St., ...Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.....Baby Morgenroth -

(a) Residence No.....Rockpleurg, Md.....St.,.....Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) July 22, 1925

7-AGE, ...yrs.....mos.....ds. If LESS than 1 day, 4....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)...Baltimore, Md.... (State or Country),

PARENTS.

10-NAME OF FATHER, Fred Morgenroth -

11-BIRTHPLACE OF FATHER (city or town)..Baltimore, Md (State or Country),

12-MAIDEN NAME OF MOTHER, Matilda Hilley

13-BIRTHPLACE OF MOTHER (city or town)...Md..... (State or Country),

14-

(Informant).....Matilda Hilley - Mother.

(Address).....Rockpleurg, Md.....

15-

Filed ..... 24 1925 ....., 19?.....

Registrar.

Instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 22/25

17- I HEREBY CERTIFY, That I attended deceased from 3 P.M. July 22, 1925, to 7 P.M. July 22 1925, that I last saw him alive on July 22, 1925, and that death occurred, on the date stated above, at 7 P.M. m.

The CAUSE OF DEATH* was as follows:

Prematurity -

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?.....Date of.....

Was there an autopsy?.....No.....

What test confirmed diagnosis?.....

(Signed) Elias M. Dorsey Jr., M. D.

7/23, 1925 (Address) Womans Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
HOPKINS HOSPITAL	 1925
20-UNDERTAKER Commissioner Health,	ADDRESS JUL 24 1925
Per. Wm. B. [illegible]	

Spec—12-23-21—E.B.R.S —400 Bks.

E 00588

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00588

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals (T.B.) St. 26-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Thorne

(a) Residence No. Roanoke Rapids, N.C. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Colored	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1903

7-AGE.	If LESS than 1 day.
22 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Orderly

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Solomon Thorne

11-BIRTHPLACE OF FATHER (city or town) (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER, Celia Dancey

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), North Carolina

14- (Informant) Hospital Records

(Address)

15- Filed 19? Registrar.

instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 17, 1925

17- I HEREBY CERTIFY, That I attended deceased from June 24, 1925 to July 17, 1925

that I last saw him alive on July 17, 1925

and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? NO Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) W.O. McKane Jr M. D.

7-17-, 1925 (Address) Baltimore City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
PUBLIC CEMETERY	19....
20-UNDERTAKER, Commissioner Health,	ADDRESS JUL 24 1925

THE MORGUE.

E 00589

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00589

CERTIFICATE OF DEATH.

22-31

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 42 E. Hughes St. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose McLaurin.(C)

(Residence in Baltimore: No. 42 E. Hughes St. St.; yrs., 2 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced, (Write the word.)
Female.	Colored	Married

6-DATE OF BIRTH. Do nog know. ....., 1..... (Month) (Day) (Year)

7-AGE. 35 yrs. ---- mos. ---- ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), North Carolina.

PARENTS.

10-NAME OF FATHER, John --------(C)

11-BIRTHPLACE OF FATHER, (State or Country), North Carolina.

12-MAIDEN NAME OF MOTHER, Do not know.

13-BIRTHPLACE OF MOTHER, (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry McLaurin. (husband)

(Address) 42 E. Hughes St.

15- 24 1925 ..... 192.....

Robert P. Harrison, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. July 13, 1925. 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....(Duration).....yrs.....mos.....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

July 14, 1925 (Address) 1019 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents). At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
PUBLIC CEMETERY.	July 24 1925
20-UNDERTAKER.	ADDRESS
City Commissioner Health.	

THE MORGUE

Is very important. See instructions on back.

Spec.—1-10-21—M&T—1500 Bks.

00590 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 00590

CERTIFICATE OF DEATH. 185

1-PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. Bay View Asylum ST. 3-1 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Martino

(a) RESIDENCE No. 36 South High Street ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1872.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53. years.			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Philadelphia.
(State or country) Pennsylvania.

PARENTS
10 NAME OF FATHER Philip Barch.
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Pennsylvania
12 MAIDEN NAME OF MOTHER Anna. ?
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Pennsylvania.

14 Information Hospital Records Baltimore City Hospitals
15 Robert T. [illegible] 19
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16. 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 2. 1925. to July 16. 1925.
that I last saw her alive on July 16. 1925.
and that death occurred, on the date stated above, at 12 10 P. m.
The CAUSE OF DEATH* was as follows:
Compound. infected fracture of left femur (accidental Fall at her father home) Chronic Myocarditis.
(duration) yrs. 6 mos 17 ds.
CONTRIBUTORY (Secondary) Acute Cardiac Dilatation
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of July 16-25
Was there an autopsy? No.
What tests confirmed diagnosis? Chemical & Laboratory
(Signed) H. P. Champe, M. D.
Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Buried and cremated in PUBLIC CEMETERY Baltimore Cemetery DATE OF BURIAL July 30 1925
20 UNDERTAKER Jas E Muller ADDRESS 2210 Jeff
Commissioner Health.

JUL 24 1925

CAUSE OF DEATH must be stated plainly. See instructions on back of certificates. TION is very important.

JUL 24 1925

Dep. Wm. E. WOODALL

Spec—12-23-21—E.B.R.S.—400 Eks.

E 00591

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00591

CERTIFICATE OF DEATH.

26-31

Registered No.....

1-PLACE OF DEATH
City of BALTIMORE: (No.....) Baltimore City Hospitals (St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cornelius Allen

(a) Residence No..... Centerville, Md. St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Colored	Single

5a-If married, widowed, or divorced
HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1910 ?

7-AGE,	If LESS than 1 day,
15? yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Farmhand
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Centerville Maryland

PARENTS.

10-NAME OF FATHER, Robert Allen

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Lottie Griffin

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant).. Hospital Records
(Address)..... B.C.H.

15- July 24 1925 Robert P. Harrison, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 14, 1925

17- I HEREBY CERTIFY, That I attended deceased from June 29, 19 25 to July 14, 19 25
that I last saw him alive on July 14, 19 25
and that death occurred, on the date stated above, at 1.15 A.m.
The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Unknown mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clinical findings

(Signed) W. O. McFarland M. D.

7-14-1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL, ... 19....
PUBLIC CEMETERY.	
20-UNDERTAKER. Com. Dr. Commissioner Health,	ADDRESS 1925

THE MORGUE.

Instructions on back of certificate

E 00592

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00592

CERTIFICATE OF DEATH.

66

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 706 Sterling St. 10-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grant Nubby

(Residence in Baltimore: No. 706 Sterling St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Col	Married

6-DATE OF BIRTH.

....., 1..... (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
30 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Fish mkt 940

9-BIRTHPLACE, (State or Country): Bob, Va

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER, (State or Country),

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER, (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Police Dept

(Address)

15- 24 1925 Robert F. Harrison, Registrar.

Filed ..... 192.....

Burial Permit Clerk.

THE MORGUE.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 13 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry thereon and from the evidence obtained by said inquest, autopsy or inquiry, and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Carcinoma
Fundus

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. Mc Luskey M. D.
(Coroner.)

7-20 1925 (Address) 556 E Fort Ave

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death..... yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. PUBLIC CEMETERY. DATE OF BURIAL, JUL 24 1925

20-UNDERTAKER. Commissioner Health, ADDRESS

Asst. Reg. B. Woodall

Is very important. See that it is correct.

Spec.—1-10-21—M&T—1500 Bks.

00593

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00593

CERTIFICATE OF DEATH.

16-80

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 12-3 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John S. Cooke

(a) RESIDENCE NO. 2310 N Charles ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 2-22-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER John S Cooke

11 BIRTHPLACE OF FATHER (city or town) Chicago
(State or country) Ill.

12 MAIDEN NAME OF MOTHER Isabella T. Rassmg

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

14 Informant John Stanley Cook
(Address) 2310 N. Charles

15 Filed ....., 19 Robert F. Harrison, Registrar

Burial Permit Clerk

L 24 1925

CAUSE OF DEATH. See instructions on back of certificate. TION is very important.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/24 1925

17

I HEREBY CERTIFY, That I attended deceased from 6/21, 1925, to 7/24, 1925, that I last saw him alive on 7/24, 1925, and that death occurred, on the date stated above, at 5-9 m.

The CAUSE OF DEATH* was as follows:

Marasmus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Dysentery

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Laboratory & clinical findings.

(Signed) T. Dallas, M. D.

(Address) 19

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount — DATE OF BURIAL July 25 1925

20 UNDERTAKER William Cook — ADDRESS 502 E Nor

Spec.—1-10-21 M&T 1500 Blks.

E 00594 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 16 E 00594

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No.) ST., 9-1 WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Krager

(a) RESIDENCE NO. St Joseph's Hospital ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	

5a If married, ~~widowed, or divorced~~
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7/23/25

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	Few minutes		—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ~~None~~ ppd
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER F Kroger

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md.
(State or country)

12 MAIDEN NAME OF MOTHER Theophelia Kroger

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md
(State or country)

14 Informant St Joseph Hosp. Records.
(Address)

15 Filed ....., 19.... Registrar

24 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/23 1925

17
I HEREBY CERTIFY, That I attended deceased from 7/23, 1925, to 7/25, 1925, that I last saw him alive on July 23d, 1925 and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH was as follows:

Still birth at Term
Asphyxia Neonatorum
(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hugh Resh, M. D.

July 24 1925 (Address) 1 E. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	July 24 1925
20 UNDERTAKER	ADDRESS
John M Weber	1803 Bank

17

TION is very important. See instructions on back

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00595

CERTIFICATE OF DEATH.

E 00595

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 26-7 WARD)

2-FULL NAME Maria Sandy

(a) RESIDENCE NO. Bay View Asylum ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced: (or) WIFE of Thos. J. Sandy

6 DATE OF BIRTH (month, day, and year): 1863

7 AGE: Years 62 yrs. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: John Dunaway

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Martha Savoy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Baltimore City Hospitals Records (Address)

15 Filed, 19 Registrar

24 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924, to July 23, 1925.

that I last saw her alive on July 23, 1925;

and that death occurred, on the date stated above, at 11:45 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Myocarditis

(duration) 3 (History) yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocardial failure

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller, M. D.

7/24 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Shaws Ch. Richmond Va. DATE OF BURIAL: July 24 1925

20 UNDERTAKER: Robert P. Harrison, Burial Permit Clerk. ADDRESS: 1500 Edmondson

TION is very important. See Instructions on Back of Certificate

Spec.—1-10-21 M&T 1500 Blks.

E 00596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 ✓ 74 E 00596

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3513 Claremont ST., 26-6 WARD)

2-FULL NAME Lena North

(a) RESIDENCE No. 3513 Claremont ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles R. North

6 DATE OF BIRTH (month, day, and year) May 20, 1865.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Carl Baker

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Mrs. Geo. H. Dashiells
(Address) 3513 Claremont St.

15 Filed 24 1925 Robert F. Harrison, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1925, to July 23. 1925
that I last saw h[illegible] alive on July 22, 1925
and that death occurred, on the date stated above, at 10 1/2 m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 30 mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Cushany M. D.
July 28 19 25 (Address) 8100 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oaklawn Cemetery	July 25, 1925
UNDERTAKER Mrs Albert E Fuller	ADDRESS
Mrs. Albert E. Fuller	4806 Harford Ave

SEE INSTRUCTIONS ON BACK OF CERTIFICATE. See instructions. TION is very important.

Spec.—1-10-21—M&T—1500 Bks.

1821 69
E 00597

HEALTH DEPARTMENT—CITY OF BALTIMORE

49 E 00597

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (NO. ..... ST., 9-26 WARD)

2-FULL NAME William P. Friese

(a) RESIDENCE NO. 2009 E. 32nd ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret F. Friese

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant (Address) Johns Hopkins Hospital

15 Filed ..... Albert F. Harriman Registrar

24 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1925

17 I HEREBY CERTIFY, That I attended deceased from June 11, 1925, to July 22, 1925, that I last saw him alive on July 22, 1925, and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of bladder and generalized metastases (Cancer)

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. 1 mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Eugene L. Strauss, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. DATE OF BURIAL July 25 1925

20 UNDERTAKER Margaret E. Flynn ADDRESS 1417 Light St.

CAUSE OF DEATH. See instructions on back of certificate. TION is very important.

Spec. 1-10-21 M&T 1500 Blks.

E 00598

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00598

CERTIFICATE OF DEATH.

1258

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2108 Penrose ST., 20-3 WARD)

2-FULL NAME Jud. E. Wilkins

(a) RESIDENCE NO. 2108 Penrose ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Wilson Wilkins

6 DATE OF BIRTH (month, day, and year) July 19. 1889

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36		5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffer

(b) General nature of industry, business, or establishment in which employed (or employer) P23

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER Jas. Wilkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Anna Johnston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mrs. Wilkins (wife)

(Address) 2108 Penrose

15 Filed ..... 19 .....

44 1925 Registrar

Burial permit issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23 " 1925

17 I HEREBY CERTIFY, That I attended deceased from July 18, 1925 to July 23", 1925, that I last saw h alive on July 23", 1925, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) — yrs. — mos 10 ds.

CONTRIBUTORY (Secondary) —X—

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Hellbaum M. D.

, 19 (Address) 1340 S Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem.	July 27, 1925
20 UNDERTAKER Margaret G. Flynn	ADDRESS 14 W Eight St.

TION is very important. See instructions on ta

Cor.—1-12-21—M&T—100 Blks.

(Stanley Earl Longley)

E 00599

HEALTH DEPARTMENT—CITY OF BALTIMORE

1867

E 00599

CERTIFICATE OF DEATH.

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital ST., 14-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanley Earl Longley

(a) RESIDENCE NO. 1608 Eutaw Place ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. 7 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 3-1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	7	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Manager Stone Quarry
(b) General nature of industry, business, or establishment in which employed (or employer) 086
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Jno M Longley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Alice V. Cornell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Brooklyn Md

14 Informant Jno M Longley
(Address) Govans Md

15 Filed ..... 192 ..... Registrar

25 1925 Robert P. Harrison, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

was in Quarry Accidentally Struck by falling Rock & Explosives.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Accident

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) T K Cornell, M. D.
(Coroner.)

7. 22. 1925 (Address) 117 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery — DATE OF BURIAL 7-26-1925

20 UNDERTAKER Joseph B Cook — ADDRESS 1003 W Balto St

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 00600

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00600

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 N. Bouldin ST., 7-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Novak

(a) RESIDENCE NO. 821 N. Patterson Park Av WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred always ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: John J. Novak

6 DATE OF BIRTH (month, day, and year): July 22-1889

7 AGE: Years 36 Months 0 Days 1 If LESS than 1 day, ...hrs. or ...min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hswf. 037

(b) General nature of industry, business, or establishment in which employed (or employer): At home

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Martin Vesely.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Catherine Jindra.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia.

14 Informant: John J. Novak

(Address): 821 N. Patterson Av.

15 Filed JUL 25 1925, 19.....

Robert P. MATTHEWS, Registrar

Burial Permit 61[illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 23 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1924, to July 23, 1925, that I last saw h[illegible] alive on July 23, 1925, and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) 1 yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) uremia

(duration) — yrs. — mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Edward J. Novak, M. D.

, 19 (Address) 821 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Hill Cem.

DATE OF BURIAL: 7/25 1925

20 UNDERTAKER: Philip Herwig

ADDRESS 2016 Orleans

INSTRUCTION is very important. See instructions on back of Certificate

Spec.—1-12-23—M&T—500 Bks.

00601

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00601

CERTIFICATE OF DEATH.

129

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1120 Riverside ave ST., 24-1 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Patrick Henry McMahon

(a) RESIDENCE NO. 1120 Riverside ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Ella McMahon

6 DATE OF BIRTH (month, day, and year) March 1. 1862

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) ditto

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Boston, Mass.

PARENTS

10 NAME OF FATHER Thos. McMahon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mont Kruse

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Wm. Welsh

(Address) 1120 Riverside ave.

Filed 25 1925, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23 1925

I HEREBY CERTIFY, That I attended deceased from June 20, 1925 to July 23, 1925.

that I last saw him alive on July 23, 1925

and that death occurred, on the date stated above, at 7.30 p. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Geo. Schumacher, M. D.

, 19 (Address) 1337 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	July 27 1925
20 UNDERTAKER	ADDRESS
Margaret G. Flynn	1423 Light St.

TION IS very important

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00602

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00602

CERTIFICATE OF DEATH.

14-49

1-PLACE OF DEATH

City of BALTIMORE: (No. 1422 Linden Ave St., 14-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Jane Feast

(a) Residence No. 1422 Linden Ave St., Ward Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 89 yrs. 11 mos. 14 ds. How long in U. S., if of foreign birth? 89 yrs. 11 mos. 14 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: John Edward Feast

6-DATE OF BIRTH (month, day and year): Aug.-8-1835

7-AGE: 89 yrs. 11 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, professiou, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer:

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James Neely

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Not Known

14-

(Informant) Mr. Charles Feast (Son)

(Address) 728 Reservoir St

15- Feb 25 1925 Robert F. Harrison, Registrar.

Burial Permit Clerk.

INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): July 22-1925

17- I HEREBY CERTIFY, That I attended deceased from May, 1924, to July 22, 1925, that I last saw h. Ev alive on July 22 1925 and that death occurred, on the date stated above, at 11 30 P. m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Parotid -

(Duration) about 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Thrombic Lymphatic Metastasis

(Duration) about 3 yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No —

What test confirmed diagnosis? Thrombic —

(Signed) [illegible] M. D.

Feb 23, 1925 (Address) 1327 Park Ave, Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetary — DATE OF BURIAL, July-25, 1925

20-UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor) — ADDRESS 108 W. NORTH AVE

Spec.—1-10-21—M&T—1500 Bks.

E 00603

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00603

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 Harlem av ST., 17-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Thomas

(a) RESIDENCE NO. 800 Harlem av ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Thomas

6 DATE OF BIRTH (month, day, and year) Augt 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hair dresser

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer Her own

9 BIRTHPLACE (city or town) (State or country) W. C. Co. Md

PARENTS

10 NAME OF FATHER Pinkney Green

11 BIRTHPLACE OF FATHER (city or town) Prince (State or country) George Co. Md

12 MAIDEN NAME OF MOTHER Isadora Edwards

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Co. Md.

14 Informant Isadora Edwards (Address) 800 Harlem ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22nd 1926

17 I HEREBY CERTIFY, That I attended deceased from June 25, 1925, to July 23, 1926.

that I last saw h alive on July 23, 1926

and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Cancer of liver

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Suspected C. of breast (duration) yrs. mos. 28 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw. J. Mueller, M. D.

July 23 1926 (Address) 1235 E. 10th

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	7/26 1926
20 UNDERTAKER	ADDRESS
Jas. M. Skinner	1625 E. Madison

TION is very important. See Instructions on back of Certificate.

00604

HEALTH DEPARTMENT—CITY OF BALTIMORE

00604

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Found floating at W.Md.Coal Pier. 24-18 Registered No. C.....

City of BALTIMORE: (No. Port Covington. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Supposed to be Samuel Martin.

(Residence in Baltimore: No. Unknown St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male.

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Do not know.

6-DATE OF BIRTH: Do not know. (Month) (Day) 1 (Year)

7-AGE: about 24 yrs. yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seaman
(b) General nature of industry, business, or establishment in which employed (or employer): S/S Ellaston.

9-BIRTHPLACE, (State or Country): Liberia.

PARENTS.

10-NAME OF FATHER: Do not know.

11-BIRTHPLACE OF FATHER, (State or Country): Do not know.

12-MAIDEN NAME OF MOTHER: Do not know.

13-BIRTHPLACE OF MOTHER, (State or Country): Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Police Report

(Address) Southern District.

15- July 25 1925 Robert F. Harrison, Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Body found July 18, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning,
probably accidental.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Otto M. Leonhardt M. D. (Coroner.)

July 24, 1925 (Address) 1019 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Zion Cem. DATE OF BURIAL, July 25 19 25

20-UNDERTAKER John H. Toadvine ADDRESS 1027 Druid Hill Ave

E 00605

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00605

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH: Found floating at W.Md.Coal Pier

City of BALTIMORE: (No. Port Covington. St., 24-182 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Supposed to be Thomas Davies.

(Residence in Baltimore: No. Unknown. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male.	Colored	Do not know.

6-DATE OF BIRTH. Do not know. (Month) (Day) 1..... (Year)

7-AGE. about 27 yrs. ...yrs. ...mos. ...ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seaman do
(b) General nature of industry, business, or establishment in which employed (or employer): S/SEllaston

9-BIRTHPLACE, (State or Country): British West Africa.

PARENTS.

10-NAME OF FATHER: Do not know.

11-BIRTHPLACE OF FATHER, (State or Country): Do not know.

12-MAIDEN NAME OF MOTHER: Do not know.

13-BIRTHPLACE OF MOTHER, (State or Country): Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Police Report

(Address): Southern District.

15- Filed ... 19... Robert F. Harrison Registrar.

L 25 1925 BURIAL PERMIT CLERK.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Body found July 18, 1925 (Month) (Day) 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning,
probably accidental.

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) (Duration) ...yrs. ...mos. ...ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

July 24, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Zion DATE OF BURIAL. July 25 19 25

20-UNDERTAKER. John H. Toadvine ADDRESS 1017 Aisquith

This is very important. See instructions on back.

E 00606

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00606

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 217 N. Ann St. 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Blake

(Residence in Baltimore: No. 217 N. ann St.; yrs. 74 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	col	widower

6-DATE OF BIRTH.

....., 1879
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
46 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): O&O

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. James Blake

11-BIRTHPLACE OF FATHER, (State or Country). Md

12-MAIDEN NAME OF MOTHER. Annie Smith

13-BIRTHPLACE OF MOTHER, (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Washington (sister)

(Address) 217 N. Ann ST

15- July 25 1925 192.....

Robert B. Harrison,
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 23-25, 192.....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure (Probably Myocardia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Possibly Specific

(Duration) yrs. mos. ds.

(Signed) J. S. Hall M. D.
(Coroner.)

7-24-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Asbury Cemetery	July 26. 1925

20-UNDERTAKER. Chas. H. Johnson ADDRESS 446 N. Carolina St.

is very important. See instructions

Spec.—1-10-21—M&T—1500 Blks.

E 00607 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 00607

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 21-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Dare

(a) RESIDENCE No. 711 Dover ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Intermittent ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	Colored	Unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of "

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	50 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown 087

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Unknown
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) "
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) "
(State or country)

14 Informant Baltimore City Hospital Records
(Address)

25 1925 Robert F. Harrison, 19
Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23 1925

17 I HEREBY CERTIFY, That I attended deceased from July 17, 1925, to July 23, 1925.

that I last saw him alive on July 23, 1925,

and that death occurred, on the date stated above, at 5:40 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Hypertension, Chronic Nephritis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 2 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Miller, M. D.

7/24/1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 7/26/1925

20 UNDERTAKER Daniel Easton

ADDRESS 916 Pa ave.

TION is very important. See Instructions on

Spec.—1-10-21—M&T—1500 Blks.

E 00608 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 00608

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1141 Wilmer alley ST., 17-1 100-001 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Turner

(a) RESIDENCE No. 1141 Wilmer alley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. 6 mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	colored	Baby

5a If married, widowed, or divorced HUSBAND of (or) WIFE of V

6 DATE OF BIRTH (month, day, and year) Jan 27/25

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
—	—	6	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ... 080

(b) General nature of industry, business, or establishment in which employed (or employer) V

(c) Name of employer V

9 BIRTHPLACE (City or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER James Turner

11 BIRTHPLACE OF FATHER (city or town) ...
(State or country) N.C.

12 MAIDEN NAME OF MOTHER Mary Fisher

13 BIRTHPLACE OF MOTHER (city or town) ...
(State or country) N. C.

14 Informant Mary Turner
(Address) 1141 Wilmer alley

15 Filed ... Robert P. Harrison, Registrar
25 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-23- 1925

17 I HEREBY CERTIFY, That I attended deceased from July 22nd, 1925, to July 23rd, 1925, that I last saw him alive on July 23, 1925, and that death occurred, on the date stated above, at 3:30 p. m.

The CAUSE OF DEATH* was as follows:

Acute ~~Intestinal~~ Catarrhal Pneumonia

(duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Pulmonary Congestion

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? V

Did an operation precede death? No Date of —

Was there an autopsy? V

What test confirmed diagnosis?

(Signed) Jas Caipra, M. D.

, 19 (Address) 1063 Myth Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	7/25/1925
20 UNDERTAKER David Easby	ADDRESS 916 Balto

CAUSE OF DEATH IS very important. See instructions on back

Spec.—1-10-21—M&T—1500 Bks.

E 00609

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00609

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2333 Linden Ave ST. 13-6 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles A. Weyforth.

(a) RESIDENCE No. 2333 Linden Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 2 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christine A. Weyforth

6 DATE OF BIRTH (month, day, and year) May 22 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self. Balto. Md

9 BIRTHPLACE (city or town) (State or country) B. Weyforth

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Steiger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Alsace

14 Informant Phillip Albert Weyforth (Address) Calvert Court Apts.

15 25 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23 1925

17 I HEREBY CERTIFY, That I attended deceased from ....., 19.., to July 23d, 1925, that I last saw him alive on July 23d, 1925, and that death occurred, on the date stated above, at 5.40 P. m.

The CAUSE OF DEATH* was as follows:

acute congestion,
Effusion in the brain
and lungs

(duration) ... yrs. 4 hours mos. ... ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis, Chronic Nephritis (duration) several years yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Howard C. Stern, M. D.

, 19 (Address) 3716 Liberty Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL July 25 25

20 UNDERTAKER Wm Pickersgill Sons ADDRESS Norfolk Va

CAUSE OF DEATH IS very important. See instructions on back of Certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 00610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15-17

E 00610

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4001 Belle Ave. ST., 15 WARD)

2-FULL NAME Lucien C. Hanna

(a) RESIDENCE No. 4001 Belle Ave ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. 1 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 6-1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer) Stationery-Printing

(c) Name of employer The Falconer Co

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry W. Hanna

11 BIRTHPLACE OF FATHER (city or town) (State or country) Churchville Md.

12 MAIDEN NAME OF MOTHER Anna Medany

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Henry W Hanna
(Address) 4001 Belle Ave

15 July 25 1925 Robert P. Harrison Registrar

Burial Permit Clerk

TION is very important. See Instructions

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23 1925

17

I HEREBY CERTIFY, That I attended deceased from July 20, 1925, to July 23, 1925, that I last saw him alive on July 23, 1925, and that death occurred, on the date stated above, at 11:30 a m.

The CAUSE OF DEATH* was as follows:

appendicitis

.....(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY
(Secondary)

.....(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Suspicion

(Signed) Thos. Delany Moores, M. D.

July 25, 1925 (Address) 330 N Charles st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Woodlawn Cem

DATE OF BURIAL July 27 1925

20 UNDERTAKER Harry W. Ehlen

ADDRESS 1944 W. North Ave

192941

Spec.—1-10-21—M&T—1500 Blks.

E 00611 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00611

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Johns Hopkins Hospital REGISTERED NO. 10-232

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Daniels

(a) RESIDENCE NO. 801 Gay St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) MAR 22 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John Daniels

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Thelma Loomis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Records (Address) Johns Hopkins Hospital

15 Filed ..... 19 ..... Robert P. Harrison Registrar

25 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-23-25 19

17

I HEREBY CERTIFY, That I attended deceased from July 14, 1925, to July 23, 1925, that I last saw her alive on July 23, 1925, and that death occurred, on the date stated above, at 12-30 P m.

The CAUSE OF DEATH* was as follows:

Tuberculous meningitis.

Miliary Tuberculosis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) C. Howell, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	July 25, 1925
20 UNDERTAKER	ADDRESS
Mrs R A Elliott	Oakland Md

CAUSE OF ... TION is very important. See instructions on ... side

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00612

HEALTH DEPARTMENT—CITY OF BALTIMORE

00612

CERTIFICATE OF DEATH.

12-3 129

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 3101 N Calvert St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Zena Z. Sweeting

(a) Residence No. 3101 N Calvert St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec 9/1850

7-AGE, 75 yrs. 7 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... None

(b) General nature of industry, business, or establishment in which employed (or employer)...

(c) Name of employer...

9-BIRTHPLACE (city or town) (State or Country), Norfolk Va

PARENTS.

10-NAME OF FATHER, William Butts

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Norfolk Va

12-MAIDEN NAME OF MOTHER, Elizabeth Dilke

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Norfolk Va

14- (Informant) Essma L Langham

(Address) 3101 N Calvert St

15- 25 1925 Robert F. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 25 25

17- I HEREBY CERTIFY, That I attended deceased from Jan 25, 19 25, to July 25, 19 25, that I last saw her alive on July 20, 19 25, and that death occurred, on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis- Myocarditis Arteriosclerosis

(Duration) 5 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Mrs. Louis Lubkruberg, M. D.

7/28, 19 25 (Address) 1122 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park — DATE OF BURIAL, July 27, 1925

20-UNDERTAKER, George J. Smith — ADDRESS 1532 Hollins

Spec.—1-10-21—M&T—1500 Bks.

E 00613

HEALTH DEPARTMENT—CITY OF BALTIMORE (Thompson)

CERTIFICATE OF DEATH.

13SE 00613

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 23-7 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas A. Thompson

(a) RESIDENCE No. 1610 Eyler ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary A. Thompson

6 DATE OF BIRTH (month, day, and year) Oct 1 1848

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Railroad Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) 030

(c) Name of employer B & O.

9 BIRTHPLACE (city or town) (State or country) Balt.

PARENTS

10 NAME OF FATHER Joshua Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt.

12 MAIDEN NAME OF MOTHER Sarah Sullivan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant ..... (Address) University Hospital

15 Robert F. Harrison, Registrar

25 1925 ..... 19 ..... Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24 1925

17

I HEREBY CERTIFY, That I attended deceased from June 15, 1925, to July 24, 1925, that I last saw him alive on July 24, 1925, and that death occurred, on the date stated above, at 11:45 Am.

The CAUSE OF DEATH* was as follows:

Hypertrophy of Prostate (Benign)

(duration) ... yrs. 10 mos ... ds.

CONTRIBUTORY (Secondary) Acute dilatation of Heart

(duration) ... yrs. 1 mos. 1 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of July 20, 1925

Was there an autopsy? No

What test confirmed diagnosis? Operative Finding

(Signed) M. Edwards. M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL July 27 1925

20 UNDERTAKER H. L. Hoffberger — ADDRESS Annapolis Md

CAUSES OF DEATH. See Instructions on Back of Certificate. TION is very important.

Spec.—1-10-21—M&T—1500 Bks.

E 00614

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00614

CERTIFICATE OF DEATH.

111-007

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 N Washington St. 8-2 WARD)

2-FULL NAME J Henry Goetze

(a) RESIDENCE NO. 1805 N Washington St. WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna E. Goetze

6 DATE OF BIRTH (month, day, and year) DEC. 11 1856

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
68	7	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chewing Gum Mfg

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER August Goetze

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Mot Kuckuck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Chas J. Reddish (Address) 1805 N Washington St

15 7 25 1925 Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-23 1925

17 I HEREBY CERTIFY, That I attended deceased from July 22, 1925, to July 23, 1925.

that I last saw him alive on July 23, 1925

and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Peritonitis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Gastric ulcer, with perforation (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Inspection

(Signed) N. H. Stansbury, M. D.

July 8, 1925 (Address) 714 Park Ave, Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Emanuel Cem. DATE OF BURIAL 7-26 1925

20 UNDERTAKER Mrs Chas A G Rohde ADDRESS 600 Arlington Ave.

CAUSE OF DEATH IS very important. See Instructions on Back of Certificate

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00615 160 E 00615

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 Light ST., 22-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John M Dundon Jr

(a) RESIDENCE NO. 803 Light ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 1 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John M Dundon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Meriam G Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Mrs Meriam G. Dundon (Address) 803 Light st

15 FILED 25 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24 1925

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1925, to July 24, 1925.

that I last saw him alive on July 24, 19

and that death occurred, on the date stated above, at 8 30 a m.

The CAUSE OF DEATH* was as follows:

Mal-nutrition

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) [illegible], M. D.

July 26 19 25 (Address) 1701 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	July 25 1925
20 UNDERTAKER John F. Denny	ADDRESS 715 Light St

CAUTION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00616 E 00616

CERTIFICATE OF DEATH.

REGISTERED NO. 89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 331 State St ST., 4-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hattie Williams

(a) RESIDENCE NO. 331 State St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced (or) WIFE of Robt Williams

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook 021

(b) General nature of industry, business, or establishment in which employed (or employer) housework

(c) Name of employer unknown

9 BIRTHPLACE (city or town) (State or country) Richmond Co Va.

PARENTS

10 NAME OF FATHER Lemuel Parks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Leonard Whalen (Address) 673 Carrahan St

15 Filed ..... 19 ..... Robert P. Harrison Registrar

25 1925 Burial Permit Clerk.

TION is very important. See instructions on

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1921

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1921, to July 22, 1921, that I last saw her alive on July 21, 1921, and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Pseudo Angina Pectoris

(duration) 0 yrs. 0 mos 21 ds.

CONTRIBUTORY (Secondary) Acute Indigestion

(duration) 0 yrs. 0 mos. 10 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no —

What test confirmed diagnosis? Clinical Symptoms

(Signed) R B Thompson M. D.

July 23 1921 (Address) 617 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL July 25 1921

20 UNDERTAKER Leonard Whalen

ADDRESS 673 Carrahan St

Spec.—1-10-21—M&T—1500 Bks.

E 00617 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00617

CERTIFICATE OF DEATH. 6-1 129

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1722 Orleans ST., (WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Sewell

(a) RESIDENCE NO. 1722 Orleans ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widow

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Laura Sewell

6 DATE OF BIRTH (month, day, and year) approx 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Calvert Co Md (State or country)

PARENTS

10 NAME OF FATHER Jerry Magruder

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER ~~Coolidge~~ Lizzie Bujeon

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Modiew Magruder (Mother)
(Address) 1722 Orleans St

15 Filed ....., 19 Robert P. Harrison, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23 1925

17 I HEREBY CERTIFY, That I attended deceased from July 3, 1925, to July 23, 1925, that I last saw h[er] alive on July 16 1925 and that death occurred, on the date stated above, at 3 30 P. m.

The CAUSE OF DEATH* was as follows:

Parenchymatous Nephritis (duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R D Gilchrist, M. D.

July 27 1925 (Address) 1424 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
asbury cemetery	July 27 1925
20 UNDERTAKER Edward Bryan	ADDRESS 1631 orleans st

CAUSE OF DEATH IS very important. See instructions on back of certificate.

JUL 25 1925

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00618

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00618

CERTIFICATE OF DEATH.

15-129

Registered No.....

1-PLACE OF DEATH
City of BALTIMORE: (No. 3900 Maine Ave St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Rachael Hamburger

(a) Residence No. 3900 Maine Ave St.,..... Ward.....
(Usual place of abode) (if non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Emanuel Hamburger

6-DATE OF BIRTH (month, day and year) Feb 27 1845

7-AGE, 80 yrs. 5 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). New York City

PARENTS.

10-NAME OF FATHER, Lehman Heldner

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Caroline Rosbacher

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Mrs. Gabriel Hamburger

(Address) 3900 Maine Ave

Jul 25 1925 By Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 24 1925

17- I HEREBY CERTIFY, That I attended deceased from Nov 5 1901, to July 24 1925, that I last saw h.r alive on July 23 1925, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Uraemia

Symptoms: 4 ds.

(Duration) Not known yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Myocarditis.

Symptoms: 9 yrs. mos. ds.

(Duration)

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Emma L. Hamburger, M. D.

July 24, 1925 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Balto. Hebrew Cemetery

DATE OF BURIAL, 7/27 1925

20-UNDERTAKER, Ahrens & Co

ADDRESS 334 Penna Ave

Spec.—1-10-21—M&T—1500 Bk Annie L. Trieschmann

HEALTH DEPARTMENT—CITY OF BALTIMORE

00619

CERTIFICATE OF DEATH

90 E 00619

REGISTERED NO.

1-PLACE OF DEATH University Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Lombard & Greene ST., WARD 1

2-FULL NAME Mrs. Addie L. Trieschmann

(a) RESIDENCE NO. Ellicott City ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Trieschmann

6 DATE OF BIRTH (month, day and year): November 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: John Swallwood

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Rebecca Shipley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

14 Informant: Univ. Hosp. Records.

(Address)

15 Filed: Robert F. Harrison, Registrar

25 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): July 24 1925

17 I HEREBY CERTIFY, That I attended deceased from 6-23, 1925, to 7-24, 1925,

that I last saw h[illegible] alive on 7-24, 1925,

and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

Thyrotoxicosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) myocarditis

(duration) one yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) M. Lawrence, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Johns Cem.

DATE OF BURIAL: July 27 1925

20 UNDERTAKER: Easton & Son

ADDRESS: Ellicott City

CAUSE OF DEATH IS very important. See instructions on back

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47 E 00620

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital Ward) 16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Anna Elizabeth Ritze

(a) Residence No. St. George Road, Roland Park, Balto. Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, (Widowed), or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) April 24, 1841

7-AGE. 84 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Germany

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country). unknown

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). unknown

14- (Informant) Hosp Record

(Address) Union Memorial Hosp

15- Filed ..... Registrar.

25 1925

ROBERT P. BARTLSON,

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 23, 1925

17- I HEREBY CERTIFY, That I attended deceased from June 24 1925 to July 23 1925

that I last saw h.er alive on July 22 1925

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Cardiac decompensation &
failure. Pulmonary embolism

(Duration) yrs. mos. 23 ds.

CONTRIBUTORY (Secondary) Old age - Mastectomy

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of June 25, 1925

Was there an autopsy? No.

What lesl confirmed diagnosis? None

(Signed) R J Bilford M. D.

, 19 (Address) Union memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL, July 27 1925

20-UNDERTAKER Henry J Jenkins Sons

ADDRESS McCulloh - Eutaw Sts

Instructions on back of Certificate.

Spec.—1-12-23—M&T—500 Blks.

E 00621 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 00621

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital ST., WARD 4

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James F. Smith

(a) RESIDENCE NO. 217 Penn St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred (about) yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44		—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto County Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Patient
(Address) 217 Penn St

15 1925 Robert P. HARRISON, Registrar
Burial Permit Clerk.

TION is very Important

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23rd 1925

17

I HEREBY CERTIFY, That I attended deceased from July 11th, 1925, to July 23rd, 1925, that I last saw him alive on July 23rd, 1925 and that death occurred, on the date stated above, at 2 30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Phys. findings

(Signed) Gerald Stowell, M. D.

, 19 (Address) St Agnes Hosp. B

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Charles Cem Pikesville Md	July 27 1925
20 UNDERTAKER John P. Cowan & Son per J. J. Cowan	ADDRESS 901 Hollins

Spec.—1-12-23—M&T—500 Blks.

E 00622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 00622

REGISTERED No. 19-2

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST., WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John C. O'Brien

(a) RESIDENCE NO. 1825 Ramsay ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. 8 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Katy O'Brien - deceased

6 DATE OF BIRTH (month, day, and year) Oct. 26 - 1869

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min
55	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer) City

(c) Name of employer

040

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Mrs Grace Dash (daughter)
(Address) 1825 Ramsay St

15 Filed July 25, 1925, 19

Robert P. Harrison,
Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-24- 1925

17

I HEREBY CERTIFY, That I attended deceased from May 12th, 1925, to July 24th, 1925, that I last saw him alive on July 23rd, 1925 and that death occurred, on the date stated above, at 8.50 a m

The CAUSE OF DEATH* was as follows:

Carcinoma of Neck -

(duration) 1 yrs. 3 mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of May 15-25

Was there an autopsy? no

What test confirmed diagnosis? Section & Gland

(Signed) J. Mraek Stowell, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL July 29 1925

20 UNDERTAKER — ADDRESS

Cor.—1-12-23—M&T—100 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00623 E 00623

CERTIFICATE OF DEATH. X 89 43

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert H. Hunter

(a) RESIDENCE NO 5003 Walnut St. Philada ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Susan Tibbett

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
50			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Phila
(State or country) U. S.

PARENTS

10 NAME OF FATHER John Hunter

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Christine MacKenzie

13 BIRTHPLACE OF MOTHER (city or town) Phila
(State or country) Pa.

14 Informant H. Robert Hunter
(Address) 5003 Walnut St

15 Filed 2-5 1925 192 Robert F. Harrison, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

Sudden (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] (Coroner.), M. D.

July 24 1925 (Address) 1639 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.) 4 years
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Philadelphia, Pa. DATE OF BURIAL 2/25 1925

20 UNDERTAKER C. J. Fanning Inc-1938 ADDRESS Lafayette ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

183077

E 00624

CERTIFICATE OF DEATH.

X 49

E 00624

1-PLACE OF DEATH Johns Hopkins Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., ... WARD) 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Col. Wm Edgar Bristow

(a) RESIDENCE NO. Tampico, Florida ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Bruchin

6 DATE OF BIRTH (month, day, and year) Jan 12th 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	6	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) 830
(c) Name of employer

9 BIRTHPLACE (city or town) Penna
(State or country)

PARENTS

10 NAME OF FATHER Samuel J Bruchin

11 BIRTHPLACE OF FATHER (city or town) Penna
(State or country)

12 MAIDEN NAME OF MOTHER Catharine Bleymyer

13 BIRTHPLACE OF MOTHER (city or town) Penna
(State or country)

14 Informant Rec'd
(Address) Johns Hopkins Hospital

JUL 26 1925 ROBERT R. KRAUTER, Registrar
Chief Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 1925

17 I HEREBY CERTIFY, That I attended deceased from July 18, 1925, to July 25, 1925
that I last saw him alive on July 25, 1925
and that death occurred, on the date stated above, at 120 A m.

The CAUSE OF DEATH* was as follows:
Branchial Cleft Carcinoma (neck)

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Lobar pneumonia
(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of July 19

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) J. C. Reichert, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lewistown Mifflin Co Pa	7/26 1925
20 UNDERTAKER Leach Funeral Home	ADDRESS 118 W Market Lewistown

TION is very important. See instructions on back

...ges.—1-12-23—M&T—500 Blks.

E 00625

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00625

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1614 W. Franklin (WARD) 6

2-FULL NAME John Freeman

(a) RESIDENCE NO. 1614 W. Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Berta Freeman

6 DATE OF BIRTH (month, day, and year) Unknown 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER John Freeman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Berta Freeman 1614 W. Franklin

15 Filed JUL 26 1925 ROBERT A. KARSTEN Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/24 19 25

17 I HEREBY CERTIFY, That I attended deceased from 7/22, 19 25, to 7/24, 19 25.

that I last saw h— alive on 7/23, 19 25

and that death occurred, on the date stated above, at 1:20 P.M.

The CAUSE OF DEATH* was as follows:

1 Cerebral Apoplexy

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Hypertension ?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm R Elliott, M. D.

(Address) 435 S. A. St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richmond Va — DATE OF BURIAL July 25 1925

20 UNDERTAKER Mrs R.A. Elliott — ADDRESS 17 E Fairmount Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00626 CERTIFICATE OF DEATH. X29 E 00626

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (NO. ..... ST., ... WARD 4

2-FULL NAME Oliver E. Kristendoff

(a) RESIDENCE NO. Odenton, Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	10			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Odenton Md.
(State or country)

PARENTS

10 NAME OF FATHER Frank C. Kristendoff

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Balto -

12 MAIDEN NAME OF MOTHER Ouie Spangler

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Union Bridge Md

14 Informant Frank Kristendorff.
(Address) Odenton Md.

15 Filed JUL 25 1925 19..... ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25th 1925

17 I HEREBY CERTIFY, That I attended deceased from July 23rd, 1925, to July 25th, 1925, that I last saw him alive on July 25th, 1925, and that death occurred, on the date stated above, at 12.50 P.M.

The CAUSE OF DEATH* was as follows:

Tetanus (Bron)

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Respiratory failure

None (duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? Odenton Md.

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms.

(Signed) M. P. Byerly, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rickles Memorials Cemetery — DATE OF BURIAL 7/28/25

20 UNDERTAKER J. Roy L. Hedges — ADDRESS Odenton Md.

SUCCESS OF REGISTRATION IS very important. See instructions on back of Certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00627

CERTIFICATE OF DEATH.

185 E 00627

REGISTERED NO.

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No. monument St ST., (WARD) 3

2-FULL NAME Conrad L. Stein Jr

(a) RESIDENCE NO. 228 N Kenwood ST., WARD 6

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 24-1923

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	—	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER Conrad L Stein Sr.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) St Johns Co. Fla.

12 MAIDEN NAME OF MOTHER Olga Carlson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Massachus

14 Informant Conrad L. Stein Sr.
(Address) 228 N Kenwood Ave

15 Filed JUL 26 1925 ROBERT R. KRAUTER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 1925

17 I HEREBY CERTIFY, That I attended deceased from July 23 1925 to July 25 1925 that I last saw h/ alive on July 25 1925 and that death occurred, on the date stated above, at 2.11 A m.

The CAUSE OF DEATH* was as follows:

Brain injury (concussion?) (Fall)

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) Charles Carlson, M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem. DATE OF BURIAL July 27 1925

20 UNDERTAKER John C. Miller ADDRESS 3019 E Monument St

TION is very important. See instructions on

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00628

CERTIFICATE OF DEATH.

129

E 00628

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2808 St Paul St St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. William Augustus Shutze

(a) Residence No. 2808 St Paul St St., Ward Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. 7 mos. 15 ds. How long in U. S., if of foreign birth? 84 yrs. 7 mos. 15 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian E Shutze

6-DATE OF BIRTH (month, day and year) Dec.-8-1840

7-AGE, 84 yrs. 7 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer)..... None

(c) Name of employer.....

9-BIRTHPLACE (city or town)... Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Augustus Shutze

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), France

12-MAIDEN NAME OF MOTHER, ?? Bell

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Maryland

14- (Informant) Mrs. Lillian E. Shutze (Wife)

(Address)..... 2808 St Paul St

15- Filed JUL 26 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 7/24/25

17- I HEREBY CERTIFY, That I attended deceased from 3/8 25, to 7/24, 1925, that I last saw him alive on 7/24, 1925, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Nephritis, 6

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) H S Emmy, M. D.

, 19 (Address) 622 N. Mt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Greenmount Cemetery	July-27, 1925
20-UNDERTAKER. STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)	ADDRESS 108 W. NORTH AVE.

Cor.—1-12-23—M&T—100 Blks.

E 00629 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 00629

CERTIFICATE OF DEATH. 113

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 736 N. Eutaw St., WARD) 17

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Barnes

(a) RESIDENCE No. 736 N. Eutaw St. ST., WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. 2 8 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jan. 27, 1925

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	5	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Benj. Barnes

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Virgie Finney

13 BIRTHPLACE OF MOTHER (city or town) Wash. D. C.
(State or country)

14 Informant Virgie Barnes
(Address) 736 N. Eutaw St.

15 Filed JUL 26 1925 Burial Permit Clerk
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ileo-Colitis

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) no other finding

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

July 24, 1925 (Address) 2802 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	7/26/1925
UNDERTAKER Daniel Easton	ADDRESS Balto

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00630

CERTIFICATE OF DEATH.

45 E 00630

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1033 N. Gilmor ST., WARD 6

2-FULL NAME Elizabeth Peters

(a) RESIDENCE NO. 1033 N. Gilmor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Peters

6 DATE OF BIRTH (month, day, and year) August 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42		—	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 670

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Knight Wm Diggs.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Annie Savoy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Annie Diggs (Address) 1033 N. Gilmor st.

Filed JUL 26 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24 1925

17 I HEREBY CERTIFY, That I attended deceased from July 17, 1925, to July 24, 1925, that I last saw her alive on July 23rd 1925, and that death occurred, on the date stated above, at 6.17 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(duration) yrs. 3 mos — ds.

CONTRIBUTORY (Secondary) not known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical.

(Signed) Harry F. Brown, M. D.

7/24 1925 (Address) 1501 Pressman

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rest Hillburn Md. DATE OF BURIAL 7/27/1925

20 UNDERTAKER Dame Easton ADDRESS 96 Pe ave

TION is very important. See instructions on

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90631

CERTIFICATE OF DEATH.

114 E 90631

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1817 Bonner ST., (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Conrad

(a) RESIDENCE NO. 1812 Bonner ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) [illegible]

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Fred Conrad

11 BIRTHPLACE OF FATHER (city or town) (State or country) Switzerland

12 MAIDEN NAME OF MOTHER Sophie Feck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mary Marquela

(Address) 2006 E Hoffman St

15 Filed JUL 24 1925 ROBERT R. KRAUTER Registrar

TION is very important. See instructions on back

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 1925

17

I HEREBY CERTIFY, That I attended deceased from July 20, 1925, to July 23, 1925, that I last saw him alive on July 23, 1925, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Diarrhea & Exhaustion

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diarrhea & Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos. F. Simms M. D.

, 19 (Address) 1025 N. Wolfe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 7-27 1925

20 UNDERTAKER Frank E. Croft

ADDRESS 1916 Eastern Ave

Spec.—1-10-21—M&T—1500 Bks.

E 00632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 100-001 E 00632

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital Street Ward or Location

(If death occurred in hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mozart Hopkins

(a) RESIDENCE NO. Stevensville, Queen Anne's Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer 1876

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Stevensville Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Hospital Records
(Address)

15 JUL 26 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1925

17 I HEREBY CERTIFY, That I attended deceased from July 22, 1925, to July 26, 1925, that I last saw h[illegible]live on July 26. 1925, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Thyrotoxicosis

Thyrotoxicotic Myocarditis

(duration) 20 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Auricular Fibrillation and Terminal Bronchitis

Pneumonia (duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? Stevensville

Did an operation precede death? Yes Date of July 21. 1925

Was there an autopsy? —

What test confirmed diagnosis? Clinical Tests

(Signed) Kenneth B. Boyd, M. D.

, 19 (Address) Univ. Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Stevensville Md	Jul 27 1925
20 UNDERTAKER Geo J Smith	ADDRESS 1532 Fallsway

CAUSE OF DEATH. See instructions on back of certificate. ATTENTION is very important.

Spec—12-23-21—E.B.R.S.—400 Blks.

00633

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00633

CERTIFICATE OF DEATH.

74-001

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1111 Peach Alley St., Ward) 15-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W. Baker

(a) Residence No. 1111 Peach Alley St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	W.	Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Francis Baker

6-DATE OF BIRTH (month, day and year) Jan 19 1856

7-AGE,	If LESS than 1 day,
69 yrs. 6 mos. 6 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Contractor, Retired

(b) General nature of industry, business, or establishment in which employed (or employer)..... 016

(c) Name of employer.....

9-BIRTHPLACE (city or town) Balto. Md.
(State or Country)

PARENTS.

10-NAME OF FATHER Stephen Baker

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

13- (Informant) Mary L. Meinschein

(Address) 130 S. Eleventh Ave.

JUL 29 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 7/25/25

17- I HEREBY CERTIFY, That I attended deceased from June 1 1925, to July 25 1925, that I last saw h[illegible] alive on June 25 1925, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. 7 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Howard Dawson, M. D.

, 19 (Address) 177 Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Cedar Hill	July 28 1925

20-UNDERTAKER.	ADDRESS
Wm. Cook	512 E North Ave

INSTRUCTIONS ON BACK OF CERTIFICATE

Spec—12-23-21—E.B R.S.—400 Bks.

E 00634

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00634

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

City of BALTIMORE: (No.) 3527 Falls Road St., Ward 23

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Shalek

(a) Residence No. 3527 Falls Road St., Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, Divorced (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob M Shauck

6-DATE OF BIRTH (month, day and year) Sept 3 1847

7-AGE, 77 yrs. 10 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Carroll Co Md

PARENTS.

10-NAME OF FATHER Elisha Griffith

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Carroll Co Md

12-MAIDEN NAME OF MOTHER Martha Pool

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Carroll Co Md

14-(Informant) Mrs Lula Shauck

(Address) 3527 Falls Road

15-

JUL 26 1925 ROBERT R. KRAUTER, Registrar.

Cyclal Parrish Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 25-1925

17- I HEREBY CERTIFY, That I attended deceased from July 7 1925 to July 25 1925

that I last saw h.. alive on July 25 1925

and that death occurred, on the date stated above at 3.50 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration. Cardio Sclerosis - Aortic dilatation

Duration 2 yrs mos 10 Min ds.

CONTRIBUTORY (Secondary) Diabetes Cardiac Hypertrophy Chron Int Nephritis

Duration 5 yrs mos ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Observation

(Signed) Vernon F Kelly, M. D.

7/25/25 (Address) 4 Somerset Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Ridge DATE OF BURIAL, July 28 1925

20-UNDERTAKER, H S Marshall ADDRESS 3539 Falls Rd

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 00635

E 00635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 107-003

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2845 W Lafayette av ST.; WARD) 3

2-FULL NAME Hellena Marie Freed

(a) RESIDENCE. No. 2845 W Lafayette av ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 6 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas F Freed

6 DATE OF BIRTH (month, day, and year) Jan 7 - 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
[redacted]	42	6	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer X X X

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Peter Nelson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Denmark

12 MAIDEN NAME OF MOTHER Fanny Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14

Informant Thomas F. Freed

(Address) 2845 W. Lafayette Ave

15 Filed JUL 26 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24 19 25

17

I HEREBY CERTIFY, That I attended deceased from March, 1925, to July 26, 19 25;

that I last saw her alive on July 26, 19 25;

and that death occurred, on the date stated above, at 12:15 P.M.

The CAUSE OF DEATH* was as follows:

Lung abcess.

over

(duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia.

(duration) 2 ago yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 3 days previous

Was there an autopsy? No

What test confirmed diagnosis? X Ray and Laboratory.

(Signed) J. H. Zeiler, M. D.

19 (Address) 1123 Poplar Grove

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	July 27 1925
20 UNDERTAKER	ADDRESS
Wilbur W. Shriver	518 Edmondson Ave

TION is very important. See instructions

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00636

CERTIFICATE OF DEATH.

90 E 00636

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1711 S. ann. ST., WARD) 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Antoni Karbowniczek

(a) RESIDENCE NO. 1711 S. ann St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of 1

6 DATE OF BIRTH (month, day, and year) May 9. 1917

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	8	1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimor Md

PARENTS

10 NAME OF FATHER Jacob Karbowniczek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Katharine Nowak

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14

Informant (Address) Jacob Karbowniczek 1711 S ann St

15

Filed JUL 26 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24 1925

17

I HEREBY CERTIFY, That I attended deceased from July 10, 1925, to July 24, 1925, that I last saw him alive on July 23, 1925, and that death occurred, on the date stated above, at 8.45 a m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation (Decomp.

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Rheumatism

(duration) yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? 1

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thos Ja Devries, M. D.

7-5, 1925 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus.	July 27 1925
20 UNDERTAKER	ADDRESS
M F. Sadowski	705 S. Ann

...TION is very important. See instructions on back of Certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 00637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

48 E 00637

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 428 Ilchester Ave. St.; 12th WARD)

REGISTERED NO. .....
(If death occurred in hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Milton S. Hall

(a) RESIDENCE No. 428 Ilchester Ave ST., 12th WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie E. Hall

6 DATE OF BIRTH (month, day, and year) Oct. 30, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER John H. Hall.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Rebecca Wall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Virgie E. Faithen
(Address) 428 Ilchester Ave.

15 JUL 26 1925 ROBERT H. KRAUTER Registrar

TION is very important. See instructions

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 15 1924, to July 24, 1925

that I last saw him alive on July 23. 1925

and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Rodent Carcinoma of the face

(duration) 11 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bacteremia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) H. B. French M. D.

July 25, 1925 (Address) 1100 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Johns Cem Co.	Jul. 26 1925
20 UNDERTAKER	ADDRESS
Easton Sons	Ellicott City

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00638

00638

CERTIFICATE OF DEATH. X 84

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hosp. ST., ... WARD .....

2-FULL NAME Evelyn Hosford

(a) RESIDENCE No. Eastman Ga ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 27 1912

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	13	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Eastman Ga

PARENTS

10 NAME OF FATHER Edw Hosford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga

12 MAIDEN NAME OF MOTHER Alice M Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga

14 Informant Records (Address) J H H

15 JUL 27 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 - 1925

17 I HEREBY CERTIFY, That I attended deceased from July 23 - 1925, to July 25 - 1925,

that I last saw her alive on July 25 - 1925,

and that death occurred, on the date stated above, at 3.00 P. m.

The CAUSE OF DEATH* was as follows:

Epilepsy, Jacksonian
Post Operative Shock.

(duration) 12 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of 7-25-25

Was there an autopsy? yes...

What test confirmed diagnosis? Operation Scar

(Signed) Antony D Hall, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Eastman Ga DATE OF BURIAL July 28 1925

20 UNDERTAKER John D. Mitchell ADDRESS 1200 N Eutaw St

CAUTION is very important. See instructions on back.

Spec.—1-10-21—M&T—1500 Blks.

E 00639

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00639

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 57 Mason St

CITY OF BALTIMORE: (No.) Masonville ST., (Ward)

2-FULL NAME Jos. F. X. McCormick

REGISTERED NO. 1598

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO. Masonville ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 22 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 4, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		7	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Masonville
(State or country)

PARENTS

10 NAME OF FATHER John McCormick

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary Hermand

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant John McCormick.
(Address) 57 Mason St

Filed JUL 27 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1925

17 I HEREBY CERTIFY, That I attended deceased from July 17, 1925, to July 26, 1925, that I last saw h[illegible] alive on July 25, 1925, and that death occurred, on the date stated above, at 11-30 A. m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) 3 weeks yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. H. Brooks, M. D.

July 26 1925 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery — DATE OF BURIAL July 27 1925

20 UNDERTAKER Margaret A. Flynn — ADDRESS 1422 Light St.

TION is very important. See instructions on ba[illegible]

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00640

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00640

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2915 N. Calvert St., Ward) Registered No. 129

2-FULL NAME Ellen Ward Mahon

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 2915 N. Calvert St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of James M. Mahon

6-DATE OF BIRTH (month, day and year) May 12, 1855

7-AGE.	If LESS than 1 day.
70 yrs. 2 mos. 12 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Ireland

PARENTS.

10-NAME OF FATHER, Timothy Ward

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Ireland

12-MAIDEN NAME OF MOTHER, Ann Moran

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Ireland

14-INFORMANT: Mrs. Loreto M. Quinn

ADDRESS: 2915 N. Calvert St.

15- JUL 27 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 24 1925

I HEREBY CERTIFY, That I attended deceased from July 16th, 1925, to July 24th, 1925, that I last saw h[illegible] alive on July 24th, 1925, and that death occurred, on the date stated above, at 9.15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis (Uremia)

(Duration) yrs. mos. ds.

CONTRIBUTORY Uremia

(Secondary)

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination Physical

(Signed) Hidings O'Connell, M. D.

, 19 (Address) 1827 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	7/28, 19 25
20-UNDERTAKER,	**ADDRESS**
Henry W. Myers & Son	905 N. Calvert

INSTRUCTIONS ON BACK

Cor.—1-12-23—M&T—100 Bks.

E 00641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 E 00641

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3040 Boston ST., 1-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maryanna Michalski

(a) RESIDENCE NO. 3040 Boston ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? 32 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Michalski

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Joseph Garny

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs Geo. Michalski
(Address) 3040 Boston Street

15 JUL 27 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) 1 yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) 6 yrs. mos. ds.

(Signed) G. E. Gilbert, M. D.
(Coroner.)
July 26, 1925 (Address) 1215 N. Penna

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	July 27 1925
20 UNDERTAKER John Wadelich	ADDRESS 1803 Bank

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00642

CERTIFICATE OF DEATH.

112 E 00642

REGISTERED NO. 10-17

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 841 E Eager ST., 10 WARD)

If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Mildred Healy

(a) RESIDENCE NO. 841 E Eager ST., 10 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 16 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Sing'l.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 11 1925

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER John L. Healy

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Elenora M. Walters

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Mr. John L. Healy (Address) 841 E Eager St

15 Filed JUL 27 1925, 19.... ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

CAUSE OF DEATH IS very important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 1925

17 I HEREBY CERTIFY, That I attended deceased from July 10th, 1925, to July 27, 1925, that I last saw h[illegible] alive on July 25th 1925 and that death occurred, on the date stated above, at 12.30 A. m.

The CAUSE OF DEATH* was as follows:

Cystitis Catarrhal

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Cystitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. W. Lewis, M. D.

July 27, 1925 (Address) 1501 E Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	July 28 1925
20 UNDERTAKER	ADDRESS
Henry Hoech, Son	1301 E Eager St

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00643

CERTIFICATE OF DEATH.

29 E 00643

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. Sydenham Hosp ST.; WARD) 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George H. Diegelman

(a) RESIDENCE. No. 1605 N Durham ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. 2 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 9, 1909

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	16	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Errand Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Anthony Diegelman

11 BIRTHPLACE OF FATHER (city or town) Washington D.C.
(State or country)

12 MAIDEN NAME OF MOTHER Justina Ofenstein

13 BIRTHPLACE OF MOTHER (city or town) Washington D.C.
(State or country)

14 Informant Anthony Diegelman
(Address) 1605 N Durham

15 Filed JUL 27 1925 19 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1925

17

I HEREBY CERTIFY, That I attended deceased from July 26, 1925, to July 26, 1925, that I last saw him alive on July 26, 1925, and that death occurred, on the date stated above, at 1.30 p m.

The CAUSE OF DEATH* was as follows:

Tetanus

(Accident)

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Laceration of Left Forefinger

(duration) yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull, M. D.

7/26 1925 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	July 28 1925
20 UNDERTAKER	ADDRESS
Henry Hoeck Son	1301 E Eager

TION is very important. Use ...

Spec.—1-10-21—M&T—1500 Bks.

183114 E 00644

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

174-001 E 00644

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST., 1 WARD) 2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph H Surz

(a) RESIDENCE NO. 2008 E Jamale St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. — mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 7 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49	—	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk &

(b) General nature of industry, business, or establishment in which employed (or employer) Post Office.

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Frank Surz

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Wilhelmina Schulten

13 BIRTHPLACE OF MOTHER (city or town) Holland (State or country)

14 Informant Regards (Address) J. H. S.

15 JUL 27 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1925

17 I HEREBY CERTIFY, That I attended deceased from July 11 —, 1925, to July 26, 1925, that I last saw him alive on July 26, 1925, and that death occurred, on the date stated above, at 2.45 P. m.

The CAUSE OF DEATH* was as follows:

Arterio-Venous Fistula Cutaneanial. Intra-Ventricular Hemorrhage-Recent (duration) lifetime yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes. Date of 7-21-25

Was there an autopsy? yes.

What test confirmed diagnosis? Operation

(Signed) Richard D Hart, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL July 29 19 25

20 UNDERTAKER Henry Storch Son — ADDRESS 1301 E Eager St

CROSS-OUT WORDS NOT APPLICABLE. See instructions on reverse side. ATTENTION is very important.

Spec.—1-10-21—M&T—1500 Blks.

E 00645

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00645

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home Infirmary 129 REGISTERED NO.....

CITY OF BALTIMORE: (No. ..... ST., (WARD) 4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank L. Frey (Frey)

(a) RESIDENCE NO. 1102 McDonogh ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sally Frey

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
Age.	61	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) 615

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER John Frey

11 BIRTHPLACE OF FATHER (city or town) Not Known (State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Not Known (State or country)

14 Informant Mrs. Sally Frey

(Address) 1102 McDonogh St

15 Filed ..... 19 ..... ROBERT R. KRAUTER Registrar

JUL 27 1925

Burial Permit Clerk

TION is very important. See instructions on reverse side.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1925

17

I HEREBY CERTIFY, That I attended deceased from May 23, 1925 to July 26, 1925.

that I last saw h.. alive on July 26, 1925.

and that death occurred, on the date stated above, at ..... P.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Chronic Parenchymatous Nephritis

Chronic Pericardial Congestion

..... (duration) ? yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Frank C. Ries, M. D.

, 19 (Address) Church Home + Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Jackson. Va. DATE OF BURIAL July 28 1925

20 UNDERTAKER Henry Hoech Son ADDRESS 1301 E Eager

Spec.—1-10-21—M&T—1500 Blks.

E 00646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 00646

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., WARD) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Addie Blake or Wright

(a) RESIDENCE No. 117 N Hare ST., WARD 10

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48yrs.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Charles Rosey

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Nellie Rosey

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Baltimore City Hospitals Records (Address)

15 Filed JUL 27 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

TION is very important. See instructions

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23 1925

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1925, to July 23, 1925, that I last saw her alive on July 23, 1925, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Hypertension

Chronic myocarditis,

Myocardial failure

(duration) yrs. 4 (History) mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Laboratory

(Signed) Lindsay Miller, M. D.

7/24, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Lucas	July 27 1925
20 UNDERTAKER	ADDRESS
S. W. Brown & Son	208 N. Monte

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00647
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

113 E 00647
Registered No. C.....

City of BALTIMORE: (No. 122 N. Montgomery St. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Brooks.(C)

(Residence in Baltimore: No. 122 N. Montgomery St. St.; yrs., 9 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female.	Colored	Single.

6-DATE OF BIRTH, October 20, 1924
(Month) (Day) (Year)

7-AGE, 9 yrs. 5 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Harry Kelso.(C)

11-BIRTHPLACE OF FATHER, (State or Country) Baltimore, Md.

12-MAIDEN NAME OF MOTHER, Hilda Brooks.(C)

13-BIRTHPLACE OF MOTHER, (State or Country) Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Hilda Brooks.(C)mother
(Address) 122 W. Montgomery St.

15-
Filed JUL 27 1925, 193.
ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 25, 1925.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Diarrhoea & Enteritis,
Eclampsia.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Otto M. Kessinhardt M. D.
(Coroner)
July 25, 1925. (Address) 1017 E. Charles St.

*State the **Disease Causing Death**, or, In deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal, or Homicidal.**

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Zion C-	July 27, 1925
20-UNDERTAKER,	ADDRESS
J. L. Brown's Son	158 W. Mulberry St

IS VERY IMPORTANT SEE NUMBER

Spec.—1-10-21—M&T—1500 Blks.

00648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 E 00648

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 W. Lanvale St ST., WARD) 16-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME SIMON KLAWANSKY

(a) RESIDENCE NO. 1701 W. Lanvale ST., WARD)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Rebecca Klawansky

6 DATE OF BIRTH (month, day, and year) Feb 10 - 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocer

(b) General nature of industry, business, or establishment in which employed (or employer) Grocery

(c) Name of employer Self

9 BIRTHPLACE (city or town) Kovno

(State or country) Russia

PARENTS

10 NAME OF FATHER Ruben Klawansky

11 BIRTHPLACE OF FATHER (city or town) Kovno

(State or country) Russia

12 MAIDEN NAME OF MOTHER Jennie Klawansky

13 BIRTHPLACE OF MOTHER (city or town) Kovno

(State or country) Russia

14 Informant Charles G Lee

(Address) 1218 Ruxton Ave

15 Filed JUL 27 1925 ROBERT R. KRAUTER, Burial Permit Clerk Registrar

CAUSE OF DEATH. See Instructions. IMPORTANT. See Instructions very important.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1925

17

I HEREBY CERTIFY, That I attended deceased from July 21, 1925, to July 26, 1925.

that I last saw him alive on July 26, 1925

and that death occurred, on the date stated above, at 8.50 P m.

The CAUSE OF DEATH* was as follows:

Primary carcinoma of colon

(duration) 3 yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Carcinoma of liver

(duration) 0 yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical + history

(Signed) Frank Levinson, M. D.

7/26, 1925 (Address) 2305 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rehrem Rosedale

DATE OF BURIAL 7/27/25

20 UNDERTAKER Jack Lewis 1437 E Balt

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00649

CERTIFICATE OF DEATH.

1113

REGISTERED No. E 00649

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1630 n. Mount St. (ST.,) (WARD) 13 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John n. Hayden, Jr.

(a) RESIDENCE NO. 1630 n. Mount St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) 3-11-25

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓ Bds

(c) Name of employer ✓

9 BIRTHPLACE (city or town) Balto, Md.
(State or country)

PARENTS

10 NAME OF FATHER John n. Hayden Sr.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Charlotte N.C.

12 MAIDEN NAME OF MOTHER Geneva Gibson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Concord, N.C.

14 Informant John n. Hayden, Sr.
(Address) 1630 n. Mount St

15 Filed JUL 27 1925 ROBERT R. KRAUTER, Registrar
Burial Permit Clerk.

TION is very important. See instructions on

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-26-1925

17 I HEREBY CERTIFY, That I attended deceased from 7-17-1925 to 7-26-1925; that I last saw him alive on 7-26-1925, and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

Ileo-colitis

2 wks.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? ✓

(Signed) George C. Page, M. D.

, 19 (Address) 1816 n. Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery — DATE OF BURIAL 7/26 1925

20 UNDERTAKER Mrs Geo H. Dennis — ADDRESS 1303 Prestman St

per J. E. Nelson

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 00650 — REGISTERED NO. E 00650

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1145 Woodyear ST., WARD 9 16

2-FULL NAME Bernice Burke

(a) RESIDENCE NO. 1145 Woodyear ST., WARD 16

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 9, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1		22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) md

PARENTS

10 NAME OF FATHER Thomas Burke

11 BIRTHPLACE OF FATHER (city or town) Calvert Co (State or country) md.

12 MAIDEN NAME OF MOTHER Hattie Johnson

13 BIRTHPLACE OF MOTHER (city or town) Calvert Co (State or country) md.

14 Informant Thomas Burke. (Address) 1145 woodyear St.

15 Filed JUL 27 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

TION is very important. See instructions on

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 1925

17 I HEREBY CERTIFY, That I attended deceased from 7-23, 1925, to 7-23, 1925, that I last saw her alive on 7-23, 1925, and that death occurred, on the date stated above, at 4:45 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Whooping cough (duration) yrs. mos 21 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Harry F Saunders, M. D.

, 19 (Address) 1123 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL July 27 1925

20 UNDERTAKER Mrs Jas. H. Dennis per T. E. Kelson — ADDRESS 1303 Pressman St

Spec– 12-23-21– E.B.R.S.–400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00651

100-001 E 00651

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1644 N Gilmor St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Melvin Taylor

(a) Residence No.. 1644 N Gilmor St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) —

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1-4-1925

7-AGE. ....yrs. 6 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child.
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Rufus Taylor

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Fannie Ball

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Virginia

14- (Informant) Fannie Taylor (Address) 1644 Gilmor St.

15- Filed ..... 192.... ROBERT R. KRAFT Registrar.

JUL 27 1925 Chief Deputy Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 26 1925

I HEREBY CERTIFY, That I attended deceased from July 24 19 25 to July 26 19 25, that I last saw h.. alive on July 26 19 25 and that death occurred, on the date stated above, at 8:30 a m.

The CAUSE OF DEATH* was as follows:

Bronchus Pneumonia

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Pacific

(Duration) ....yrs. 6 mos. ....ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Chas F Blanchard M. D.

7/27 1925 (Address) 1502 McCulloh St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Auburn — DATE OF BURIAL, July 27 1925

20-UNDERTAKER, Virginia A Brooks — ADDRESS 1463 N Carey St

Instructions on Back

Spec—12-23-21—E.B.R.S.—400 Blks.

E 00652

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00652

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

City of BALTIMORE: (No. 907 Calhoun St., 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucy Jane Conway

(a) Residence No. 907 Calhoun St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1870

7-AGE. 55 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laundress

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9-BIRTHPLACE (city or town) (State or Country), Fauquier Co. Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), " "

12-MAIDEN NAME OF MOTHER, Lucy J. Wright

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Fauquier Co Va

14- (Informant) Mrs. J. Dennis

(Address) 907 Calhoun St

15- JUL 27 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

Instructions on back of Certificate

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 25. 1925

17- I HEREBY CERTIFY, That I attended deceased from July 1, 1925 to July 25, 1925 that I last saw h. alive on July 24, 1925 and that death occurred, on the date stated above, at 8.20 P. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis. 7

(Duration) yrs. 1 mos. 20 ds.

CONTRIBUTORY (Secondary) Cardiac Failure.

(Duration) yrs. mos. 25 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wm. H. Wright M. D.

July 25, 1925 (Address) 209 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL, July 25 1925

20-UNDERTAKER, Virginia A. Brooks — ADDRESS 1463 N. Carey St

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00653

CERTIFICATE OF DEATH.

Registered No. E 00653

1-PLACE OF DEATH

City of BALTIMORE: (No. 1338 N. Chester St., 90 Ward 3)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Frank A. Freimuth

(a) Residence No. 1338 N. Chester St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Bernadine E.

6-DATE OF BIRTH (month, day and year) Sept 12 1860

7-AGE, 64 yrs. 10 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Cigar Maker

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Va

PARENTS.

10-NAME OF FATHER, Henry Freimuth

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Not Given

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Not Given

14- (Informant) Bernadine E. Freimuth

(Address) 1338 N Chester St

15- JUL 27 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 24/25

17- I HEREBY CERTIFY, That I attended deceased from May 1 25 to July 24 19 25

that I last saw h... alive on July 24 19 25

and that death occurred, on the date stated above, at 10.0 m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Finding

(Signed) Fred Runge M. D.

7-25 (Address) 800 N Rutland Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer — DATE OF BURIAL. July 28. 1925

20-UNDERTAKER. Geo M Fritz & Son — ADDRESS 811 N Wolfe

INSTRUCTIONS ON BACK OF CERTIFICATE

Spec.—1-10-21—M&T—1500 Bks.

E 00654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 122-002 E 00654

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1000 S Paca ST., WARD) W 1-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jane A Dignan

(a) RESIDENCE NO. 1000 S Paca ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James H Dignan

6 DATE OF BIRTH (month, day, and year) March 8 1855

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
70	4	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Stephen McGowan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant James H Dignan

(Address) 1000 S Paca St

15 Filed JUL 27 1925 ALBERT R. KRAUTER, Registrar of Vital Statistics

TION is very important. See instructions on ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-26 1925

17 I HEREBY CERTIFY, That I attended deceased from Apr. 15, 1925, to June 26, 1925, that I last saw h alive on June 25, 1925, and that death occurred, on the date stated above, at 2 20 A m.

The CAUSE OF DEATH* was as follows:

Hypertrophic Cirrhosis of Liver

(duration) yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M B Trilinger M. D.

7/27 1925 (Address) 68 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL 7-29 1925

20 UNDERTAKER E & B Harle — ADDRESS 115 E Mad St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00655 — CERTIFICATE OF DEATH. — 117 — E 00655

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital ST., (WARD) 7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Sloan.

(a) RESIDENCE NO. 15. 6th St. Brooklyn ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 3 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none.

6 DATE OF BIRTH (month, day, and year) Apr. 11 1919

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	6	3	15.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Thomas Sloan.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary M. Magruder.

13 BIRTHPLACE OF MOTHER (city or town) Balto Md.
(State or country)

14 Informant Thomas Sloan.
(Address) 15 6th St.

15 JUL 27 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-26 1925

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to July 26, 1925, that I last saw h.. alive on July 26, 1925, and that death occurred, on the date stated above, at 7 15 a m.

The CAUSE OF DEATH* was as follows: Peritonitis (Generalized).

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Ruptured Appendix.

(duration) yrs. mos. 27 ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? Yes. Date of July 1-25.

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) James W. Nelson. M. D.

. 19 (Address) So. Balto Genl Hospt.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet. Washington D.C. DATE OF BURIAL 7-28 1925

20 UNDERTAKER E. T. DeHarle 115 E. N. 20th St. ADDRESS

TION is very important. See instructions

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00656

CERTIFICATE OF DEATH.

113

E 00656

REGISTERED NO. 16-2

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 203 N. Wolfe St. (ST., or WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Emma Miller

(a) RESIDENCE No. 203 N. Wolfe St. ST., 6 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 24-25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
		4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Jacob B Miller

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Washington D C.

12 MAIDEN NAME OF MOTHER M. Lobig

13 BIRTHPLACE OF MOTHER (city or town) Indiana
(State or country)

14 Informant J B Miller
(Address) 203 N. Wolfe

JUL 27 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 1925

17

I HEREBY CERTIFY, That I attended deceased from July 21 1925 to July 25 1925.

that I last saw h[illegible] alive on July 24 1925

and that death occurred, on the date stated above, at 10:30 a m.

The CAUSE OF DEATH* was as follows:

Ileo Colitis

(duration) ... yrs. ... mos 10 ds.

CONTRIBUTORY (Secondary) Ileo colitis

(duration) ... yrs. ... mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) W. S. Tillett M. D.

July 25 1925 (Address) 2220 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and, Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem. DATE OF BURIAL July 27 1925

20 UNDERTAKER Tilly and Geiler ADDRESS 403 S. Wolfe St

TION is very important. See instructions

Spec.—1-10-21—M&T—1500 Blks.

Demarco

HEALTH DEPARTMENT—CITY OF BALTIMORE

00657

CERTIFICATE OF DEATH.

75-001 E 00657

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1010 Eastern ave WARD) 2-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie White

(a) RESIDENCE NO. 1010 Eastern ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? 32 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Toney White

6 DATE OF BIRTH (month, day, and year) March 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER John Abatiello

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Annie Buffolino

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Toney White (Address) 1010 Eastern ave

15 JUL 27 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 1925

17 I HEREBY CERTIFY, That I attended deceased from 7-19, 1925, to 7-25, 1925, that I last saw her alive on 7-25, 1925, and that death occurred, on the date stated above, at 11:15 A. m.

The CAUSE OF DEATH* was as follows:

General arteriosclerosis with hypertension —

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) cerebral Hemiplegia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical.

(Signed) S. D. Demarco M. D.

2-27-25 (Address) 1604 Linden ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL July 28 1925

20 UNDERTAKER Wendell Duffy & Son

ADDRESS 317 Linn

TION is very important. See instructions on

Spec.—1-10-21—M&T—1500 Bks.

Coroner Notified

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00658

CERTIFICATE OF DEATH.

212 E 00658

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital ST., (WARD) 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Williams

(a) RESIDENCE NO. 1716 Ashland St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 8 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt

PARENTS

10 NAME OF FATHER James E Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt

12 MAIDEN NAME OF MOTHER Helena Rudolf

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt

14 Informant James E Williams (Address) 1716 Ashland St

15 Filed JUL 27 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-26 1925

17

I HEREBY CERTIFY, That I attended deceased from 7-25, 1925, to 7-26, 1925, that I last saw h. alive on 7-26, 1925, and that death occurred, on the date stated above, at 12:55 A. m.

The CAUSE OF DEATH* was as follows:

Accidental Swallowing of Pin

(duration) yrs. mos 7 ds. ?

CONTRIBUTORY (Secondary) Acute Enteritis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes - (Needle found in intestines)

What test confirmed diagnosis? Clin. signs & symptoms

(Signed) [illegible] M. D.

, 19 (Address) Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL July 28 1925

20 UNDERTAKER Wendell Dyffel Sr — ADDRESS 378 Hmm

TION is very important. See instructions on

Spec.—1-10-21—M&T—1500 lbs.

Case.

E 00659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 00659

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 659 W. Fayette ST., (WARD) 1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Annie Case

(a) RESIDENCE NO. 659 W. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 1 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 2-1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	—	1	23da	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Charles L. Lowry.

11 BIRTHPLACE OF FATHER (city or town) Fort Payne.
(State or country) Alabama.

12 MAIDEN NAME OF MOTHER Elizabeth Case.

13 BIRTHPLACE OF MOTHER (city or town) St. Elmo
(State or country) Tennessee

14 Informant Elizabeth Case.
(Address) 659 W. Fayette St.

15 JUL 27 1925 ROBERT R. KRAUTER, Registrar

TION is very important. See instructions on reverse.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25- 1925.

17

I HEREBY CERTIFY, That I attended deceased from July 23, 1925, to July 25, 1925.

that I last saw her alive on July 24- , 1925,

and that death occurred, on the date stated above, at 12:45a. m.

The CAUSE OF DEATH* was as follows:

Ileo-colitis

(duration) — yrs. — mos 10 ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —.

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Symptoms & Stool

(Signed) Chester Ruland, M. D.

7-25, 1925 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL 7/27 1925

20 UNDERTAKER W. J. Jackson & Son

ADDRESS Penna Ave North

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00660

CERTIFICATE OF DEATH. 31

E 00660

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto. City Hospital. St. The. Ward) 1

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas West

(a) Residence No. 1010 Salisbury Alley. St., Ward Baltimore

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1876

7-AGE, 49 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer) O H O

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Md.

PARENTS.

10-NAME OF FATHER, Tom West

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Catharine Marshall

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Hospital Records

(Address) Balto. City Hosp.

15- JUL 27 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 7/26/25

17- I HEREBY CERTIFY, That I attended deceased from July 27 1925 to July 26 1925

that I last saw him alive on July 26 1925

and that death occurred, on the date stated above, at 5 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical & Laboratory

(Signed) W. K. Cadle M. D.

, 19 (Address) Balto. City Hospitals

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	July 28 1925
20-UNDERTAKER, Mrs R A Elliott	ADDRESS 1723 Ashland Ave

Spec.—1-10-21—MAT—1500 Blks.

E 00661 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 00661

CERTIFICATE OF DEATH. 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 632 George ST., 17 WARD 2

2-FULL NAME Rachel Burrell

(a) RESIDENCE NO. 632 George ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lindsay Lindsay

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
Aprox 45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Washington Lindsay

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mississippi

12 MAIDEN NAME OF MOTHER Lindsay

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lindsay

14 Informant (Address) Mrs R.G. Elliott 525 Eastlentaw

15 JUL 27 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

TION is very important. See instructions

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23 1925

17 I HEREBY CERTIFY, That I attended deceased from July 17, 1925, to July 23, 1925.

that I last saw her alive on July 23, 1925.

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

apoplexy

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) D. G. W. Kennard M. D.

7-25 1925 (Address) 708 Cuson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Hope	July 27 1925
20 UNDERTAKER Mrs R.G. Elliott	ADDRESS 525 Eastlentaw Ave

Spec- 12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00662

CERTIFICATE OF DEATH.

74-001 E 00662

1-PLACE OF DEATH 1103 N. Milton ave

Registered No.....

City of BALTIMORE; (No. 1103 N. Milton ave St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Olpes

(a) Residence No. 1103 N. Milton ave St., 8 Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. — mos. — ds. How long in U. S., if of foreign birth? 61 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, ~~widowed~~ or divorced HUSBAND of (or) WIFE of August L. Olpes

6-DATE OF BIRTH (month, day and year) Nov. 11 1852

7-AGE, 72 yrs. 8 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John F. Harricks

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Elizabeth —

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) August L. Olpes

(Address) 1103 N. Milton ave

15- Filed JUL 27 1925 ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 24 1925

17- I HEREBY CERTIFY, That I attended deceased from June 2, 1925 to July 24, 1925

that I last saw h.... alive on July 23, 1925

and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Unknown (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Tissue & Clinical

(Signed) A. A. MacNeal M. D.

July 25, 1925 (Address) 1540 N. Broadway

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, 19
Baltimore	7/27/25
20-UNDERTAKER	ADDRESS
Philip Herrig	2011 Orleans

INSTRUCTIONS ON BACK OF CERTIFICATE

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00663

CERTIFICATE OF DEATH. 74-001

REGISTERED NO. E 00663

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1405 argyle ave ST., WARD 11

2-FULL NAME Elnora Fisher

(a) RESIDENCE NO. 1405 argyle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	Col	married

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of Raynor E Fisher

6 DATE OF BIRTH (month, day, and year) Dec 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James Armstead

11 BIRTHPLACE OF FATHER (City or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emily Brooks

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Md

14 Informant Eleanor E Fisher (Address) 1405 Argyle Ave

JUL 27 1925 ROBERT R. KRAMER Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1925

17 I HEREBY CERTIFY, That I attended deceased from 7-22-25, 19..., to 7-26-, 19..., that I last saw her alive on ..., 19..., and that death occurred, on the date stated above, at 3:20 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. Lee Cardon M. D.

(Address) 1524 Druid Park Drive

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL July 27

20 UNDERTAKER Samuel F Hruska ADDRESS 3[illegible] Fulton Ave

INSTRUCTION is very important. See Instructions on Back of Certificate

Spec. – 1-10-21 – M&T – 1500 Blks.

E 00664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

117 E 00664

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Eleanor Danziger

(a) RESIDENCE NO. 1903 Eutaw Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Danziger

6 DATE OF BIRTH (month, day, and year) 4-21-99 75

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ..min.
	49	10	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Wilmington, Del.
(State or country)

PARENTS

10 NAME OF FATHER Michael Monohan

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Eleanor Gorty

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Samuel Danziger
(Address) 1903 Eutaw Place

15 JUL 27 1925 ROBERT R. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/25/1925

17 I HEREBY CERTIFY, That I attended deceased from 7-24-25, 19..., to 7-25, 19 25, that I last saw her alive on 7-25 -, 19 25, and that death occurred, on the date stated above, at 9:20 P m.

The CAUSE OF DEATH* was as follows:

Appendicitis - ruptured

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) General Peritonitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 7-24-25

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W A Thompkins, M. D.

, 19 (Address) 701 Guilford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wilmington Del

DATE OF BURIAL July 27 1925

UNDERTAKER Harry W. Witzke

ADDRESS 153 W. Lombard

TION is very important. See instructions on back

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 129

E 00665

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1701 Laurens St. Ward)

2-FULL NAME Frederick William Gempp

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1701 Laurens St St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~Single~~ Married, Widowed, or Divorced (write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of ——

6-DATE OF BIRTH (month, day and year) Feb 7 1854

7-AGE. 71 yrs. 5 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Baltimore City

PARENTS.

10-NAME OF FATHER. John Gempp

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Switzerland

12-MAIDEN NAME OF MOTHER. Elizabeth Sturing

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14-

(Informant). Maurice Gempp

(Address). 1800 N. Milton Ave

15- JUL 27 1925 ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 24 25

17- I HEREBY CERTIFY, That I attended deceased from July 1 1925 to July 24 1925

that I last saw ~~him~~ alive on July 24 1925

and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Chronic Interstitial Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemic Coma

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of ——

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) R. C. Metzel M. D

July 25 1925 (Address) 1903 W. North Ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Western

DATE OF BURIAL. July 26 1925

20-UNDERTAKER. Milton E. Gorsuch

ADDRESS 841 W 37th St

Instructions on back

Spec. 6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00666

CERTIFICATE OF DEATH.

5

E 00666

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6007 Ready ave ST.; WARD.)

2-FULL NAME Edwin Augustus Sofsky.

(a) RESIDENCE. No. 6007 Ready ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 30-1907

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17 -	7	06	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Govans Md

PARENTS

10 NAME OF FATHER Frank Sofsky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore city

12 MAIDEN NAME OF MOTHER Catherine McGinley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore city

14 Informant Frank Sofsky

(Address) 6007 Ready Ave

15 Filed JUL 27 1925 ROBERT R. KRAMER, Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24 1925

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1925, to July 24, 1925, that I last saw h— alive on July 24, 1925, and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis
Rheumatic

(duration) yrs. 6 mos. 17 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H O Hess, M. D.

7-25-1925 (Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
[illegible] Govans	July 28 1925
20 UNDERTAKER	ADDRESS
James B Hynes	1324 Eutaw Pl

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00667

CERTIFICATE OF DEATH.

43

E 00667

REGISTERED No. 5-1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST., (WARD) W 5-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anthony Fischer

(a) RESIDENCE No. 3762 Monastery Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 ~~Single~~, Married, ~~Widowed, or Divorced (write the word)~~

5a If married, widowed, or divorced HUSBAND of or) WIFE of Lula D. Fischer

6 DATE OF BIRTH (month, day, and year) Dec. 31st, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48.	6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Auto Painter 150

(b) General nature of industry, business, or establishment in which employed (or employer) Standard Oil Co.

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Geo. Fischer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Frances Roark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Anthony Fischer (Address) 3762 Monastery Ave.

15 Filed JUL 27 1925 ROBERT R. KRAUTER Registrar Burial Permit Clerk.

TION is very important. See instructions

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24, 1925

17

I HEREBY CERTIFY, That I attended deceased from July 15, 1925 to July 24, 1925, that I last saw him alive on July 24, 1925, and that death occurred, on the date stated above, at 5.55 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Tongue

(duration) yrs. 6 mos (?) ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of July 17, 25

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Microscopic

(Signed) K. W. Kelly, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 7/28 1925

UNDERTAKER E. J. Fanning Nov. 19316

ADDRESS Lafayette

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00668

CERTIFICATE OF DEATH.

E 00668

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Municipal T.B. Hospital St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard Quigley

(a) Residence No. 115 S. 1st St. St., Brooklyn Md. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Annie D. Quigley unknown

6-DATE OF BIRTH (month, day and year) June 23 1874

7-AGE, 51 yrs. 6 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Bank runner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Quigley

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary Hendricks

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Hospital Records.

(Address)

15- JUL 27 1925 ROBERT R. KRAUTE Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 7/26/25

17- I HEREBY CERTIFY, That I attended deceased from July 15 1925 to July 26 1925 that I last saw h.im alive on July 26 1925 and that death occurred, on the date stated above, at 3 A. M. The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis unknown (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical & laboratory

(Signed) W. R. Cadle, M.D.

, 19 (Address) Balto city Hospital.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, 7/28/ 1925

20-UNDERTAKER, E. J. Ramsay & Son — ADDRESS 1460 Bathurst Ave

Instructions on Back

00669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

185 E 00669

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Luke Sheridan. Sr.

(Residence in Baltimore: No Dredge International Brooklyn end of Hanover St. bridge. St.; yrs. 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed or Divorced, (Write the word.)
Male.	White.	Widower.

6-DATE OF BIRTH. November 1 1861. (Month) (Day) (Year)

7-AGE, 63 yrs. 8 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Captain of tug
(b) General nature of Industry, business, or establishment in which employed (or employer): dredge International

9-BIRTHPLACE, (State or Country). Wisconsin.

PARENTS.

10-NAME OF FATHER, Do not know.

11-BIRTHPLACE OF FATHER, (State or Country). Do not know.

12-MAIDEN NAME OF MOTHER, Do not know.

13-BIRTHPLACE OF MOTHER, (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Luke Sheridan Jr.(son)

(Address) 110 E.Gitting St.

15- JUL 27 192[illegible] ROBERT R. KRAUTER, Registrar.

Deputy Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 26, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture og the skull.
Accidental fall into the hold of a tug,

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Otto M. Leinhardt M. D. (Coroner.)

July 27, 1925. (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Tug Pearless Brooklyn end of Hanover St bridge July 26° 1925.

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Newark N. J. via Penn RR. DATE OF BURIAL, July 28 1925

20-UNDERTAKER, John F. Denny ADDRESS 715 Light St

18 Very Important

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00670

CERTIFICATE OF DEATH.

9

E 00670

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2875 N. Bolto St., (Ward) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Henry E. Ebelhardt

(a) Residence No. 2875 N. Bolto St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, ~~Married, Widowed,~~ or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Nov 17-1924

7-AGE. 1 yrs. 4 mos. 10 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9-BIRTHPLACE (City or town) Balto.

(State or Country) Md.

PARENTS.

10-NAME OF FATHER. Henry E. Ebelhardt

11-BIRTHPLACE OF FATHER (City or town) Balto.

(State or Country) Md.

12-MAIDEN NAME OF MOTHER. Beatrice Judy

13-BIRTHPLACE OF MOTHER (City or town) Balto

(State or Country) Md.

14- (Informant) Mrs E. Ebelhardt

(Address) 2875 N Bolto St

15- Filed JUL 27 1925 ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 7-27-25

17- I HEREBY CERTIFY, That I attended deceased from July 15- 1925 to July 27- 1925

that I last saw him alive on July 27 1925

and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows:

Convulsions (Infantile)

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Whooping Cough 2 weeks Gastro Intestinal

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas A Carlson M. D

7/27 1925 (Address) 2105 N Bolto

*State the **Disease Causing Death,** or in deaths from **Violent Causes** state (1) **Means and Nature of Injury,** and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Western Cemetery

DATE OF BURIAL. July 27 1925

20-UNDERTAKER. F. D. Wappler

ADDRESS 1850 N Bolto St

Instructions on back of this

Spec.—1-10-21—M&T—1500 Bks.

E 00671 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00671

CERTIFICATE OF DEATH.

100-001

REGISTERED NO. 17

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Hope Retreat ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Wigfall Cheatham

(a) RESIDENCE No. 111 McMechen ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margarette E. Cheatham

6 DATE OF BIRTH (month, day, and year) Sept 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Editor

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Edgefield (State or country) So. Carolina

PARENTS

10 NAME OF FATHER Henry Cheatham

11 BIRTHPLACE OF FATHER (city or town) Edgefield (State or country) S. Carolina

12 MAIDEN NAME OF MOTHER Rote Wigfall

13 BIRTHPLACE OF MOTHER (city or town) S. Carolina (State or country)

14 Informant Mt. Hope Retreat (Address)

15 Filed JUL 27 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

TION is very important. See instructions.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24 1925

17 I HEREBY CERTIFY, That I attended deceased from July 23, 1925, to July 24, 1925, that I last saw him alive on July 24, 1925, and that death occurred, on the date stated above, at 1.40 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia.

(Hypostatic in Chronic due to Profound Malnutrition)

(duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary) Depression Psychosis, Refused food

(duration) — yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? Balto. Md

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Hill, M. D.

, 19 (Address) Mt. Hope Retreat.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Marys Cem. - Govans	7/27 1925
20 UNDERTAKER	ADDRESS
Henry U. Mears & Son	805 N. Calvert St.

Spec.—1-10-21—M&T—1500 Bks.

E 00672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

185

E 00672

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Se Cours Hospital ST., WARD 5

2-FULL NAME Mary H McFarland

(a) RESIDENCE NO. 1831 W Mulberry St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos.

How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late John W McFarland

6 DATE OF BIRTH (month, day, and year) ??

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52 (?)			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Martin Devereaux

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs McKenny

(Address) 1831 W Mulberry St.

15 Filed 7 27 1925, 19 ROBERT P. KRAUSER, Clerk of Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 19 25

I HEREBY CERTIFY, That I attended deceased from July 22, 19 25, to July 26, 19 25,

that I last saw h... alive on July 26, 19 25,

and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

Fracture of Ribs (Accident)

Puncture of lung-

Lobar Pneumonia- (over)

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? 1831 W Mulberry

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edward V Coolahan, M. D.

, 19 (Address) 24 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 7/28 1925

20 UNDERTAKER J G Moran

ADDRESS 300 E Baltimore

TION is very important. See instructions

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00673 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 00673

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. 9

City of BALTIMORE: (No. 633 Eislen St., Ward)

2-FULL NAME. Louise Williams

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

(a) Residence No. 633 Eislen St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 1 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE. Col

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Aug 13 1924

7-AGE. yrs. 11 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. none

(b) General nature of Industry, business, or establishment in which employed (or employer). none

(c) Name of employer. —

9-BIRTHPLACE (city or town) (State or Country). Md

PARENTS.

10-NAME OF FATHER. Thos. Williams

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Va

12-MAIDEN NAME OF MOTHER. Daisy Sims

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md

14- (Informant) Daisy Sims

(Address) 633 Eislen St

15- 27 1925 Robert P. Harrison Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 7/26/25

17- I HEREBY CERTIFY, That I attended deceased (from) 7/24/25 to 7/26/25

that I last saw h... alive on 7/26/25

and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. apath 4 mos. ds.

CONTRIBUTORY (Secondary) Pertussis

Measles (Duration) yrs. mos. 14 ds.

18-Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Benj Bowley M. D

7/27/25 (Address) 908 S Ann St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. HOPKINS HOSPITAL

DATE OF BURIAL, ... 19....

20-UNDERTAKER.

ADDRESS

Commissioner Health.

JUL 27 1925

DEATHS

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00674

CERTIFICATE OF DEATH.

38 E 00674

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Elizabeths' Homes St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles P. De Neal

(a) Residence No. St. Elizabeths' Home - Chestnut Hill Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	negroe	

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) April 25/25

7-AGE, ...yrs. 3 mos. ....ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) Prince Georges Co. Md (State or Country),

PARENTS.

10-NAME OF FATHER, William Correnw

11-BIRTHPLACE OF FATHER (city or town) Pennsylvania (State or Country),

12-MAIDEN NAME OF MOTHER, Eudora De Neal

13-BIRTHPLACE OF MOTHER (city or town) Virginia (State or Country).

14- (Informant).....

(Address).....

15- Filed JUL 27 1925 Albert P. Harrison Registrar.

Bureau Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 25/25

17- I HEREBY CERTIFY, That I attended deceased from June, 19 25, to July 25, 19 25, that I last saw h. alive on July 25, 19 25, and that death occurred, on the date stated above, at 6. P. m.

The CAUSE OF DEATH* was as follows:

Congenital Lues.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) marasmus

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Frank J. Boyd, M. D.

July 24, 1925 (Address) 2005 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, ..., 19....
HOPKINS HOSPITAL	
20-UNDERTAKER, Commissioner Health.	ADDRESS JUL 27 1925

Spec.—1-12-23—M&T—500 Blks.

E 00675

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00675

CERTIFICATE OF DEATH.

129

REGISTERED NO. 16-7

1-PLACE OF DEATH Bon Secours Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Carrie Clautice

(a) RESIDENCE No. 624 N. Arlington Ave ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, ~~Widowed~~, or Divorced, (write the word)
~~Female~~	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 16th 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Edwin Clautice

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Sarah Williams

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Emma E. Clautice
(Address) 624 N. Arlington Ave

15 Filed July 27 1925, 19 ..... Robert P. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26th 1925

17

I HEREBY CERTIFY, That I attended deceased from July 17, 1925 to July 26, 1925,

that I last saw her alive on July 26, 1925,

and that death occurred, on the date stated above, at 6 30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) Do not know yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) about 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edward P. Smith, M. D.

July 26, 1925 (Address) 16 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL July 29 1925

20 UNDERTAKER Fred. A. Swanson — ADDRESS 703 Hanover

THIS IS very important. Be sure to answer all questions.

Spec.—1-10-21—M&T—1500 Blks.

E 00676

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00676

CERTIFICATE OF DEATH.

57

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4607 Maine Ave ST., ... WARD) 1

2-FULL NAME Eleanor Hall.

(a) RESIDENCE NO. 4007 Maine Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 ~~Single, Married~~, Widowed, or Divorced, (write the word) widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic.

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs. J. Wyande

(Address) 4607 Maine Ave.

15 7/27 1925 19 Robert P. Harrison Registrar

Burial Permit

TION is very important. See instruc-

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25, 1925

17 I HEREBY CERTIFY, That I attended deceased from July 26, 1925, to July 25, 1925.

that I last saw her alive on July 25, 1925.

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

A Diabetes Mellitus

(Cannot state Duration)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Endocarditis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Merritt Sorell M. D.

7/25/1925 (Address) 3705 Liberty Hgts Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL July 28 1925

20 UNDERTAKER F. A. Kramer & Son

ADDRESS 708 Hanover

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00677

00677

CERTIFICATE OF DEATH. 91-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 N.Carey St. ST., 18-1 WARD)

2-FULL NAME Alfred Wyles Curry,

(a) RESIDENCE NO. 1215 W.Franklin St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word)
Male	White	Widower

5a If ~~married~~, Widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Mary A.Curry,

6 DATE OF BIRTH (month, day, and year) December 28.1843

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co.Md.

PARENTS

10 NAME OF FATHER Kean Curry,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary A.Gygley,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant (Address) M.S.Curry, 1215 W. Franklin St.

15 JUL 27 1925 19 ..... Robert F. Harrison, Registrar

Burial Permit Clerk.

TION is very important. See instruction

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JUL 25 1925 19

17 I HEREBY CERTIFY, That I attended deceased from April 25, to July 25th 1925.

that I last saw him alive on July 25. 5:30 1925 P. m.

and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Senile Gangrene Right Foot

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Howard Bruhn M. D.

JUL 27 1925 19 (Address) 26 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL West Liberty.Balto.Co.Md.

DATE OF BURIAL JUL 28 1925 19

20 UNDERTAKER Geo W Little

ADDRESS 2700 EDMONDSON AVE.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00678 E 00678

CERTIFICATE OF DEATH. X 135

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Arthur Marshall

(a) RESIDENCE No. 516 Elliott Ave ST. Batavia N.Y. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 13 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie B. Marshall

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	#	#	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cigar Store

(b) General nature of industry, business, or establishment in which employed (or employer) 645

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Canada

PARENTS

10 NAME OF FATHER George Marshall

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Margaret McRoy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada

14 Informant (Address) Records JOHNS HOPKINS HOSPITAL

15 Filed ..... Robert F. Harrison, Registrar
27 1925 Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 1925

17 I HEREBY CERTIFY, That I attended deceased from July 15 1925 to July 27 1925 that I last saw him alive on July 27 1925 and that death occurred, on the date stated above, at 9 25 A m.

The CAUSE OF DEATH* was as follows:

Benign Prostate Hypertrophy

(duration) 9 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Perirectal abscess (duration) — yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of July 22, 1925

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Eugene C. Shaw, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Batavia N Y — DATE OF BURIAL July 28 1925

20 UNDERTAKER — ADDRESS John O. Mitchell 1201 W Fayette

TION is very important. See instructions

Spec.—1-16-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00679 E 00679

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Vincents (ST.) 2nd Alley (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E Inf Dermott

(a) RESIDENCE NO. St Vincents Asy ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed, or Divorced~~ (write the word)
F	W	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Unknown
(State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14

Informant
(Address) St Vincents Asy

15

27 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

TION is very important. See instructions.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24 1925

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1925 to July 24, 1925

that I last saw h[illegible] alive on July 24, 1925

and that death occurred, on the date stated above, at 11.15 P.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency (duration) Unknown yrs. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas. L. Goodbody Jr., M. D.

, 19 (Address) 1923 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL July 28 1925

20 UNDERTAKER Martin Fahey & Son — ADDRESS 1727 North Ave

Cor.—1-12-23—M&T—100 Blks.

E 00680

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00680

CERTIFICATE OF DEATH.

X 188-003

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST., 4 WARD 1

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie R Parker

(a) RESIDENCE NO. Annapolis Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 7-1897

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	9	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Annapolis Md
(State or country)

PARENTS

10 NAME OF FATHER Jas W Hardesty

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Ema Jones

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Mrs Parker
(Address) Annapolis Md

15 Filed ..... 192 ..... Registrar

27 1925 Robert P. Harrison, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broken Neck.

..... (duration) a few hrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Burns from auto

..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) W K Grundy, M. D.
(Coroner.)

7.27. 1925 (Address) 117 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brewer Hill Md — DATE OF BURIAL July 29 1925

20 UNDERTAKER Jas. S. Taylor Sons — ADDRESS Annapolis Md

Rec.—1-12-23—5M1—500 lbs.

E 00681

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00681

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 619 E. Fort Ave. ST., WARD) 2

(If death occurred in hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Antonietta Brocato

(a) RESIDENCE NO. 619 E. Fort Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Salvatore Brocato

6 DATE OF BIRTH (month, day, and year): Jan. 26. 1862

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Charles Bianca

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Rose Fazio

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Mrs. Wm. Mac (Daughter)

(Address) 6196 Fort ave.

15 Filed ..... 19.....

Robert F. Harrison

Burial Permit Clerk Registrar

27 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 25 1925

17

I HEREBY CERTIFY, That I attended deceased from June 20, 1925, to July 25, 1925;

that I last saw her alive on July 23, 1925

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Unresolved Pneumonia (Bronchial asthma

(duration) 2 yrs. 1 mos 5 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Anthony L. Petalidis M. D.

July 27 1925 (Address) 1058 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. — DATE OF BURIAL: July 28 1925

20 UNDERTAKER: Margaret E. Flynn — ADDRESS: 1422 Light St

Spec—12-23-21—E.B.R.S.—400 Blks.

E 00682

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00682

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 417 Whitridge Ave St. Ward 31 14

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth M. Hull

(a) Residence No. 417 Whitridge Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, W.

5-Single, Married, Widowed, or Divorced (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) April 5, 1915

7-AGE, 10 yrs. 3 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Pittsburgh Pa

PARENTS.

10-NAME OF FATHER Ira N. Hull

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ill

12-MAIDEN NAME OF MOTHER Elizabeth Moser

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14-

(Informant) Ira N. Hull

(Address) 417 Whitridge Ave

15-

Filed July 27, 1925 Robert P. Harrison

Registrar

27 1925

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 26th 25

17- I HEREBY CERTIFY, That I attended deceased from July 25th, 1925 to July 26, 1925, that I last saw her alive on July 25th, 1925 and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 1 yrs. 3 mos. 1 ds.

CONTRIBUTORY (Secondary) General debility

(Duration) 1 yrs. 1 mos. 1 ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. G. Thorsuch M. D.

July 27 1925 (Address) 1900 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Forest Lawn Cemetery

DATE OF BURIAL, July 28, 1925

20-UNDERTAKER, Harry H. Woltz

ADDRESS 529 W. Lombard

Cor.—1-12-23—M&T—100 Bks.

E 00683 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 00683

CERTIFICATE OF DEATH.

182

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Harbor Hosp. Fells Pt. (ST.) (WARD) 14-3

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Oleszczuk

(a) RESIDENCE No. 923 Fells. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 26 1919

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	6	3		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Joseph Oleszczuk

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Amela Raczkowski

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant Mr. Joseph Oleszczuk
(Address) 923 Fells St

15 Filed JUL 27 1925 19 Robert P. Harrison
Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Lis death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acc Drowning

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary) Asphyxia

(duration) yrs. mos. ds.

(Signed) J. C. B. Tadie, M. D.
(Coroner.)

July 27 1925 (Address) 1435 E Biway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem.	July 28 1925
20 UNDERTAKER John M Weber 1803	ADDRESS Bank St

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00684

CERTIFICATE OF DEATH. 113

E 00684

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 825 S. Port Street ST., ... WARD 13

2-FULL NAME Helen . Siedlik

(a) RESIDENCE NO. 825 S. Port Street ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 2 1924

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Ignatius. Siedlik

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Catherine. Kmiotek

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant Mr. Igantius . Siedlik
(Address) 825 S. Port Street

15 Filed ..... 19 Robert P. Harrison
Registrar

Burial Permit Clerk

TION is very important.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1925

17 I HEREBY CERTIFY, That I attended deceased from July 23, 1925, to July 26, 1925, that I last saw her alive on July 26, 1925, and that death occurred, on the date stated above, at 10 30 p m.

The CAUSE OF DEATH* was as follows:

Entero - Colitis

(duration) ..... yrs. ..... mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? P. S. & S.

(Signed) John J. Kluger, M. D.

, 19 (Address) 2627 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem.	July 28 1925
20 UNDERTAKER	ADDRESS
John M Weber	1803 Bank St

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00685 E 00685

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 420 S. Madeira Street ST., WARD 1

2-FULL NAME Anna Mc Nally

(a) RESIDENCE No. 420 S. Madeira Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Mc Nally

6 DATE OF BIRTH (month, day, and year) Feb. 11 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 31

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Anthony . Weber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Anna. Brzezinska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant MR. John N. Mcnally

(Address) 420 S. Madeira Street

15 Filed [illegible] Robert P. Garrison,

Registrar

Burial Permit Clerk.

TION is very important.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 1925

17

I HEREBY CERTIFY, That I attended deceased from July 6, 1925, to July 26, 1925.

that I last saw h[illegible] alive on July 25, 1925.

and that death occurred, on the date stated above, at 7 05 A m.

The CAUSE OF DEATH* was as follows:

Tuberculous Broncho Pneumonia

22 days

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. — mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Daniel B Fisher, M. D.

, 19 25 (Address) 3325 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
ST. Stanislaus Cem.	July 30 19 25
20 UNDERTAKER	ADDRESS
John N Weber	1803 Banta St

Cor.—1-12-23—M&T—100 Bks.

00686

HEALTH DEPARTMENT—CITY OF BALTIMORE

128 E 00686

CERTIFICATE OF DEATH.

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Gay Visd ST., WARD) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas Molt

(a) RESIDENCE NO. 428 N Rose ST., WARD 6

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 29th 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	11	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER George Moltz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Eckhardt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr John Moltz
(Address) 428 N Rose St

15 July 27 1925, 192 Robert P. Harrison, Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ac Alcoholism

(duration) Ac yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) C. C. Grady, M. D.
(Coroner,)
July 27 192 (Address) 1423 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cem — DATE OF BURIAL: July 28 1925

20 UNDERTAKER: Peter Nicolaus — ADDRESS: 2060 Eastern Ave

Spec.—1-10-21—M&T—1500 Bks.

E 00687

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00687

CERTIFICATE OF DEATH.

1825

REGISTERED NO. 18-1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mrs. Hope Retreat ST., WARD)

2-FULL NAME Clarence E Davis.

(a) RESIDENCE NO. Mrs. Hope Retreat ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. 7 mos. 19 ds. How long in U. S., if of foreign birth? 75 yrs. 0 mos. 0 ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about	75	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer None

9 BIRTHPLACE (city or town) Wilmington.
(State or country) Delaware

PARENTS

10 NAME OF FATHER William Davis

11 BIRTHPLACE OF FATHER (city or town) —
(State or country) America.

12 MAIDEN NAME OF MOTHER Susan Willis

13 BIRTHPLACE OF MOTHER (city or town) —
(State or country) America.

14 Informant Mrs. Hope Retreat.
(Address)

15 Filed JUL 27 1925 19 Robert P. Harrison, Registrar

Burial Permit Clerk

TION is very important. See instructions.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1917, to July 26, 1925.

that I last saw h. alive on July 26, 1925,

and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia (following Intra Capsular Fracture of neck of Femur & Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Dementia and Senility

(durstion) 15 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? at Place of work.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Bell, M. D.

, 19 (Address) Wyliavo Rustenburg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Wilmington Del. DATE OF BURIAL July 28 1925

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS 108 [redacted]

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00688 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00688

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 3819 Kate Ave St., Ward 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Louisa Pearl Shoemaker Powell

(a) Residence No. 3819 Kate Ave St., Ward Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 33 yrs. 1 mos. 10 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, Divorced (Write the word.)
Female	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Hartley C Powell

6-DATE OF BIRTH (month, day and year) June-6-1892

7-AGE. 33 yrs. 1 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9-BIRTHPLACE (city or town) Salem (State or Country), N.J.

PARENTS.

10-NAME OF FATHER, Wm. N. Shoemaker

11-BIRTHPLACE OF FATHER (city or town) Salem (State or Country), N.J.

12-MAIDEN NAME OF MOTHER, Anna Bennett

13-BIRTHPLACE OF MOTHER (city or town) Gloster (State or Country), N.J.

14- (Informant) Mr. Hartley C. Powell

(Address) 3819 Kate Ave.

15- Filed Jul 27 1925 Robert P. Harrison, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 7-26-25

17- I HEREBY CERTIFY, That I attended deceased from June 1st, 1925, to July 26, 1925, that I last saw h alive on July 26, 1925, and that death occurred, on the date stated above, at 1.45 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia & Paryngeal Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of: —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. C. Smith, M. D.

(Address) 4209 Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Lawnside-Woodstown-N.J.	July-29-25
20-UNDERTAKER.	ADDRESS
STEWART & MOWEN COMPANY (WILLIAM T. MOWEN, Successor)	108 W. NORTH AVE

Spec—12-23-21—E.B.R.S.—400 Bks.

E 00689

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00689

CERTIFICATE OF DEATH.

89

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 3541 Newland St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Frederick Assau

(a) Residence No. 3541 Newland St. St., Ward Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? 53 yrs. 2 mos. 2 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced (write word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Anna A Assau

6-DATE OF BIRTH (month, day and year) May-24-1858

7-AGE, 67 yrs. 2 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work President

(b) General nature of industry, business, or establishment in which employed (or employer) W.F.Assau

(c) Name of employer Canning Co.

9-BIRTHPLACE (city or town) Hanover

(State or Country), Germany

PARENTS.

10-NAME OF FATHER, George Assau

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Charolette Kniep

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Mr. Harry Imwold son-in-law

(Address) 407 Hollen Road

15- Filed ....., 19?.... Robert P. Harrison, Registrar.

27 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 26 1925

17- I HEREBY CERTIFY, That I attended deceased from Feb 10 1925 to July 26 1925 that I last saw h[illegible]ive on July 26 1925 and that death occurred, on the date stated above, at 7.30 p.m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

1 hour (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

unknown (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Jefferies Busk M. D.

7/27 1925 (Address) 2844 Pine St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, July 28 1925

20-UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

00690

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00690

CERTIFICATE OF DEATH.

29

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland General Hospital St., Ward 12)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alvin R. Wagner

(Residence in Baltimore: No. 5327 Reisterstown Road. St.; 3 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. December, 23, 1916
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
8 yrs. 7 mos. 2 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). New York City

PARENTS.

10-NAME OF FATHER. Philip F. Wagner

11-BIRTHPLACE OF FATHER, (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Margaret L. Robinson

13-BIRTHPLACE OF MOTHER, (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Philip Wagner

(Address) 5327 Reisterstown Road.

15- JUL 28 1925 ROBERT R. KRAUTER, Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July, 25th, 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of left humerus
Fatal fracture top of Leg.
(accidental) (Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Pedonus
(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) J. T. Hennessy (Coroner.) M. D.

July, 26, 1925 (Address) 2802 Edmondson Ave.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Woodlawn Cemetery.	July 28" 1925
20-UNDERTAKER. Joseph B Cook	ADDRESS 1003 W. Balto. St

ec.—1-12-23—M&T—500 Blks.

E 00691

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00691

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2411 W. Lombard ST., WARD) 14

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel R. Allman

(a) RESIDENCE NO. 2411 W. Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Allman

6 DATE OF BIRTH (month, day, and year) July 10, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65		17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer Balto. Broom Works

9 BIRTHPLACE (city or town) (State or country) West Virginia

PARENTS

10 NAME OF FATHER Mr. Allman

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Margaret Allman

(Address) 2411 W. Lombard Street

15 Filed JUL 28 1925 ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 1925

17

I HEREBY CERTIFY, That I attended deceased from June 8th, 1925, to July 27, 1925, that I last saw him alive on July 26, 1925, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. one mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis General

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Dr. A. Deetjen, M. D.

7-28-25 (Address) 1702 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	July 29 1925
20 UNDERTAKER Joseph B. Cook	ADDRESS 1003 N. Bond St.

Spec.—8-24-14—M. & T.—2000 Blks.

E 00692

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00692

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. Fairmount Road ST.; WARD)

2-FULL NAME Mrs Henry Elizabeth Kammes

(Residence in Baltimore: No. Sunday Sanitarium Asylum ST.; ...yrs. ...mos. ...da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, June (Month) 6th (Day), 1841 (Year)

7-AGE, 64 yrs. 7 mos. 20 da. | If LESS than 1 day, ...hrs. or ....mins.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore City Md

PARENTS.

10-NAME OF FATHER, George Ross

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Anna C Kalb

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles A. Fisher

(Address) Nottingham Road

15-

Filed....., 191.... ROBERT P. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 26th (Day), 1915 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 2 1915, to July 26 1915, that I saw h.s alive on July 26 1915, and that death occurred, on the date stated above, at 8.15 a.m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

..... (Duration) ...yrs. 6 mos. ...da.

CONTRIBUTORY (Secondary) Hemorrhage

..... (Duration) ...yrs. ...mos. ½ da.

(Signed) Albert J. Carnahan M. D.

July 26, 1915. (Address) Arbutus Catonsville

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 8 yrs. 1 mos. 24 da. In the State 64 yrs. ... mos. ... da.

Where was disease contracted, if not at place of death? ?

Former or usual residence Baltimore City

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cem. | DATE OF BURIAL. July 28, 1915

20-UNDERTAKER Joseph B. Cook & Son ADDRESS No 603 N Balto St

E 00693 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00693

CERTIFICATE OF DEATH.

Registered No. C 1021

1-PLACE OF DEATH
City of BALTIMORE: (No.) 218 N. Bruce St., (Ward) 17

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie E. Ball

(Residence in Baltimore: No.) 218 N. Bruce St (St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	Col'd	Married

6-DATE OF BIRTH. June (Month) 18 (Day) 1896 (Year)

7-AGE. 29 yrs. 1 mos. 6 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country) Va

PARENTS.

10-NAME OF FATHER. H. Campbell

11-BIRTHPLACE OF FATHER. (State or Country) Va

12-MAIDEN NAME OF MOTHER. Katie Green

13-BIRTHPLACE OF MOTHER. (State or Country) Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm J. Ball

(Address) 218 N. Bruce St

15- Filed JUL 28 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 24 (Month) (Day) 1925 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thos. B. Kelly M. D. (Coroner.)

July 27 1925 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lancaster Va Woodlawn DATE OF BURIAL, 7/29/25

20-UNDERTAKER, Dame Easton ADDRESS 916 Penna ave

Spec—12-23-21—E.B.M.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00694 X 45 E 00694

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Union Memorial Hosp. (Street) (Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Alvin M. Lewis

(a) Residence No..... Forest Hill, Md. Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Apr 16 1871

7-AGE. 54 yrs. 3 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)..... 056

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... N.C.
(State or Country),

PARENTS.

10-NAME OF FATHER, Gideon Lewis

11-BIRTHPLACE OF FATHER (city or town)..... N.C.
(State or Country),

12-MAIDEN NAME OF MOTHER, Eve Sapp.

13-BIRTHPLACE OF MOTHER (city or town)..... N.C.
(State or Country).

14- (Informant)..... Patient

(Address).....

15- JUL 28 1925 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 27 1925

17- I HEREBY CERTIFY, That I attended deceased from July 9 1925 to July 27 1925 that I last saw him alive on July 27 1925 and that death occurred, on the date stated above, at 7 55 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of hepatic flexure of colon.

(Duration) ... yrs. 7 mos. ... ds.

CONTRIBUTORY (Secondary) Obstruction intestinal

(Duration) ... yrs. ... mos. 2 ds.

18-Where was disease contracted if not at place of death? Forest Hill Md

Did an operation precede death? Yes Date of 7/23/25

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) R O Belford M. D.

. 19 (Address) Union Memorial Hosp

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Belair Md — DATE OF BURIAL, July 29 1925

20-UNDERTAKER. Deans & Foster — ADDRESS Belair Md

Spec.—1-10-21—M&T—1500 Blks.

181644
~~2 00695~~

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 26-001 E 00695

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. WARD) 8

2-FULL NAME Hattie Croney

(a) RESIDENCE No. 1205 Baldwin St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 11 1913

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	11	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ... None

(b) General nature of industry, business, or establishment in which employed (or employer) ... —

(c) Name of employer ... —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Jim Croney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rita Stuney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) 7-26-25

Filed JUL 28 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

TION is very important. See instructions

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1925

17

I HEREBY CERTIFY, That I attended deceased from May 28, 1925, to July 26, 1925.

that I last saw her alive on July 25, 1925.

and that death occurred, on the date stated above, at 12 00 P. m.

The CAUSE OF DEATH* was as follows:

Acute ohtis media

Sinus Thrombosis

Septicemia, Hem. Streptococcus

(duration) ... yrs. 2 mos. ... ds.

CONTRIBUTORY (Secondary) Multiple abscesses

(duration) ... yrs. 1 mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 6-1-25

Was there an autopsy? Yes. Blood Culture

What test confirmed diagnosis?

(Signed) ..... M. D.

7-28 1925 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Evangelical Cemetery	July 28 1925
20 UNDERTAKER	ADDRESS
Henry Sonders Sons Inc	1710 Fleet St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00696

CERTIFICATE OF DEATH. 16-002

E 00696 Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3321 Foster Ave St., Ward 16-5

2-FULL NAME. Edward LeRoy Sapp

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 3321 Foster Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan. 24, 1925

7-AGE. yrs. 6 mos. 2 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER Robert D. Sapp

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Bertha Downey

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14- (Informant) Bertha Sapp

(Address) 3321 Foster Ave

15- JUL 28 1925 ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 26/25

17- I HEREBY CERTIFY, That I attended deceased from July 20, 1925, to July 27, 1925, that I last saw him alive on July 27, 1925, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Dysentery Bacillary

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Toxemia

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

7/27, 1925 (Signed) Horace G. Tilton M. D.

(Address) 315 S. Highland Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mount Carmel Cem. DATE OF BURIAL. July 28, 1925

20-UNDERTAKER. Jervey Sander & Sons Inc. ADDRESS. 1710 East Pk

...—1-15-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00697

CERTIFICATE OF DEATH.

100-001 E 00697

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1216 Chatsham st. (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Henry Johnson

(a) RESIDENCE NO. 1216 Chatsham St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct. 21. 1924

7 AGE — Years: — Months: 9 Days: 4 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Miles Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Annie Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Annie L. Johnson (Address) 1216 Chatsham

15 JUL 28 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1925

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1925, to July 26, 1925, that I last saw him alive on July 25, 1925, and that death occurred, on the date stated above, at 7 P. M. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. C. Sandrock, M. D.

July 25 1925 (Address) 1242 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: July 28 1925

20 UNDERTAKER: Mrs R. G. Elliott — ADDRESS: Richland Ave

...—1-12-23—M&T—500 Bks.

E 00698 ✓ E 00698

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00698

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1236 Ashland Ave. (Ward) 10-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara McPherson Lee

(a) RESIDENCE No. 1236 Ashland Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 20 1883

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
42	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Washington D. C.

PARENTS

10 NAME OF FATHER: Perry McPherson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Chas Co. Md.

12 MAIDEN NAME OF MOTHER: Margaret Wagner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Joseph McPherson

(Address): 1236 Ashland Ave

15 Filed JUL 28 1925, 19... ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-25 1925

17 I HEREBY CERTIFY, That I attended deceased from July 14, 1925, to July 25, 1925, that I last saw he alive on July 25, 1925, and that death occurred, on the date stated above, at 10P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos 10 ds.

CONTRIBUTORY (Secondary) Toxemia - Eclampsia

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exa

(Signed) W. L. Berry, M. D.

, 19 (Address) 1520 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: July 29 1925

20 UNDERTAKER: Mac R. G. Elliott — ADDRESS: 25 Eutaw

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

8/850 00699

CERTIFICATE OF DEATH. 107-003 E 00699

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hosp ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Besco (Besko)

(a) RESIDENCE NO. 30 Albemarle St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. — mos. — ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 08

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Rezeda (Address) J. H. H.

15 Filed ....., 19 ROBERT R. KRAUTER, Registrar

JUL 28 1925 Clerk Permit Clerk.

TION is very important. See

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 - 1925

17 I HEREBY CERTIFY, That I attended deceased from June 3 - , 1925, to July 26 , 1925.

that I last saw him alive on July 26 , 1925.

and that death occurred, on the date stated above, at 3 15 P. m.

The CAUSE OF DEATH* was as follows:

Lung Abscess,

pyogenic

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) None (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy & X-ray

(Signed) J. E. Reichert, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	July 28 1925
20 UNDERTAKER	ADDRESS
John Grebiniecki	423 S Paca

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00700

CERTIFICATE OF DEATH.

137 E 00700

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 4 WARD 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daisy Justain

(a) RESIDENCE NO. Laurel, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence Dustin

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
45				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Frank F. Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER Martha Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant Clarence Dustin

(Address) Gustavus, Ohio

15 JUL 28 1925 ROBERT R. KRAUTER Registrar

Burial Permit Given.

TION is very important. See instruction

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 1925

17

I HEREBY CERTIFY, That I attended deceased from July 25 , 1925 , to July 27 , 1925 , that I last saw h. alive on July 27 , 1925 , and that death occurred, on the date stated above, at 8.35 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation (Post Operative)

3 hrs. (duration) yrs. mos. da.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 7/27/25

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Kenneth B. Boyd, M. D.

, 19 (Address) Univ. Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dentonsville Md	7/30/25
20 UNDERTAKER Geo. E. Frey & Son	ADDRESS Laurel

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00701 31 E 00701

CERTIFICATE OF DEATH.

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 W. Mulberry ST., 17 WARD) 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susie Green

(a) RESIDENCE NO. 1610 W. Mulberry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Guy P. Green

6 DATE OF BIRTH (month, day, and year) 4-6-1900

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25.	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Anne Arundel Co.,
(State or country) Md

PARENTS

10 NAME OF FATHER James Watkins

11 BIRTHPLACE OF FATHER (city or town) Calvert Co.
(State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Richardson

13 BIRTHPLACE OF MOTHER (city or town) Calvert Co,
(State or country) Md.

14 Informant Guy P. Green.
(Address) 1690 W. Mulberry St.

15 JUL 28 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1925

17 I HEREBY CERTIFY, That I attended deceased from January 2 -, 1925, to July 26 -, 1925,
that I last saw her alive on July 23, 1925;
and that death occurred, on the date stated above, at 6.50 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) — yrs. 10 mos. — ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Sputum.

(Signed) Chester Piland, M. D.

7-26, 1925 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Greene — DATE OF BURIAL July 29 19

20 UNDERTAKER Wm. H. Greene & Sons ADDRESS 1600 Mosher

TION IS very important

Spec.—1-19-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00702

CERTIFICATE OF DEATH.

31 E 00702

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 639 Forrest ST., (WARD) 13

2-FULL NAME Robt. Ridgely

(a) RESIDENCE NO. 639 Forrest ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5yr yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Victoria Ridgely

6 DATE OF BIRTH (month, day, and year) July 14 1878.

7 AGE Years 47 Months 4 Days 6 If LESS than 1 day, hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) Public

(c) Name of employer Baltimore Club Inc Baltimore Md.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER George Ridgely

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Priscilla Byrne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Victoria Ridgely (Address) 639 Georgia

15 Filed ..... 19 ..... Registrar

OCT 28 1925 ROBERT P. KRAUSE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 14 1925 to July 27 1925 that I last saw him alive on July 25 1925 and that death occurred, on the date stated above, at 8:45 P.M.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(duration) yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) Tuberculosis Colon

(duration) yrs. ..... mos. 14 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis, M. D.

(Address) 52 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL July 28 1925

20 UNDERTAKER Wm. H. Cross Son — ADDRESS Woodbrook

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00703 CERTIFICATE OF DEATH. X/80-003 E 00703

1-PLACE OF DEATH Dead on Arrival Registered No. C.....

City of BALTIMORE: (No. Franklin Sq. Hospital Ward.....)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Boston Porter Jr.

(Residence in Baltimore: No. 616 Cumberland St.; yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	Colrd	Single

6-DATE OF BIRTH. 5 22 1925
(Month) (Day) (Year)

7-AGE. — yrs. 2 mos. ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Charlotte N. C

PARENTS.

10-NAME OF FATHER. Boston Porter Sr

11-BIRTHPLACE OF FATHER, (State or Country). Sumpter S.C Balto

12-MAIDEN NAME OF MOTHER. Elizabeth Walker Mary Jones

13-BIRTHPLACE OF MOTHER, (State or Country). Charlotte N.C Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Boston Porter Sr

(Address) 616 Cumberland St

15-

JUL 28 1925 NORAH A. KRAUTER Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. July 25th 1925
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, au.....find that said deceased came to.....death (topsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Suffocation

.....(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) accidentally swallowed nursing nipple

.....(Duration) ....yrs. ....mos. ....ds.

(Signed) Thos. B. Martin M. D.
(Coroner.)

July 27th 1925 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Balto Md

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence North Carolina

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.
Mt Zion July 28, 1925

20-UNDERTAKER. Virginia A. Brooks ADDRESS 1463 W. Carey St.

Spec. 12-23-21 - H.D.P.S. 400 Blks.

E 00704

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-00 E 00704

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No.) 926 N. Central Ave. St., (Ward) 10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Helen Werking

(a) Residence No. 926 N. Central Ave. St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 5 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female | 4-COLOR OR RACE, White | 5-Single, ~~Married, Widowed, or Divorced.~~ (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 7. 27. 25.

7-AGE, ...yrs.....mos.....ds. If LESS than 1 day, 8 hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Walter W. Werking

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER, Minnie B. Reichert

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto. Md.

14- (Informant) Walter W. Werking

(Address) 926 N. Central Ave.

15- Filed JUL 28 1925 HUBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 7. 28. 25.

17- I HEREBY CERTIFY, That I attended deceased from July 27 - 25, 19.., to July 28 - 25, 19.., that I last saw h. alive on July 27 - 25, 19.., and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Premature birth

6 1/2 months in Utero

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) ...yrs. ...mos. ...ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Dr. Walter A. Miller, M. D.

7/28, 19 25 (Address) 103 N. Caroline

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
London Park Cemetery	July 28, 1925
20-UNDERTAKER,	**ADDRESS**
Henry Hauck & Son	1301 E. Eager St.

Spec. 12-23-21 E.B.R.S.—400 Blks.

00705

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001 E 00705

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1607 N. Caroline St., Ward 12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgia Anna Ashcom

(a) Residence No. 1607 N. Caroline St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6-DATE OF BIRTH (month, day and year): Dec-19-1864

7-AGE: 60 yrs. 7 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore Maryland

PARENTS.

10-NAME OF FATHER: John L. Ashcom

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Baltimore Maryland

12-MAIDEN NAME OF MOTHER: Roberta Virginia Leap

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): St Marys Co. Md.

14- (Informant) Roberta Ashcom

(Address) 1607 N. Caroline St.

15- JUL 28 1925 ROBERT R. KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): July-26-1925

17- I HEREBY CERTIFY, That I attended deceased from July 21, 19 25 to July 26, 19 25

that I last saw her alive on July 26, 19.....

and that death occurred, on the date stated above, at 3:55 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John L. Davidson M. D.

19 (Address) 1714 N. Charles St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	July 28, 1925
20-UNDERTAKER	ADDRESS
H. E. Strugher	1st N. Broadway

Spec.—1-10-21—M&T—1500 Blks.

E 00706

HEALTH DEPARTMENT—CITY OF BALTIMORE

138

E 00706

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Balt General Hospital

CITY OF BALTIMORE: (No. Raymon & Eutaw Aves ST., 11 WARD) 1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary Little

(a) RESIDENCE No. 1631 Cole st ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Married

5a If married, widowed, or divorced (or) WIFE of Sutton Little

6 DATE OF BIRTH (month, day, and year) Aug. 20, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	43	11	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Thomas Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Anna Gado

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs. Mary Little

(Address) 1631 Cole St

Filed JUL 28 1925 HUBERT R. KRAUTER Registrar

TION is very important.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 1925

17 I HEREBY CERTIFY, That I attended deceased from July 8, 1925, to July 27, 1925, that I last saw h[illegible] alive on July 27, 1925, and that death occurred, on the date stated above, at 3 30 P. m.

The CAUSE OF DEATH* was as follows:

Myoma Uteri

Bilateral Salpingitis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of July 27-25

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Herbert Wilkinson M. D.

(Address) West Balto. Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL July 27 1925

20 UNDERTAKER John J. Fields — ADDRESS 1200 N. Fremont St

00707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

33 E 00707

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marshall McBride

(Residence in Baltimore: No. 2210 Division St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
male	col	single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE	If LESS than 1 day,
5 yrs. mos. ds.	hrs. or min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.Md

PARENTS.

10-NAME OF FATHER, Jacob McBride

11-BIRTHPLACE OF FATHER, (State or Country), N.C.

12-MAIDEN NAME OF MOTHER, Susan Brown

13-BIRTHPLACE OF MOTHER, (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) JacobMcBride

(Address) 2210 Divisi n St

15- JUL 28 1925 ROBERT R. KRAUTER Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... July 26-25 ....., 192.... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, an- inquiry find that said deceased came to his death (topsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Tubercular Peritonitis

(Autopsy at Hopkins Hospital)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pertussis (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Wallis M. D. (Coroner.)

7-27-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Zion Ct	July 28, 1925
20-UNDERTAKER,	ADDRESS
A. L. Brown & Son	108 W. Monty

If Very Important

Insc.—6-9-19—H. P. Co.—1000 Blks.

(Virginia Larry)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00708

E 00708

CERTIFICATE OF DEATH.

31

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 9435 Stanhope St. (Ward) 15

2-FULL NAME Virginia Larry.

(a) RESIDENCE. No. 2435 Stanhope St. Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX [redacted]

4 COLOR OR RACE col.

5 Single, Married, Widowed, or Divorced (write the word) married

5a If married, widowed, or divorced WIFE of Amos Larry

6 DATE OF BIRTH (month, day, and year) June 25 1894

7 AGE Years 31 yrs. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Leonard Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Adaline Finch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Amos Larry 943 Stanhope St.

15 Filed JUL 28 1925 ROBERT R. KRAMER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1925, to July 26, 1925.

that I last saw h[redacted] alive on July 26, 1925.

and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Contributory

(duration) yrs. 1 mos. 24 ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Examination

(Signed) Maude E. Hosea, M. D.

19 (Address) 1125 Stanhope St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lincoln Ct. DATE OF BURIAL July 28 25

20 UNDERTAKER J. S. Bracegirdle ADDRESS 108 W. Mulberry

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00709 E 00709

CERTIFICATE OF DEATH.

129 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) BALTIMORE CITY HOSPITALS ST. (Ward) 13 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin L. Tyler

(a) RESIDENCE No. 1554 Bruce ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	65 yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Upton Tyler

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Bavaria

12 MAIDEN NAME OF MOTHER Caroline [illegible]

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Baltimore City Hospitals Records (Address)

15 Filed JUL 28 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 1925

17 I HEREBY CERTIFY, That I attended deceased from June 8, 1925, to July 25, 1925, that I last saw him alive on July 25, 1925, and that death occurred, on the date stated above, at 10:30 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, hypertension

Chronic nephritis

8 (History)
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. 4 (History) mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller, M. D.

7/26, 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL July 28, 1925

20 UNDERTAKER Edward D. Kemsley ADDRESS 5[illegible] N. Bond

TION A VERY [illegible]

Spec. 1-16-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00710

CERTIFICATE OF DEATH.

31

E 00710

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2003 Poplar Grove ST., WARD) 8

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Jarratt.

(a) RESIDENCE No. 2003 Poplar Grove ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sara Jane Reilly

6 DATE OF BIRTH (month, day, and year) July 4, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	—	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Capt. Pass. Vessel

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Phila. S.S. Co. Balto. 1816

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Samuel Jarratt.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant H. Pruitt

(Address) 2003 Poplar Grove St.

15 Filed JUL 28 1925 19 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-26 1925

17

I HEREBY CERTIFY, That I attended deceased from 1.5.25, 19..., to 7.26.25, 19...,

that I last saw him alive on 7.25.25, 19...,

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. — mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no X Ray.

What test confirmed diagnosis? Clinical-Microscopic

(Signed) Philip B. Fowler M. D.

7.28.25, 19 (Address) 1432 Williams St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem.	July 28 1925
20 UNDERTAKER	ADDRESS
E. A. Wiedefeld &	501 E 22

Spec. 3-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00711 CERTIFICATE OF DEATH. X 117 E 00711

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harrison F. Cruikshank

(a) RESIDENCE NO. Bowie, Maryland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40' yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dabney U. Halsey Cruikshank

6 DATE OF BIRTH (month, day, and year) Feb 11-1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
47		5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Newspaper man.

(b) General nature of industry, business, or establishment in which employed (or employer) 1876

(c) Name of employer Balto Sun.

9 BIRTHPLACE (city or town) (State or country) New Jersey.

PARENTS

10 NAME OF FATHER Rev. Wm H. Cruikshank

11 BIRTHPLACE OF FATHER (city or town) Cecil Co (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Julia McLean.

13 BIRTHPLACE OF MOTHER (city or town) Cecil Co. (State or country) Maryland

14 Informant Dabney U Cruikshank (Address) Bowie Md

15 Filed JUL 28 1925 19 ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/27/ 1925

17 I HEREBY CERTIFY, That I attended deceased from July 23, 1925, to July 27-, 1925, that I last saw h. alive on July 27-, 1925, and that death occurred, on the date stated above, at 8.20 P.m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis.
(Suppurative)

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Pernicious Vomiting.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Bowie, Md.

Did an operation precede death? Yes Date of 7/23/25

Was there an autopsy? Yes

What test confirmed diagnosis? Operation.

(Signed) C. H. Watson, M. D.

19 (Address) #827 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL La Plata Md Bowie Md

DATE OF BURIAL July 29th 1925

20 UNDERTAKER Henry H Jenkins Sons

ADDRESS McCulloh & Eutaw Sts

Spec.—1-10-21—M&T—1500 Blks.

E 00712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

REGISTERED NO. E 00712

1-PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. 9 ST., WARD 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Louise Burgess

(a) RESIDENCE NO. 1214 St. Paul St - ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5yr yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	widowed

5a If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Edwin Burgess

6 DATE OF BIRTH (month, day, and year) ~~April~~ 28/1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	6	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Thos C. Butler

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Louise Tucker

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Hosp Record (Address) Mercy Hosp

15 Filed JUL 29 1925, 19 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26th 1925

17 I HEREBY CERTIFY, That I attended deceased from June 12, 1925, to July 26, 1925, that I last saw h[illegible] alive on July 26, 1925, and that death occurred, on the date stated above, at 2 45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Cardiac decompensation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No. What test confirmed diagnosis? Clinical

(Signed) K. W Talley, M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem. DATE OF BURIAL July 29 1925

20 UNDERTAKER Henry H Jenkins Sons Co ADDRESS McCulloh Eutaw

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

80942
80713

CERTIFICATE OF DEATH.

113 E 00713

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hosp ST., WARD

2-FULL NAME Thomas Skipper

(a) RESIDENCE No. 222 N Stricker St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		4	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Unknown

PARENTS

10 NAME OF FATHER: Thomas Skipper

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Mable Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Ready
(Address) 1736 E

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1925

17

I HEREBY CERTIFY, That I attended deceased from July 14, 1925, to July 26, 1925, that I last saw him alive on July 26, 1925, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Congenital Hydrocephalus

(duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) Diarrhoea (not dysentery)

(duration) ... yrs. ... mos. 13 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? None

(Signed) C. H. Scott, M. D.

7-27-25 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery — DATE OF BURIAL: July 28, 1925

20 UNDERTAKER: Robert H. Williams — ADDRESS: 1515 McElderry St

TION IS VERY IMPORTANT

...—1-12-23—M&T—500 Blks.

E 00714

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00714

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 39 Garman ave ST., 23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles F. Leitz

(a) RESIDENCE NO. 39 Garman ave ST., WARD

(Usual place of sbode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Leitz

DATE OF BIRTH (month, day, and year) Sept 27 1846

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	10		

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Andrew Leitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rebecca Sellers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Elizabeth Leitz (Address) 39 Garman Ave

15 JUL 28 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 1925

17 I HEREBY CERTIFY, That I attended deceased from July 1923, 19~~27~~ to July 27 1925

that I last saw him alive on July 27 1925

and that death occurred, on the date stated above, at 9.45 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Gradual failing heart

2 yrs (duration) yrs. one mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no —

What test confirmed diagnosis? Irregular Failing heart.

(Signed) Thos. H. Phillips, M. D.

19 (Address) 2300 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cemetery	July 31 1925
20 UNDERTAKER George J. Smith	ADDRESS 153 Hollins St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00715

CERTIFICATE OF DEATH.

90 E 00715

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3507 Fairview Ave ST.; ..... WARD 24

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah L. B. Stewart

(Residence in Baltimore: No. 3507 Fairview Av. St.; 61 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, September (Month) 3 (Day), 1863 (Year)

7-AGE, 61 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Adam Snyder

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Katherine Botterell

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nathaniel B. Stewart

(Address) 3507 Fairview Ave.

15- JUL 28 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 26 (Day), 1925 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 10 1924, to July 26 1925, that I saw her alive on July 26 1925, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Pernicious Anaemia

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial degen

(Duration) 2 yrs. mos. ds.

(Signed) Howard W. Wagner M. D.

July 27, 1925. (Address) 2604 Garrison Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Woodlawn Cemetery — DATE OF BURIAL, July 28, 1925

20-UNDERTAKER George J Smith — ADDRESS 1532 Hollins St

Spec.—1-10-21—M&T—1500 Blks.

E 00716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1/3 E 00716

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2035 Mura ST., WARD 4

2-FULL NAME Edward J. Smith

(a) RESIDENCE NO. 1632 E. Chase ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 7 mos. 21 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 6/24

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or, ...min.
		7	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER Ed. J. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Margaret Simmons

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant Ed. J. Smith

(Address) 1632 E. Chase St

15 Filed JUL 28 1925 ROBERT R. KRAUTER, Registrar

Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 1925

17 I HEREBY CERTIFY, That I attended deceased from July 23. 1925. to July 27 1925

that I last saw her alive on July 27 1925

and that death occurred, on the date stated above, at 3 30 p.m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Path Ex

(Signed) A. C. Blake M. D.

19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Pk

DATE OF BURIAL 7/29/25

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Aliceanna

Spec—12-23-21—E.B.R.S.—400 Bks.

00717

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00717

CERTIFICATE OF DEATH.

129

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1016 Valley St., Ward 10-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Celia R. Bradley

(a) Residence No. 1016 Valley St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Marri[illegible]

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph R. Bradley

6-DATE OF BIRTH (month, day and year)

7-AGE.	If LESS than 1 day.
50 yrs. ..... mos. ..... ds.	....hrs. or.....mtn.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, Thomas E. Kelley

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Julia Williams

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country). Maryland

14- (Informant) Joseph R. Bradley

(Address) 1016 Valley St.

15- Robert P. Harrison,

7 28 1925 ....., 19..... Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 26, 1925

17- I HEREBY CERTIFY, That I attended deceased from July 18 1925 to July 26 1925

that I last saw her alive on July 26 1925

and that death occurred, on the date stated above, at 11.30 Pm.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

To my knowledge (Duration) 6 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uremic Coma

..... (Duration) ..... yrs. ..... mos. 1 ds.

18-Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No .....

What test confirmed diagnosis? Urinalysis

(Signed) Mary F. Vaughn M. D.

7.28. 1925 (Address) 1028 Valley St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Cathedral Cemetery	7/29 ....., 1925

20-UNDERTAKER.	ADDRESS
Henry W. Mears & Son	805 N. Calvert

Spec.—1-10-21—MAT—1500 Blks.

82236

E 00713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. X 84

E 00718

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST., ... WARD) 1-1

2-FULL NAME Lester Copeland

(a) RESIDENCE NO. Piano Mines ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 10 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) October 15 1909

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Alabama

PARENTS

10 NAME OF FATHER Edward Copeland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ala.

12 MAIDEN NAME OF MOTHER Rosa Sumrall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Miss

14 Informant Resido
(Address) J Fa Fa

15 Filed ..... Registrar
Robert F. Harrison,
Burial Permit Clerk.

28 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1925

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1925, to July 28, 1925, that I last saw him alive on July 28, 1925, and that death occurred, on the date stated above, at 1340 P. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor, Benign Cerebellar.

(duration) 16 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of 6-17-25

Was there an autopsy? Yes.

What test confirmed diagnosis? Operation

(Signed) Julian Eastland, M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
State Line Miss	July 28 1925
UNDERTAKER	ADDRESS
John O. Mitchell	1201 W Fayette St

E 00719 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00719

CERTIFICATE OF DEATH. X 31

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. U. S. Marine Hosp. ST., WARD 2

2-FULL NAME Erik Karlson

(a) RESIDENCE NO. U.S. Marine Hosp. ST., WARD Phila. Pa.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

17

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) ? Unk 1901

8 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
24			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Not given

9 BIRTHPLACE (city or town) Not given (State or country)

PARENTS

10 NAME OF FATHER Not given

11 BIRTHPLACE OF FATHER (city or town) Not given (State or country)

12 MAIDEN NAME OF MOTHER Not given

13 BIRTHPLACE OF MOTHER (city or town) Not given (State or country)

14 Informant U S Marine Hospital Baltimore Md. No 1 (Address)

Filed 28 1925, 19 Robert E. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1925

I HEREBY CERTIFY, That I attended deceased from June 11, 1925, to July 28, 1925, that I last saw h.. alive on July 28, 1925, and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Philadelphia, Pa.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory & Physical exam.

(Signed) M. A. Fowler M.D.

, 19 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Philadelphia Pa DATE OF BURIAL July 28 1925

20 UNDERTAKER George J Smith ADDRESS 1337 Hollins

Burial Permit Issued

Spec.—1-10-21—M&T—1500 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00720 E 00720

CERTIFICATE OF DEATH. 161-001

1-PLACE OF DEATH 402 W. Camden St. REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore ST., WARD) 14-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Pilins

(a) RESIDENCE NO. 402 W. Camden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or 30 min.
	1925	July	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER John Pilins

11 BIRTHPLACE OF FATHER (city or town) Lithuania
(State or country)

12 MAIDEN NAME OF MOTHER Catherine Butkevitch

13 BIRTHPLACE OF MOTHER (city or town) Lithuania
(State or country)

14 Informant Robert Brooks
(Address)

28 1925 (Robert P. Harrison) 19
Registrar
(Burial Permit Clerk)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 1925

17 I HEREBY CERTIFY, That I attended deceased from 27 July, 1925, to 27 July, 1925, that I last saw him alive on 27 July, 1925, and that death occurred, on the date stated above, at 1130 A m.

The CAUSE OF DEATH* was as follows: prematurely born

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Joseph Hourigan, M. D.

19 (Address) 609 S. Paca St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem — DATE OF BURIAL: 7-28-1925

20 UNDERTAKER: Robert Brooks & Son — ADDRESS: Calhoun & Hollins sts

...—1-12-23—M&T—500 Blks.

E 00721

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00721

CERTIFICATE OF DEATH.

117

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No.) St Agnes Hospital ST., WARD 3

2-FULL NAME Albert Valkert

(a) RESIDENCE NO. 2516 Emerson ST., N WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) unknown 1915

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	10	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Ill.

PARENTS

10 NAME OF FATHER Geo. Valkert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER ..

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ..

14 Informant George Valkert

(Address) 2516 Emerson St

15 FILED 28 1925, 19 Robert F. Harrison, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-27 1925

17 I HEREBY CERTIFY, That I attended deceased from 7-22, 1925, to 7-27, 1925, that I last saw him alive on 7-27, 1925 and that death occurred, on the date stated above, at 3 20 p m

The CAUSE OF DEATH* was as follows:

General Peritonitis

— (duration) — yrs. — mos 6 ds.

CONTRIBUTORY (Secondary) Ruptured appendix

— (duration) — yrs. — mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 7-22-25

Was there an autopsy? no —

What test confirmed diagnosis? operation

(Signed) Israel Stourell, M. D.

, 19 (Address) St Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetry

DATE OF BURIAL 7/30 1925

20 UNDERTAKER Robert Brookeson

ADDRESS Calhoun Hollins

...—1-12-23—M&T—500 Blks.

00722 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00722

CERTIFICATE OF DEATH. 117

1-PLACE OF DEATH

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St Agnes Hosp ST., 7th WARD) 1

2-FULL NAME Mrs Velma Zepht

(a) RESIDENCE No. 636 McKewin Ave. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Bert Zepht

7 DATE OF BIRTH (month, day, and year) Nov. 4-1845

8 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	8	22	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna.

PARENTS

10 NAME OF FATHER Maurice Reeser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Nettie Fink

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant Bert Zepht
(Address) 636 McKewin Ave

15 Filed ..... 19 Robert P. Harrison, Registrar
28 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-26 1925

17 I HEREBY CERTIFY, That I attended deceased from 7-24, 1925 to 7-26, 1925.

that I last saw her alive on 7-26-25, 19

and that death occurred, on the date stated above, at 6.30 a m

The CAUSE OF DEATH* was as follows:

General Peritonitis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Ruptured appendix

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 7-24-25

Was there an autopsy? Yes - Partial.

What test confirmed diagnosis? Necropsy findings

(Signed) Israel Stowell, M. D.

, 19 (Address) St. Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem.	July 29 1925
20 UNDERTAKER	ADDRESS
Wm C. Black	927 N. Broadway

Cor.—1-12-25—M&T—100 Bks.

00723

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00723

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 1619 N. Eutaw Place ST., ... WARD)

2-FULL NAME David Friedenrich

(a) RESIDENCE NO. 1619 N. Eutaw Place ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Sept. 4, 1855

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	10	19	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Tobacco Dealer
(c) Name of employer: Self 045

BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs. J. Erchart (Address) 1619 N. Eutaw Place

15 Filed ..., 192 Robert P. Harrison, Registrar

28 1925 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

..... (duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) no history

..... (duration) ... yrs. ... mos. ... ds.

(Signed) J. J. Heaney, M. D.
(Coroner)

July 28, 1925 (Address) 2502 Eutaw Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Hebrew Cem.	7/29/1925
20 UNDERTAKER David Sondheim	ADDRESS 418-20 W. Mt. Royal Ave

Cor.—1-12-26—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00724

CERTIFICATE OF DEATH.

117 E 00724

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hosp. ST., WARD

2-FULL NAME Wm. T. Campbell

(a) RESIDENCE NO. 904 N. Carey St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	colored	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Campbell

DATE OF BIRTH (month, day, and year) about 1880 Guess

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer self 050

BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Peter Campbell

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Amelia Hooks

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Alice Campbell
(Address) 904 N. Carey St.

15 Filed 2-8 1925, 192 Robert P. Harrison, Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

General Peritonitis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Ruptured appendix

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

July 27, 1925 (Address) 2802 Eastern Ave

*Give the Disease Causing Death, or in deaths from Violent Causes, (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL 7-29 1925

20 UNDERTAKER Helen A. Hollands — ADDRESS 1631 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Mks.

E 00725

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 00725

CERTIFICATE OF DEATH.

49

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 521 Wellesley ST. (WARD) 21

2-FULL NAME Julia Kelley

(a) RESIDENCE (No.) 521 Wellesley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Kelley

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: William Beck

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Wm Kelley
(Address) 521 Wellesley St

15 8 1925 Robert P. Harrison, ... 19 ..... Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-26 1925

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to July 26, 1925, that I last saw h[illegible] alive on July 26, 1925, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of larynx

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Embolism Cerebral

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) D. P. Alagia, M. D.

, 19 (Address) 3316 Aldrudstar.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: July 29 1925

20 UNDERTAKER: Wm Cook — ADDRESS: 501 E Fayette

E 00726 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00726

CERTIFICATE OF DEATH.

185

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. St. Joseph Hospital St., Ward) 1704

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Emma Lutts Lutta

(Residence in Baltimore: No. 448 E. 22nd St St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, Divorced, (Write the word.)
female	white	widow

6-DATE OF BIRTH. Oct. 3-1854 (Month) (Day) (Year)

7-AGE, 70 yrs. 9 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, John Lewery

11-BIRTHPLACE OF FATHER, (State or Country), Penna.

12-MAIDEN NAME OF MOTHER, Sarah Thompson

13-BIRTHPLACE OF MOTHER, (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Kate Francis

(Address) 448 E. 22nd St

15-

Filed 7-28 1925 192... Robert P. Harrison, Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 26-25 (Month) (Day) (Year) 192...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia

Accidently fell & fractured neck of femur Feb 20-25

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis

(Duration) yrs. mos. ds.

(Signed) J. S. H. Gallen M. D.

(Coroner.)

7-27-25 192... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 448 E. 22nd St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore	July 29 1925
20-UNDERTAKER, Wm Cook	ADDRESS 502 E North

Spec. 1-10-21—MAT—1500 Blks.

E 00727 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00727

CERTIFICATE OF DEATH.

114

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1842 N. Wolfe ST., WARD) 2

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Albert Willbach

(a) RESIDENCE No. 1842 N Wolfe ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 17-1922

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
3	—			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Albert A Willbach

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Jennie Powers

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Albert A Willbach
(Address) 1842 N Wolfe St

15 Filed JUL 29 1925 ROBERT R. KRAUTER Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1925

17 I HEREBY CERTIFY, That I attended deceased from July 19, 1925, to July 26, 1925, that I last saw him alive on July 24, 1925, and that death occurred, on the date stated above, at P. m.

The CAUSE OF DEATH* was as follows:

Enteric Colitis

.....(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) 2

.....(duration) ..... yrs. ..... mos. ..... de.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Course of disease

(Signed) Chas F Taylor, M. D.

1927 (Address) 125 N Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemty	July 29 1925
UNDERTAKER Robt F Turner Jr	ADDRESS 1442 N Broadway

Spec.–1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00728 — CERTIFICATE OF DEATH. — E 00728

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospitals St., (WARD) 4

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Barry

(a) RESIDENCE NO. 1837 E. Biddle ST., WARD ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Mulatto

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Laurence Unknown Barry

6 DATE OF BIRTH (month, day, and year): 1844

7 AGE: Years 80 yr. | Months | Days | If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: McLonal

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Baltimore City Hospitals Records

15 Filed JUL 29 1925 19 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 27 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1924 to July 27, 1925.

that I last saw h.e alive on July 27, 1925.

and that death occurred, on the date stated above, at 2 P.M. m.

The CAUSE OF DEATH* was as follows:

Senile deterioration

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cutenitis - acute (etiology) - undetermined

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Laboratory

(Signed) W. Lindsay Willet, M. D.

7/28 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery — DATE OF BURIAL: July 30 1925

20 UNDERTAKER: Robt J Turner for — ADDRESS: 1902 N Broadway

E 00729

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00729

CERTIFICATE OF DEATH. 100-001

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1020 Leadenhall St. St., Ward 1

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arrie Owens.(C)

(Residence in Baltimore: No. 1020 Leadenhall St. St.; yrs. 1 mos. 2 ds. 5)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH. May 22 1924 (Month) (Day) 1 (Year)

7-AGE. 1 yrs. 2 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Ollie Owens.(C)

11-BIRTHPLACE OF FATHER, (State or Country). Georgia.

12-MAIDEN NAME OF MOTHER. Luewilla James.(C)

13-BIRTHPLACE OF MOTHER, (State or Country). Georgia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Luewilla Owens.(C) mother.

(Address) 1020 Leadenhall St.

15- JUL 29 1925 ROBERT R. KRAUSE, Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 27, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia.
unknown.
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....
(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Bernhardt M. D.
(Coroner.)

July 29, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Auburn — DATE OF BURIAL. July 29 1925

20-UNDERTAKER. John H. Toadvine — ADDRESS 1027 Druid Hill Ave

Spec.—E 24.14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00730 E 00730

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 Brent ST.; WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Goldie Mandella Stewart

(Residence in Baltimore: No. 815 Brent St.; yrs. 5 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb. 6, 1925
(Month) (Day) (Year)

7-AGE, ...yrs. 5 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Horace McMurray Stewart

11-BIRTHPLACE OF FATHER (State or Country) South Carolina

12-MAIDEN NAME OF MOTHER Mabel Campbell

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Horace McMurray Stewart

(Address) 815 Brent St.

15-

Filed....., 191.... ROBERT R. KRAUTER, Registrar.

JUL 29 1925 Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH July 28, 1925
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 26 1925, to July 28 1925; that I saw her alive on July 26 1925, and that death occurred, on the date stated above, at 9-30 PM

The CAUSE OF DEATH* was as follows:

Enteritis

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) ....yrs. ....mos. ....ds.

(Signed) T. E. Daugherty M. D.

July 28, 1925. (Address) 662 Pennsylvania Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem

DATE OF BURIAL, 7/29/1925

20-UNDERTAKER David Harlow

ADDRESS 916 Penna Ave

E 00731

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00731

CERTIFICATE OF DEATH.

90

1-3

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 125 N. First St. Brooklyn. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eleanor R. Porter.

(Residence in Baltimore: No. 803 N. Montford Ave. St.; 9 yrs., 10 mos., 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female.

4-COLOR OR RACE: White.

5-Single, Married, Widowed, or Divorced, (Write the word.): Single.

6-DATE OF BIRTH: September 4, 1915. (Month) (Day) (Year)

7-AGE: 9 yrs. 10 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Robert T. Porter.

11-BIRTHPLACE OF FATHER, (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER, Mary Rau.

13-BIRTHPLACE OF MOTHER, (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Porter. (mother)

(Address) 803 N. Montford Ave.

JUL 29 1925

Filed ..... 192.....

ROBERT R. KRAUTER, Registrar.

Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 26, 1925. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
congenital.
Obstruction of the Coronary Arteries
(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs....mos....ds.

(Signed) Otto M. Diesinandt M. D. (Coroner.)

July 28, 1925 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem. DATE OF BURIAL, July 29, 1925

20-UNDERTAKER, Jno C. Hullerton ADDRESS 2334 Jeffers

Spec. 1-10-21 MAT 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00732

CERTIFICATE OF DEATH.

128 E 00732

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1108 Jenkins Alley ST., WARD IV

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia P. Butler

(a) RESIDENCE NO. 1206 Morton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Butler

6 DATE OF BIRTH (month, day, and year) March 9 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dress Maker

(b) General nature of industry, business, or establishment in which employed (or employer) Sewing

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Port Royal Caroline Co Va

PARENTS

10 NAME OF FATHER Carroll L. Pratt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Ferguson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mary M. Butler (Address) 1108 Liberty Alley Baltimore Md

15 Filed JUL 23 19.. ROBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26th 1925

17 I HEREBY CERTIFY, That I attended deceased from July 23, 1925, to July 26th, 1925, that I last saw her alive on July 26th, 1925, and that death occurred, on the date stated above, at 1.20 P m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency (duration) yrs. — mos 5 ds.

CONTRIBUTORY (Secondary) Acute Nephritis (duration) — yrs. — mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Symptoms

(Signed) Edward E. Mackenzie, M. D.

July 28, 1925 (Address) 1339 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL July 29 1925

20 UNDERTAKER Jas B A Elliott

ADDRESS 1725 Ashland Ave

Dec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

732

CERTIFICATE OF DEATH.

31 E 00733

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 222 Belvedere Ave ST.: ..... WARD) 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarke F. Slatter

(a) RESIDENCE. No. 225 Belvedere Ave ST.: ..... WARD.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. 9 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline D. Slatter

6 DATE OF BIRTH (month, day, and year) Oct 23 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	9	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Auto Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer) repairs

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Edwin M. Slatter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary E. Fragier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Edwin M. Slatter

(Address) 3683 Hickory Ave

15 JUL 29 1925 ROBERT R. KRAMER, Assistant, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1st, 1925, to July 28, 1925, that I last saw h[illegible]ive on July 27, 1925, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

Immediate

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary & Laryngeal Tuberculosis (duration) 3 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? — —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Auscultation

(Signed) A. C. Schmick, M. D.

(Address) 400 E. Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Int Olive Balto Co — DATE OF BURIAL: July 31 1925

20 UNDERTAKER: Chenoweth & Son — ADDRESS: 3677 Chestnut St

...—6-9-19—H. P. Co.—1000 Blks.

E 00734

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00734

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 632 S Lakewood Ave ST.: 1st WARD) 12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George H. Filley

(a) RESIDENCE. No. 632 S Lakewood Ave ST., 1st WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 13 1924 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER George Filley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Elsie Roth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) City

14 Informant Mrs George Filley

(Address) 632 S Lakewood Ave

15 Date received JUL 29 1925 ROBERT R. KRAMER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1925

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1925, to July 28, 1925, that I last saw h[illegible] alive on July 28, 1925, and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH* was as follows:

acute Ilio-colitis

(duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) —

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Frank A. Jennings M. D.

July 29 1925 (Address) 2431 East Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cem	July 29 1925

20 UNDERTAKER — ADDRESS

Peter Nicolaus 2060 Eastern Ave

00735

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00735

CERTIFICATE OF DEATH.

Hamilton 14-001

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 14 Echodale Ave St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter North

(Residence in Baltimore: No. 14 Echodale Ave St.; yrs., mos., ds.)

m 7-12

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed or Divorced, (Write the word.)
mal e	white	married

6-DATE OF BIRTH. Sept 16-1869 (Month) (Day) 1..... (Year)

7-AGE. 56 yrs. 10 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Manager
(b) General nature of industry, business, or establishment in which employed (or employer): Tottle Store

9-BIRTHPLACE, (State or Country). Baltimore, Md

PARENTS.

10-NAME OF FATHER. Thos G. North

11-BIRTHPLACE OF FATHER, (State or Country). Dorchester Co. Md

12-MAIDEN NAME OF MOTHER. Adeline Bolster

13-BIRTHPLACE OF MOTHER, (State or Country). Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna E. North (wife)

(Address) 14 Echodale Ave

15-

Filed ..... 192.....

ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

DEC 20 1925

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 26-25 (Month) (Day) 192..... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy (prob hemorrhage)

(Duration) .....yrs. .....mos. 12 hrs

CONTRIBUTORY (Secondary) (Duration) .....yrs. .....mos. .....ds.

(Signed) John F. Cain M. D. (Coroner.)

7-27-25 192.... (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Parkwood	July 29, 1925

20-UNDERTAKER. John F Denny ADDRESS 715 Lis Pl St

...—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00736

CERTIFICATE OF DEATH.

9

E 00736

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: Lydenham Hospital (HOSPITAL, INSTITUTION, OR STREET AND NUMBER) WARD) 9

2-FULL NAME Gerald Todd Davis Jr (If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE. NO. 4724 Locust ave ST., (If outside city limits) WARD.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 9 - 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Gerald Davis

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Miriam Probert

13 BIRTHPLACE OF MOTHER (city or town) Lonaconing
(State or country) Md

14 Informant father
(Address) 4724 Locust ave

15 Filed JUL 29 1925 ROBERT R. KRAUTER Registrar
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1925

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1925, to July 28, 1925, that I last saw him alive on July 28, 1925, and that death occurred, on the date stated above, at 5:16 a m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) — yrs. — mos. 22 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) — yrs. — mos. 3(?) ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Bill Gibson M. D.

7/28/25 (Address) Lydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	July 29 1925

20 UNDERTAKER John F Denny — ADDRESS 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00737

00737

CERTIFICATE OF DEATH.

21-2

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 709 William ST., (WARD) Carlisle

2-FULL NAME Margaret McClean

(a) RESIDENCE NO. 709 William ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. 8 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard J Carlisle

6 DATE OF BIRTH (month, day, and year) Oct 28 1863

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
61	8	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Robert M McClean

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Margaret Watchman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs Elizabeth Miskimon

(Address) 129 Warren Ave

15 JUL 29 1925 ROBERT R. KRAUTER, Burial Permit Clerk. Records

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 1925

17

I HEREBY CERTIFY, That I attended deceased from Feb 7 1925 to July 27 1925.

that I last saw her alive on July 27 1925

and that death occurred, on the date stated above, at 11½ a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Duration disease unknown to my knowledge

CONTRIBUTORY (Secondary) Intestinal Tuberculosis to my knowledge since Feb 7, 1925 (duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frances A. Carpenter, M. D.

July 29 1925 (Address) 2101 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL July 31 1925

20 UNDERTAKER John F Denny — ADDRESS 715 L St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00738

CERTIFICATE OF DEATH.

129 E 00738

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1018 Madison Ave St., ... Ward 11-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry S Patterson

(a) Residence No. 1018 Madison Ave St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Negro

5-Single, Married, Widowed, or Divorced, (Write the word) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Gertrude Patterson

6-DATE OF BIRTH (month, day and year)

7-AGE, 55 yrs. 7 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Printer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), W. Va Md

PARENTS.

10-NAME OF FATHER Pendleton Patterson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), W. Va

12-MAIDEN NAME OF MOTHER Charlotte Williams

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Gertrude Patterson

(Address) 1018 Madison Ave

15- Filed JUL 29 1925 19 ROBERT R. KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 7-27-25

17- I HEREBY CERTIFY, That I attended deceased from July 21, 1925 to July 27, 1925, that I last saw him alive on July 27, 1925 and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexia

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinary

(Signed) J Price Rafe M. D.

7-28, 1925 (Address) 1126 Druid Hill Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Laurel Cemetery

DATE OF BURIAL. 7-30, 1925

20-UNDERTAKER. Helen A Holland

ADDRESS 1631 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00739

CERTIFICATE OF DEATH.

111-001 E 00739

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 507 Wilson ST., (WARD) 14

2-FULL NAME John H. Wilson Jr.

(a) RESIDENCE NO. 507 Wilson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

5a If married, widowed, or divorced, HUSBAND of ~~(or WIFE of)~~ Victoria Wilson

6 DATE OF BIRTH (month, day, and year) April 27 1888

7 AGE — Years: 37 — Months: 3 — Days: — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John H. Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Charlotte Boyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Cora Butler (Sister)

(Address): 507 Wilson St

15 FILED JUL 23 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 19 25

17 I HEREBY CERTIFY, That I attended deceased from July 18, 19 25, to July 26 19 25.

that I last saw h[illegible] alive on July 26, 19 25

and that death occurred, on the date stated above, at 8:10 p.m.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer.

(Duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) (Starvation)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical + X Ray

(Signed) R J Yourtee, M. D.

(Address) 1429 E Monument 7/27 1925

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dr. Sinai Cemetery — DATE OF BURIAL: July 30 1925

20 UNDERTAKER: Helen A. Holland — ADDRESS: 1681 Fark Ave.

Spec.—1-10-21—M&T—1500 Bks.

E 00740 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00740

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH 17 Lohr's Lane

CITY OF BALTIMORE: (NO. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert F. Banks

(a) RESIDENCE NO. 17 Lohr's Lane ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1, 1915

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	10			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School-boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER James Bank

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Rachel Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Rachel Banks (Address) 17 Lohr's Lane

15 JUL 28 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1925

17 I HEREBY CERTIFY, That I attended deceased from May 19, 1925 to July 26, 1925

that I last saw him alive on July 26, 1925

and that death occurred, on the date stated above, at 2 m.

The CAUSE OF DEATH* was as follows:

Septic Endocarditis

Following tonsilitis

(duration) yrs. 2 mos. 16 ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) [illegible], M. D.

, 19 (Address) 33 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Star Cemetery	July 29 1925
20 UNDERTAKER Mrs. Katie R. Williams	ADDRESS 322 N. Schroeder St

pec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00741

CERTIFICATE OF DEATH.

114 E 00741

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 E Monument ST., WARD) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lonnie Rodgers

(a) RESIDENCE NO. 1107 E Monument ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	C	Widowed

5a If married, widowed, or divorced (or) WIFE of John Rodgers

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	approx 60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work General Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Mary Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Andrew Rodgers (son)

(Address) 1107 E Monument

15 Filed JUL 29 1925 HUBERT R. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1925

17 I HEREBY CERTIFY, That I attended deceased from July 21, 1925, to July 26, 1925, that I last saw him alive on July 26, 1925, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Acute Enteritis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R. J. Lyburn, M. D.

7/27 1925 (Address) 1429 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem. DATE OF BURIAL July 30 1925

20 UNDERTAKER Mrs J. G. Locks ADDRESS 1532 Jeffers

Spec.—1-10-21—MAT—1500 Blks.

E 00742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91-002 E 00742

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1028 Brentwood Ave ST., WARD) 10-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Hayes

(a) RESIDENCE NO. 1028 Brentwood Ave ST., WARD

(Usual place of abode) abt

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. — mos. — ds. How long in U. S., if of foreign birth? 58 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of the late (or) ~~WIFE of~~ Bridget Hayes

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about	69	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Not. Known

11 BIRTHPLACE OF FATHER (city or town) Not Known (State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Not Known (State or country)

14 Informant Mrs John T. Hayes

(Address) 1028 Brentwood Ave

15 Filed JUL 29 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1925

17 I HEREBY CERTIFY, That I attended deceased from July 15 1925, to July 28 1925, that I last saw h.. alive on July 27 1925, and that death occurred, on the date stated above, at 6.00 P. m.

The CAUSE OF DEATH* was as follows:

Senility

Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernard Wise M. D.

7/29 1925 (Address) 914 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mary's Cemetery (Govans)	July 31 25
20 UNDERTAKER Henry Horch Son	ADDRESS 1301 E Eager

U.S. AFTER

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00743

E 00743

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST. (WARD) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emory Ballard

(a) RESIDENCE NO. 619 Archer St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53yr.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Churchill Ballard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Baltimore City Hospitals Records (Address)

15 Filed JUL 29 1925 19 ROBERT N. GRAUTER Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1925

17 I HEREBY CERTIFY, That I attended deceased from June 29, 1925, to July 26, 1925, that I last saw him alive on July 26, 1925, and that death occurred, on the date stated above, at 6:40 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Hypertension

Chronic myocarditis

(duration) yrs. 2 (History) mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 10 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller. M. D.

7/26 1925 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Ch — DATE OF BURIAL July 30, 1925

20 UNDERTAKER W. R. Brown's Son — ADDRESS 108 N. Monroe

Rec.—1-10-21—M&T—1500 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

744

CERTIFICATE OF DEATH.

113 E 00744

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1427 Henry ST., 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pearl V. Blankenship

(a) RESIDENCE NO. 1427 Henry ST., 24 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. 20 ds. How long in U. S., if of foreign birth (If non-resident give city or town and State) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word) Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 7/1924

7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

		8	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Geo M. Blankenship

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Edith M. Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Geo M. Blankenship

(Address) 1427 Henry St

Filed JUL 29 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 1925

17 I HEREBY CERTIFY, That I attended deceased from July 13, 1925, to July 27, 1925

that I last saw h alive on July 27, 1925

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. O. Campbell M. D.

(Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL July 29 1925

20 UNDERTAKER Wm Cook — ADDRESS 562 E Lafayette Ave

Spec.—1-10-21—M&T—1500 Blks.

00745 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00745

CERTIFICATE OF DEATH. X 129

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST., WARD 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eugene Kenney

(a) RESIDENCE NO. Southern Hotel ST., WARD Connecticut

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or Divorced, (write the word): Married

6a If ~~married, widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ E. W Kenney

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years 30? Months — Days

If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Offal Mgr. 86

(b) General nature of Industry, business, or establishment in which employed (or employer): Graves Lawyer

(c) Name of employer: Florida.

9 BIRTHPLACE (city or town) (State or country): Conn.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant (Address) W. E. Kenney Southern Hotel

15 JUL 29 1925 ROBERT R. KRAUTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1925

17 I HEREBY CERTIFY, That I attended deceased from 7-28- .1925. to 7-28- .1925.

that I last saw h/m alive on 7-28- .1925.

and that death occurred, on the date stated above, at 1.05 P. m.

The CAUSE OF DEATH* was as follows:

Uremic Paroxysmal Nephritis.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Uraemia.

(duration) ... yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) K. W. Dolby, M. D.

, 19 (Address) Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: South Manchester Conn. DATE OF BURIAL: July 29 1925

20 UNDERTAKER: William Cook ADDRESS: 62 E North ave.

...—1-12-23—M&T—500 Bks.

0746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 90 E 00746

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 451- E 22nd ST., WARD 25

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E Moran

(a) RESIDENCE NO. 451- E 22nd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

6 If married, widowed, or divorced (HUSBAND of or) WIFE of Patrick Moran

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74			

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland Collin

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Frank E Moran Wilmington Del.

15 JUL 29 1925 REGISTRAR Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1925

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1925, to July 29, 1925; that I last saw her alive on July 25, 1925; and that death occurred, on the date stated above, at 1.55 A m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation following myocardial degeneration and Mitral Regurgitation (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral thrombosis Arterio Sclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Chas Smith, M. D.

7/29, 1925 (Address) 406 Harford Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wilmington Del.

DATE OF BURIAL 7/29 1925

20 UNDERTAKER J G Moran

ADDRESS 300 E Balto St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00747

E 00747

CERTIFICATE OF DEATH. 1162

Registered No. 11-3

1-PLACE OF DEATH

City of BALTIMORE: (No. 757 Bradley St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Johnson (2nd of twins)

(a) Residence No. 757 Bradley St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) July 26, 1925

7-AGE. ....yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or 20 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Infant

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William Johnson

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Katherine Boswell

13-BIRTHPLACE OF MOTHER (city or town) Howard County (State or Country), Md.

14-

(Informant) Katherine Johnson

(Address) 757 Bradley St.

15- JUL 27 1925

Filed ..... 19.. HUBERT R. KRAUTER, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 26, 1925

17- I HEREBY CERTIFY, That I attended deceased from July 26 1925 to July 26 1925

that I last saw her alive on July 26 1925,

and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Phys. Exam.

(Signed) Frederick A. Snyder M. D.

July 26 1925 (Address) University Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. HOPKINS HOSPITAL

DATE OF BURIAL, ... 19..

20-UNDERTAKER.

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 00748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 00748

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1136 Riverside Ave ST., WARD) 10-1

2-FULL NAME Otto Ruff.

(a) RESIDENCE NO. 1136 Riverside Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): Aug 14 1877

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
47	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: for Self

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: Franz Ruff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Augusta Reinhardt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Chas Ruff (Brother)

(Address) 1136 Riverside Ave

15 Filed JUL 29 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 27 1925

I HEREBY CERTIFY That I attended deceased from June 25 19 25 to July 27 19 25

that I last saw him alive on July 27 19 25

and that death occurred, on the date stated above, at 1.02 A.M.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) John A. Schwenck M. D.

19 (Address) 1337 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross A & C — DATE OF BURIAL: 7-30 1925

20 UNDERTAKER: Ernest B Stark — ADDRESS: 115 E West St

Spec.—1-10-21—M&T—1500 Blks.

E 00749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1118-002 E 00749

1-PLACE OF DEATH Mercy Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD) 7

2-FULL NAME Mary Pierce

(a) RESIDENCE NO. 627 Hanover ST., 7 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. 9 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 17- 1924

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
		9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER Charles Pierce

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Elizabeth Kisnick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Margt Pierce
(Address)

15 Filed: Robert P. Harrison, Registrar

9 1925 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1925

17 I HEREBY CERTIFY, That I attended deceased from July 27 1925 to July 28 1925.

that I last saw her alive on July 28 - 8.20 am 1925

and that death occurred, on the date stated above, at 8.25 P m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction

2 Hrs (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) none (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs + findings

(Signed) W. P. Bongardt. M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	7/29/1925

20 UNDERTAKER: Geo. A. Tuttle & Son ADDRESS: Fulton & Fayette

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00750

CERTIFICATE OF DEATH. 107-003

00750

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2702 Fenwick ave St.) (WARD) 17

If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha R. Snyder

(Residence in Baltimore: No. 2702 Fenwick ave) (Age: 67 yrs., 4 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 14, 1858 (Month) (Day) (Year)

7-AGE, 67 yrs. 4 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... none

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George M Snyder

11-BIRTHPLACE OF FATHER (State or Country), York Co. Penna.

12-MAIDEN NAME OF MOTHER Mary Lusby

13-BIRTHPLACE OF MOTHER (State or Country), Annapolis

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Harriet Snyder

(Address) 2702 Fenwick ave

15-

Filed July 25 1925 Robert P. Harrigan Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 28, 1925 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 22 1925, to July 28 1925, that I saw her alive on July 28 1925, and that death occurred, on the date stated above, at 5.40 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Aneurism

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Geo. L. Zimmerman M. D.

July 28, 1925 (Address) 1058 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, July 31, 1925

20-UNDERTAKER Henry Lutz

ADDRESS 1203 Broadway

Spec—12-23-21—E.B.R.S.—400 Blks.

00751

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00751

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 2752 Maryland Ave. St.,.....Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Elizabeth Shuck

(a) Residence No. 2752 Maryland Ave. St.,.....Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-Single, Married, Widow Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Nov. 7th. 1848

7-AGE. 76 yrs. 8 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm. H. Kirby

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER, Rachel Jefferson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland.

14-

(Informant) W.D. Shuck

(Address) 2752 Maryland Ave.

15-

Filed 7 29 1925 192 Robert P. Harrison, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 7. 28. 25

17- I HEREBY CERTIFY, That I attended deceased from August 17th 19 24 to July 28th 19 25

that I last saw her alive on July 27th 19 25

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) --- yrs. 2 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical diagnosis

(Signed) J. B. Liverhouse M. D

7/28 19 25 (Address) 1901 Eutaw Place.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Spring Hill Cem. Easton Md.

DATE OF BURIAL. 7/30/25 19....

20-UNDERTAKER. C.F.Evans & Son- 118 W. Mt Royal Ave.

ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

00752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 47 E 00752

1-PLACE OF DEATH Church Home + Infirmary

REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., ... WARD) 6 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Clara R. Hyland

(a) RESIDENCE NO. Ireland Balto Co ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. / ..... mos. / ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of John Hyland

7 DATE OF BIRTH (month, day, and year) 1860

8 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Lysander McCullough

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elenora Hosholl

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs M. Scott
(Address) 3908 Kate ave

15 Filed 29 1925 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1925

17 I HEREBY CERTIFY, That I attended deceased from June 29, 1925, to July 29, 1925.

that I last saw her alive on July 29, 1925.

and that death occurred, on the date stated above, at 4:45 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Breast, Rgt

(duration) 3 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of July 25

Was there an autopsy? No

What test confirmed diagnosis? Clin + Lab examination

(Signed) W. C. Rice, M. D.

, 19 (Address) Church Home + Inf -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Grove Cem — DATE OF BURIAL July 31 1925

20 UNDERTAKER E. L. Roy Stiffler — ADDRESS 252 North Ave

rec. 6-9-19—H. P. Co.—1000 Bks.

E 00753 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00753

CERTIFICATE OF DEATH. 161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1633 E Preston St ST.: 9 WARD 4

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Brown

(a) RESIDENCE. NO. 1 ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word)

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: — Months: — Days: — If LESS than 1 day, hrs. or 3 min.

5 months Premature

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Edwin Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington D. C.

12 MAIDEN NAME OF MOTHER Bessie Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant

(Address)

Filed JUL 29 1925 Robert F. Barrick Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1925

17 I HEREBY CERTIFY, That I attended deceased from July 29, 1925, to July 29, 1925, that I last saw him alive on July 29, 1925, and that death occurred, on the date stated above, at 2:30 a.m.

The CAUSE OF DEATH* was as follows:

5 Months

Premature

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Beyer, M. D.

, 19 (Address) #541 N. Milton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: JUL 29 1925

20 UNDERTAKER

ADDRESS

...c.—1-10-21—MAT—1500 Mbs.

0754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 00754

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1618 Latrobe St. WARD 9

REGISTERED NO.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

2-FULL NAME Mary Dolores Dockins

(a) RESIDENCE NO. 1618 Latrobe St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Colored

5 Single, ~~Married~~, ~~Widowed~~, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6 DATE OF BIRTH (month, day, and year): April 2 1925

7 AGE: Years ~~3~~ Months 3 Days 28

If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ——

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balt City

PARENTS

10 NAME OF FATHER: John Dockins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Elzbth Chase

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St-Mary Co

14 Informant: Elizbth Dockins (Address): 1618 Latrobe st

15 Filed ..... 19 ..... Registrar: Robert P. Harrison,

29 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 28 1925

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1925, to July 28, 1925; that I last saw him alive on July 28, 1925; and that death occurred, on the date stated above, at 12.45 p m.

The CAUSE OF DEATH* was as follows: Whooping Cough Bronchs Pneumonia

(duration) 7 yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Whooping Cough (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) J. F. Hall, M. D.

, 19 (Address) 426 23 Dct

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: July 29 25

20 UNDERTAKER: Mrs R A Elliott — ADDRESS: 1725 Ashland Av

—1-12-23—M&T—500 Bks.

00755

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00755

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1629 McElderry ST., WARD 1)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elmer Craig

(a) RESIDENCE NO. 1629 McElderry ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	col.	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1884 - 6mo - 15

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41	2	13	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) — — 040

(c) Name of employer —

8 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER David Craig

11 BIRTHPLACE OF FATHER (city or town) Pa. (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) Pa. (State or country)

14 Informant Mrs. Mary Johnson

(Address) 1629 McElderry St.

15 Filed 1925, 19 Robert P. Harrison, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-28- 1925

17 I HEREBY CERTIFY, That I attended deceased from 7-27-, 1925, to 7-28-, 1925, that I last saw him alive on 7-27-, 1925, and that death occurred, on the date stated above, at 12,55 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) ..... yrs. ..... mos 1 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ~ mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) M H Garzia, M. D.

7-28, 1925 (Address) 611-N. Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lancaster, Pa. DATE OF BURIAL July 30, 1925.

20 UNDERTAKER R. Stanley Williams ADDRESS 15 N. McElderry St.

Spec.—1-10-21—M&T—1500 Blks.

E 00756

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00756

CERTIFICATE OF DEATH.

44

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 Chilton ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma H. Vetter

(a) RESIDENCE NO. 1613 Chilton ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced (or) ~~HUSBAND~~ of WIFE of: Ferdinand Vetter

6 DATE OF BIRTH (month, day, and year): Oct 9/58

7 AGE — Years: 66 Months: 9 Days: 18 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: Michael Hammer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Anna

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Ferdinand Vetter

(Address): 1613 Chilton St.

15 Filed ... 19 ... Robert P. Harrison, Registrar

29 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 27 1925

17 I HEREBY CERTIFY, That I attended deceased from July — 1924, to July 27 — 1925, that I last saw h[illegible] alive on July 26 — 1925, and that death occurred, on the date stated above, at 6 40 A m.

The CAUSE OF DEATH* was as follows:

Malig. Dis of Liver —

(duration) 1 yrs. 2 mos — ds.

CONTRIBUTORY (Secondary): General Exhaustion

(duration) ... yrs. 6 mos. ... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of July 22/24

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Frank Brauer M. D.

19 (Address) 125 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 7/30 1925

20 UNDERTAKER: Philip Herwig

ADDRESS 2016 Orleans

spec.—1-10-21—M&T—1500 Blks.

E 00757

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00757

CERTIFICATE OF DEATH.

113

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 160 N. Hilton ST., 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Woodhull

(a) RESIDENCE NO. 160 N. Hilton ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 2 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 18-1925.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	—	2	10 days	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none.

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Carl M. Woodhull

11 BIRTHPLACE OF FATHER (city or town) Phila, (State or country) Pa.

12 MAIDEN NAME OF MOTHER Nellie S. Royston

13 BIRTHPLACE OF MOTHER (city or town) Balto, (State or country) Md.

14 Informant Carl M. Woodhull

(Address) 160 N. Hilton St. Robert P. Harrison

Filed 7-29 1925 . 19 Burial Permit Clerk Registrar

P R R — c/o Carl M Woodhull

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28- 1925.

17 I HEREBY CERTIFY, That I attended deceased from July 22, 1925, to July 29, 1925, that I last saw her alive on July 28-, 1925, and that death occurred, on the date stated above, at 9:45 P m.

The CAUSE OF DEATH* was as follows:

Oleo-colitis

(duration) — yrs. — mos. 9 ds.

CONTRIBUTORY (Secondary) organic heart disease

(duration) — yrs. 2 mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical signs & stools

(Signed) Chester Roland, M. D.

7-29, 1925 (Address) 2532 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Riverhead Cem. Dulwich DATE OF BURIAL July 29 1925

20 UNDERTAKER Wolcott & Hoen ADDRESS 2 North

Spec.—1-10-21—M&T—1500 Blks.

E 00758

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00758

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lenyton Rd E Inverness Ave (ST., WARD)

If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Artemus Reely

(a) RESIDENCE: (No. Lenyton Rd E Inverness Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret M Reely

7 DATE OF BIRTH (month, day, and year): June 16 1848

7 AGE: Years 77 Months 1 Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Janitor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Public School

9 BIRTHPLACE (city or town) (State or country): Maryland Harford Co

PARENTS

10 NAME OF FATHER: John Reely

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland Harford Co

12 MAIDEN NAME OF MOTHER: Mahoney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland Cecil Co

14 Informant: William E Reely

(Address): Lenyton Rd

15 Filed: JUL 29 1925 Robert P. Harrison Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 28 1925

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1925 to July 28, 1925

that I last saw h[illegible] alive on July 28 1925

and that death occurred, on the date stated above, at 9.20 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary): Uremia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Leo F McGiffen M. D.

July 28, 1925 (Address) 2320 Nash Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lenyton Park

DATE OF BURIAL: July 31 1925

UNDERTAKER: William Cook

ADDRESS: 582 Monroe

...ec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00759 E 00759

CERTIFICATE OF DEATH. 151

1-PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No.) 108 N. Biddle ST., ... WARD) 2

REGISTERED NO. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Melton Johnson

(a) RESIDENCE No. 108 N. Biddle ST., ... WARD ...
(Usual place of abode)
Length of residence in city or town where death occurred 75 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ...

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer 040

(c) Name of employer

9 BIRTHPLACE (city or town) ... (State or country) U.S.A.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) ... (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ... (State or country) Unknown

14 Informant Wm. H. Thomas (Address) 1217 Tunstall St

15 Filed ... Robert P. Harrison, Registrar

29 1925

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-28-25 19

17 I HEREBY CERTIFY, That I attended deceased from 7-6-25, 19 ..., to 7-28-25, 19 ..., that I last saw him alive on 7-28-25, 19 ..., and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Arteri-Sclerosis

Gangrene of Right Lower Ext.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W B Butler, M. D.

, 19 (Address) 425 N. Caroline Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem

DATE OF BURIAL 7-31 1925

20 UNDERTAKER Holland A. Holland

ADDRESS 1631 Druid Hill Ave

...c. 6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

760

CERTIFICATE OF DEATH.

7/4-001 **E 00760**

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1322 W Lowdale ST.: WARD) 16-7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Butler

(a) RESIDENCE. No. 1322 W Lowdale ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: ed

5 Single, Married, Widowed, or Divorced (write the word): Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Warrington Butler

6 DATE OF BIRTH (month, day, and year): Oct - 1866

7 AGE: Years 59 Months 2 Days 2 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: George Fells.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Amy Jefferson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Catherine Johns

(Address) 1322 W. Lowdale St

15 Filed ..... 19.....

JUL 30 1925

ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/28/ 1925

17 I HEREBY CERTIFY, That I attended deceased from 7/20/ 1925, to 7/28/ 1925, that I last saw her alive on 7/28/ 1925, and that death occurred, on the date stated above, at 2:40 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? No.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

19 (Address) 4081 Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lester Manor — DATE OF BURIAL: July 30 1925

20 UNDERTAKER: King & Wilkinson Co. — ADDRESS: 1027 Hanover Ave

John H. Toadvine

Dec—12-23-21—E.B.R.S.—400 lks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00761

CERTIFICATE OF DEATH.

74-001

E 00761

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 857 W Franklin St., ... Ward) 17-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Hanson Young

(a) Residence No. 857 W Franklin St., ... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed or Divorced. (Write the word) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Young

6-DATE OF BIRTH (month, day and year) Unknown 1851

7-AGE. 74 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Teamster

(b) General nature of industry, business, or establishment in which employed (or employer)..... 1923

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, H. Young

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Anna Huber

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Alice Young

(Address) 857 W. Franklin

15- JUL 30 1925 ROBERT R. KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 27 1925

17- I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to July 27, 1925, that I last saw him alive on July 27, 1925, and that death occurred, on the date stated above, at 10:30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) Gen. Arterio Sclerosis

(Duration) 2 yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) H S McCaard M. D.

7/29 1925 (Address) 2005 O'Hilla Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt. Auburn — DATE OF BURIAL, July 30 1925

20-UNDERTAKER, John H. Toadvine — ADDRESS 1027 Druid Hill Ave

Corr.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00762

CERTIFICATE OF DEATH.

188-003 762 E 00762

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., WARD) 3

2-FULL NAME John H. Starke

(a) RESIDENCE NO. 710 E. Lexington ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) July 7 1871

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	7	16	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Unk
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER John W Starke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Lily Llewellyn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mrs. Gon. (Address) 300 N. Carey

15 Filed ..... 192 ..... Registrar

ROBERT R. KRAUTER Burial Permit

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above by Autopsy Mercy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Skull

Accidentally Struck by Auto (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. H. Daly, M. D. Coroner

July 29, 1925 (Address) 1059 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., 2 ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richmond Va

DATE OF BURIAL July 30 1925

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 N. Bolton St

Dec. 1 10 21 MAT 1500 Nbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00763

CERTIFICATE OF DEATH.

118-002 E 00763

REGISTERED NO.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Colonial Hospital 1122 N. Mount ST., WARD 4
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Margaret Kellner

(a) RESIDENCE No. 1016 N. Payson ST., WARD 16
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of: Oscar Kellner

6 DATE OF BIRTH (month, day, and year): June 28, 1894

7 AGE: Years 31 | Months 1 | Days 1 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): Home
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Delta Md.

PARENTS
10 NAME OF FATHER: Maurice Krauff
11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland
12 MAIDEN NAME OF MOTHER: Lena Doll
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant: Oscar Kellner.
(Address) 1016 N. Payson Street

15 Filed JUL 30 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 29, 1925

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1925, to July 29, 1925, that I last saw h[illegible] alive on July 29, 1925, and that death occurred, on the date stated above, at 1.05 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary): Intestinal Obstruction
(duration) — yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of July 27, 1925

Was there an autopsy? yes

What test confirmed diagnosis? Operation

(Signed) Jaroslaw Hellen, M. D.

7/29, 1925 (Address) Colonial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem. — DATE OF BURIAL: July 1st 1925

20 UNDERTAKER: Joseph B. Cook — ADDRESS: 1003 W. Pratt St.

...-1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00764 ✓ 764 E 00764

CERTIFICATE OF DEATH.

49.

REGISTERED NO. 16-5

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Rowland

(a) RESIDENCE No. 606 Highland Ave ST., No WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? 39 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

If married, widowed, or divorced HUSBAND of (or:) WIFE of Cecilia Rowland

DATE OF BIRTH (month, day, and year) Oct 17 = 1876

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min
	48	9	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Business

(b) General nature of industry, business, or establishment in which employed (or employer) Tuxedo Bath

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mrs. Cecilia Rowland

(Address) 606 Highland Ave

15 JUL 30 1925 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1925

17 I HEREBY CERTIFY, That I attended deceased from July 7th, 1925, to July 28th, 1925, that I last saw him alive on July 28th, 1925 and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Adeno Carcinoma of Head of Pancreas —

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 7-16-25

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Horace Howell, M. D.

, 19 (Address) St Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem. DATE OF BURIAL July 31 1925

20 UNDERTAKER John Burns Sons ADDRESS Towson

Spec.—1-10-21—M&T—1500 Blks.

E 00765

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00765

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1908 Eutaw Place ST., (WARD)

(If death occurred in hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Blanche Ruddach

(a) RESIDENCE NO. 140 E Eutaw Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 11 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 15 1848

7 AGE — Years: 76 Months: 11 Days: 13 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Washington Ruddach

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary Clotfelter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Ella Ruddach

(Address) 140 E Eutaw Place

15 Filed JUL 30 1925 ROBERT R. KRAUTER, Special Permit Clerk 16 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1925

17 I HEREBY CERTIFY, That I attended deceased from July 21st, 1925, to July 28th, 1925, that I last saw h er alive on July 28th, 1925, and that death occurred, on the date stated above, at 1:30 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Hypertension & Myocarditis)

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Michael F. O'Hare, M. D.

, 19 (Address) 360 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: July 31 1925

20 UNDERTAKER: W. P. Faulkner Sons — ADDRESS: Balto Md

Spec.—1-10-21—M&T—1500 Blks.

E 00766

HEALTH DEPARTMENT—CITY OF BALTIMORE E 00766

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 718 N. Eutaw ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence Waugh Gardner

(a) RESIDENCE NO. 718 N. Eutaw ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 6 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Jan. 17 1858

7 AGE — Years: 67 Months: 6 Days: 12 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto.

PARENTS

10 NAME OF FATHER Norville R. Gardner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Clarissa Harding

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant Mrs Louise R. Harding
(Address) 718 N. Eutaw St

15 Filed ....., 19 ..... ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1924 to July 28, 1925.

that I last saw him alive on July 28, 1925

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Laryngeal Tuberculosis,

10 mos. (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No. Date of X

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Eleanor C. Price, M. D.

19 (Address) 176 S. Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem. DATE OF BURIAL: July 31 25

20 UNDERTAKER: Wm. Peckert Sons ADDRESS: Rotherta

Spec.—1-10-21—MAT—1500 Blks.

83236

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 00767.

00767

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hosp. ST., (WARD) 11-1

2-FULL NAME Agnes Madison

(a) RESIDENCE NO. 260 N. Hoffman St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 22-1919

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	2	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Christopher Madison

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Mildred Peter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Rel

15 Filed JUL 30 1925 ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 - 1925

17

I HEREBY CERTIFY, That I attended deceased from 7-23, 1925, to July 27, 1925, that I last saw h[illegible] alive on July 27 - 1925 and that death occurred, on the date stated above, at 6 00 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Rheumatic Endocarditis

(duration) yrs. mos. ? ds.

CONTRIBUTORY (Secondary) Acute Pericarditis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? None

(Signed) W. Scott, M. D.

7-28 1925 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Burkeville Va — DATE OF BURIAL: July 30, 25

20 UNDERTAKER: Edward D. Kemsley — ADDRESS: Balto

—1-12-23—M&T—500 Mks.

00768 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH. 100-00 E 00768

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 414 N. Eden ST., WARD) 1

2-FULL NAME Salvatore Savino

(a) RESIDENCE NO. 414 N. Eden ST., WARD 1

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) July 2 - 1924

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1		26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Michele Savino

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Josephine Arrigo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Michele Savino

(Address) 414 N. Eden St

15 Filed ..... 19 ..... ROBERT R. KRAUTER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1925

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to July 28, 1925, that I last saw h.... alive on July 28, 1925 and that death occurred, on the date stated above, at 10 30 P m.

The CAUSE OF DEATH* was as follows:

Primary
Broncho Pneumonia
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

July 29, 1925 (Signed) Luigi D. DiStefano M. D. (Address) 407 N. Eden St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL 7 30 1925

20 UNDERTAKER George J. Ruth

ADDRESS 1735 Hanford Ave

...—1-12-25—M&T—100 lbks.

00769

HEALTH DEPARTMENT—CITY OF BALTIMORE

00769

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1214 N. Stricker ST., (WARD) 16

2-FULL NAME Henry C. Ryan

(a) RESIDENCE NO. 1214 N. Stricker ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel Ryan

DATE OF BIRTH (month, day, and year) Feb. 8, 1864

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	5	20	

7 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Plasterer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

8 BIRTHPLACE (city or town) .....
(State or country) Md.

10 NAME OF FATHER H. C. Ryan

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Md.

12 MAIDEN NAME OF MOTHER Emma Pearl

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Md.

14 Informant Ethel Ryan
(Address) 1214 N. Stricker St

15 Filed JUL 30 1925, 192 ..... Registrar

ROBERT B. KRAUTER
Deputy Permit Clerk.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.
(Coroner.)

July 29, 1925 (Address) 2807 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	July 30 1925
20 UNDERTAKER	ADDRESS
Fourtin Fahey & Son	1529 Eastern ave

spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00770

00770

CERTIFICATE OF DEATH

44

REGISTERED NO. .....

1-PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Bay View Asylum ST., WARD)

2-FULL NAME Benjamin Reed

(a) RESIDENCE NO. 5255 S. Charles Ave. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary T. Reed

6 DATE OF BIRTH (month, day, and year) Nov 10 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Samuel Reed

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Jane McMaciel

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Baltimore Maryland

14 Informant Hospital Records Baltimore City Hospitals

15 Filed JUL 30 1925 ROBERT R. KRAUTER, Registrar Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1925

17 I HEREBY CERTIFY, That I attended deceased from July 23 1925 to July 28 1926.

that I last saw him alive on July 28 1925

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

From History yrs. 1 mos. 14 ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab Tests

(Signed) Jos. P. Chamberlain, M. D.

Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	July 30 1925

20 UNDERTAKER H. B. Wappert ADDRESS 1850 N. Balto St

spec.—1-10-21—MAT—1500 Blks.

00771

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00771

CERTIFICATE OF DEATH.

109 0023

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Raymond and Biddle Alley ST., WARD)

2-FULL NAME ~~Carl Nagel~~ Karl Ernest Floegel

(a) RESIDENCE NO. 2100 Vine ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. 9 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Oct 4th 1911

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	13	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md

(State or country)

PARENTS

10 NAME OF FATHER Reinhard Floegel

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Marie Gruetzner

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Reinhold Floegel

(Address) 2102 Vine St

15 Filed ....19.... ROBERT R. KRAUTER, Burial Permit Registrar

JUL 30 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1925

17

I HEREBY CERTIFY, That I attended deceased from July 27, 19 25, to July 29, 19 25.

that I last saw h~~im~~ alive on July 29, 19 25,

and that death occurred, on the date stated above, at 4:55 P. m.

The CAUSE OF DEATH* was as follows:

Chronic tonsillitis

Acute rheumatic fever

Mitral endocarditis

Septicemia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Acute cardiac decompensation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Walter E Lachman M. D.

7/29 1925 (Address) 2002 N Lemington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether (Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL July 31 1925

20 UNDERTAKER F B Wyckpert

ADDRESS 1850 N Paca St

Rec.—1-10-21 MAT 1500 Blks.

E 00772 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 00772

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 Hillsdale ST., WARD) 20-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maria Rossler

(a) RESIDENCE NO. 2117 Hillsdale St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed or divorced HUSBAND of (or) WIFE of Ernest Rossler

6 DATE OF BIRTH (month, day, and year) Feb 18 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) Housework 037

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Nicholas Braunstetter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Feller

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Germany

14 Informant Adolph Rossler

(Address) 2117 Hillsdale St

15 Filed ....., 19.... Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1925

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1925, to July 28, 1925, that I last saw her alive on July 28, 1925, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia, left side

Endocarditis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Norbert X Gutsch M. D.

7/30/, 1925 (Address) 2151 N Charles Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL July 31 1925

20 UNDERTAKER F. B. Hapfint — ADDRESS 1850 N. Bute St

Spec. 1-10-25 MAT 1500 Blks.

00773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 00773

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 110 Bloomsbury ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Blake

(a) RESIDENCE NO. 118 Bloomsbury ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. 5 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 25/1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER H. S. Blake

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Matilda Rehm

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.Y. Brooklyn

14 Informant H. S. Blake

(Address) 110 Bloomsbury St

15 Filed JUL 30 1925 ROBERT R. KRAUTER Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 1925

17 I HEREBY CERTIFY, That I attended deceased from July 29 1925, to July 30, 1925.

that I last saw h alive on July 30, 1925

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

Signed R. R. Krauter M.D.

July 30, 1925 (Address) 164 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL July 30 1925

20 UNDERTAKER A. Edward Evans ADDRESS 38 E. Fayette

00774 HEALTH DEPARTMENT—CITY OF BALTIMORE E 00774

CERTIFICATE OF DEATH.

90

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1413 E. Lexington St., 1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Goodyear

Residence in Baltimore: No. 1413 E. Lexington St St.; yrs., 23 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: col

5-Single, Married, Widowed, or Divorced (Write the word.): married

6-DATE OF BIRTH: Unknown (Month) (Day) 1..... (Year)

7-AGE: 54 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fireman-bakery
(b) General nature of industry, business, or establishment in which employed (or employer): Sp. Point

9-BIRTHPLACE (State or Country): S.C.

PARENTS.

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or Country): "

12-MAIDEN NAME OF MOTHER: "

13-BIRTHPLACE OF MOTHER (State or Country): "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Major Slage

(Address) 1413 E. Lexington

15- JUL 30 1925 ROBERT R. KRAUTER Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 27-25 (Month) (Day) 192.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency-probably Myocardial

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. A. Pallen M. D. (Coroner.)

7-30-25 192.... (Address) 508 E. North Av.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury Cemety — DATE OF BURIAL, Aug 1 192 1

20-UNDERTAKER, Robert Wilkins — ADDRESS 1515 McElderry St

pec.—1-10-21—M&T—1500 Bks.

E 00775

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00775

CERTIFICATE OF DEATH

113

1-PLACE OF DEATH Johns Hopkins Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Krzopowitz

(a) RESIDENCE NO. 2423 Pfister Ct. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: #

6 DATE OF BIRTH (month, day, and year): Dec 17 1924

7 AGE — Years: — Months: 7 — Days: 10 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer): "

(c) Name of employer: "

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Joseph Krzopowitz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Mary Szymenski

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Records

(Address): Johns Hopkins Hosp.

15 Filed: JUL 30 1925 ROBERT R. KRAUTER, Registrar

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 29 1925

17

I HEREBY CERTIFY, That I attended deceased from July 20, 1925, to July 29, 1925, that I last saw him alive on July 29, 1925 and that death occurred, on the date stated above, at 12-20 P m.

The CAUSE OF DEATH* was as follows:

Diarrhea, not dysentery

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Chronic malnutrition

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) C. Howell M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — DATE OF BURIAL: July 30 1925

20 UNDERTAKER: John M Weber — ADDRESS: 1803 Bank St